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RESEARCH ARTICLE

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Improving the Quality of Life of the Elderly through the "Nyaah Ka Kolot" Program

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ABSTRACT

One of the impacts of the success of health development in Indonesia is increasing the life expectancy of the Indonesian population. Based on Indonesia's population projection data, in 2025 it is estimated to be 33.69 million. In 2030 it is estimated to be 40.95 million and in 2035 it is estimated to be 48.19. Naturally the process of getting old causes a person to experience changes in health problems so health coaching is needed in the elderly group. Many health problems arise due to degenerative diseases due to the ageing process. Therefore, the government together with the community facilitate the elderly group to continue to be able to live independently and productively socially and economically and can maintain and improve their quality of life, one of which is the 'Nya'ah Ka Kolot' program. The purpose of this study was to identify the effect of the 'Nya'ah ka Kolot' Program on the quality of life of the elderly at the Nursing Center of Batujajar Health Center. The research method used a quasi-experiment with one group pre-posttest without a control design. Respondents were 16 people with the determination of the number of respondents using the replication formula for a completely randomized design. The results of the statistical test showed that the p value of the quality of life on the physical aspect was 0.02, psychological aspects was 0.002, the social aspect was 0.009, and the environmental aspect was 0.002. The conclusion is that there is a significant effect of the Nya'ah ka Kolot program intervention on the quality of life of the elderly.

Keywords: quality of life; elderly; *Nya'ah Ka Kolot* program; nursing center

INTRODUCTION

The elderly population in the world is increasing from year to year, even the elderly population is the most dominating when compared to the population growth in other age groups, such as in 2015 there were 901,000,000 people aged 60 years or more, which consisted of 12 per cent of the population. global population. In 2015 and 2030, the number of people aged 30 years or over is projected to grow by around 56 percent, from 901 million to 1.4 billion, and by 2050 the elderly population is projected to more than double in 2015, reaching 2.1 billion ⁽¹⁾. One of the impacts of the success of health development in Indonesia is a decrease in the birth rate, morbidity and mortality rate as well as an increase in the life expectancy of the Indonesian population. Based on Indonesia's population projection data, it is estimated that the number of elderly people in 2020 is 20.78 million people, while in 2025 it is estimated that there are 33.69 million people. In 2030 it is estimated to be 40.95 million and in 2035 it is estimated to be 48.19 million.

The prevalence of the elderly population based on provincial data in 2019, the provinces with the highest number of elderly people were the Special Region of Yogyakarta at 14.50%, Central Java at 13.36%, East Java at 12.96%, Bali at 11.30%, North Sulawesi at 11, 15%. For the West Java region, the number of elderly people is 9.25%, where the highest number of elderly people is in Bogor Regency with 264,981 people, Bandung Regency with 221,061 people, and West Bandung Regency with around 169,129 people ⁽²⁾. West Bandung is one of the areas that is experiencing an acceleration of the elderly population, this can be seen from the increase in only 1 year, where the number of elderly people is around 177,476 people ⁽³⁾.

The increasing number of elderly people as well (old dependency ratio) is a number that shows the level of dependence of the elderly population on the productive age population. This figure is a comparison between the number of elderly people (60 years and over) with the number of productive people (15-58 years). Data obtained from the Central Statistics Agency for West Bandung Regency, it was found that the dependency rate in

Batujajar District was 45, which means that it shows that the elderly population living in Batujajar District is the working area of the Batujajar Health Center Nursing Center is quite high ⁽⁴⁾. To reduce the burden of this dependence, efforts must be made so that the elderly population can live independently and remain productive. Healthy and active elderly people will always want to be able to participate in various activities according to their respective choices. As a result of the degenerative processes that occur in old age, the elderly need the support of the physical, social, cultural environment and access to health services in order to remain active. Support is not a form of pampering the elderly but supports the elderly so that they are always healthy, active, and independent so that they are efficient.

Naturally, the process of getting old causes a person to experience wrong changes is a health problem so that health development is needed in the pre-elderly and elderly group, even from an early age. Health problems are caused by the emergence of degenerative diseases due to the aging process. The government pays special attention to the existence of the elderly as stated in Article 138 of Law No. 36 of 2009 concerning health where it is stipulated that health care for the elderly is aimed at keeping the elderly healthy and productive socially and economically. So that the government together with the community must ensure the availability of health service facilities and facilitate the elderly group to continue to be able to live independently and productively socially and economically as well as to maintain and improve the quality of life of the elderly. This effort was realized by the activation of posbindu (Community-based health services for the elderly) for the elderly in every village in the area of the Batujajar Health Center's Nursing Center. Posbindu for the elderly has an important role in maintaining the quality of life of the elderly in the community by facilitating various activities including health checks in order to achieve prosperity, both physically and psychologically. The elderly posbindu was formed on the initiative of the local community while still receiving guidance from the Batujajar Health Center. Posbindu activities are held once a month, and the elderly come to the posbindu to get blood pressure checks, height and weight measurements are made and receive health education. The target of the elderly who get this posbindu service is all the elderly, including the elderly who are healthy and sick. The elderly who have a good level of independence can come to the posbindu without difficulty, but for the elderly who have physical limitations such as the elderly with a risk of falling or the elderly who have high dependence, it will be difficult to reach the services at the posbindu. So we need a program that can reach the elderly with physical limitations and have a high dependence in order to continue to get good health services according to their needs so that the elderly still have a good quality of life.

The '*Nya'ah Ka Kolor*' program is a solution program for the elderly who cannot reach posbindu in their area, in order to continue to receive fair health services as the right of all citizens. The '*Nya'ah Ka Kolor*' program itself is an activity in the form of regular home visits/home visits for the elderly with activities including providing nursing care in which there are data collection activities using a nursing assessment format for the elderly and then conducting health checks. From the results of the examination, various health problems will be found in the elderly, after the problem is determined based on the results of the health examination, then further therapy is carried out according to the health problems found and focuses on what is felt by the elderly so that therapy is more focused on overcoming what is felt by the elderly. The problems obtained can be in the form of physical problems, psychological problems, social problems and problems with the environment. The '*Nya'ah Ka kolot*' program is expected to be able to maintain and improve the quality of life of the elderly. The purpose of this study was to identify improving the quality of life of the elderly through the '*Nya'ah Ka Kolor*' program at the Batujajar Health Center Nursing Center, West Bandung Regency, Indonesia.

METHODS

This research method was pre-experimental with one group pre-posttest without control design. The sample was selected using a non-probability sampling technique ⁽⁵⁾. The method used was purposive sampling where the research sample were taken based on a specific purpose ⁽⁶⁾. Samples were taken based on predetermined criteria (inclusion and exclusion criteria). In experimental research, not many formulas have been developed to determine the required sample size ⁽⁷⁾. In determining the sample size using the formula (replication) for a completely randomized design, randomized block or factorial, simple can be used, as the formula below:

$$(t-1)(r-1) \geq 15$$

where t = number of treatment groups
 r = number of replications
 = (2-1)(r-1) ≥ 15
 = 1 (r-1) ≥ 15
 = (r-1) ≥ 15/1
 = r ≥ 15+1
 = r ≥ 16

In this study, researchers used a simple sampling formula to calculate the number of samples to be used, and not based on calculating the total population. Research respondents are the elderly in the area of the Nursing Center Puskesmas Batujajar. The number of respondents was as many as 16 people. Before the 'Nya'ah Ka Kolot' Program was implemented, a pre-test was conducted to measure the quality of life, then the 'Nya'ah Ka Kolot' Program intervention was carried out for six treatments, after completing a post-test to measure the quality of life of the elderly after being given treatment. Measurement of the quality of life of the elderly using the World Health Organization Quality of Life Bref version (WHOQoL-BREF) research instrument which consists of four aspects, namely physical health, psychological well-being, social relationships and relationships with the environment. The research was carried out in the Batujajar Health Center area in the range of November 2020 to March 2021.

Sampling was done by *purposive sampling* by following the inclusions and exclusions criteria. The inclusion criterias were an elderly aged 60-90 years, domiciled in the working area of Batujajar Public Health Center Cimahi, have received and understood research information, willing to participate as respondents. Then the exclusion criteria were elderly who were seriously ill, elderly who had dementia, deafness, psychological disorders, and decreased consciousness. Data were analyzed using descriptive statistics and paired sample t-test.

RESULTS

Respondents' Quality of Life on Physical Aspects

Table 1 shows the results that the quality of life of the physical aspect in the pre-test shows that 1 elderly (6.3%) experienced very poor quality of life from the physical aspect, 1 elderly (6.3%) experienced the poor physical quality of life, 9 elderly people (56.3%) experienced the moderate physical quality of life and 5 elderly people (31.3%) had a good physical quality of life. Meanwhile, the post-test results showed that 1 elderly (6.3%) experienced the poor physical quality of life, 5 elderly (31.3%) experienced the moderate physical quality of life, 9 elderly people (56.3%) experienced the good physical quality of life and 1 elderly person (6.3%) has a very good quality of life in physical aspects.

Table 1. Quality of life on physical aspects

Pre	Category	f	%	Post	Category	f	%
Aspects of physical health	Very poor	1	6.3	Aspects of physical health	Very poor	0	0
	Poor	1	6.3		Poor	1	6.3
	Moderate	9	56.3		Moderate	5	31.3
	Good	5	31.3		Good	9	56.3
	Very good	0	0		Very good	1	6.3
Total		16	100	Total		16	100

Respondents' Quality of Life on Psychological Welfare Aspects

Table 2. Quality of life on psychological welfare aspect

Pre	Category	f	%	Post	Category	f	%
Aspect of health psychological welfare	Very poor	0	0	Aspect of health psychological welfare	Very poor	0	0
	Poor	0	0		Poor	0	0
	Moderate	7	43.8		Moderate	2	12.5
	Good	7	43.8		Good	9	56.3
	Very good	2	12.5		Very good	5	31.1
Total		16	100	Total		16	100

Table 2 shows the results of the pre-test that there are 7 elderly people (43.8%) who have a quality of life in the aspect of moderate psychological well-being. Then there are 7 elderly people (43.8%) who have a good quality of life in the aspect of psychological well-being, and 2 (12.5%) elderly people have a very good quality of life in the aspect of psychological well-being. Meanwhile, in the post-test results, there were 2 (12.5%) elderly who had a moderate quality of life in the aspect of psychological well-being. 9 (56.3%) have a moderate quality of life in the aspect of psychological well-being and 5 (31.1%) elderly have a very good quality of life.

Respondents' Quality of Life on the Aspect of Social Relationship

Table 3. Quality of life on the aspect of social relationship

Pre	Category	f	%	Post	Category	f	%
Aspect of social relationship	Very poor	0	0	Aspect of social relationship	Very poor	0	0
	Poor	1	6.3		Poor	0	0
	Moderate	7	43.8		Moderate	6	37.5
	Good	8	50		Good	7	43.8
	Very good	0	0		Very good	3	18.8
	Total	16	100		Total	16	100.0

Table 3 shows the results of the pre-test that there is 1 elderly (6.3%) having a quality of life in the aspect of poor social relations. Then there are 7 elderly people (43.8%) who have a moderate quality of life in the aspect of social relations, and 8 (50%) elderly people have a quality of life in the aspect of good social relations. While the post-test results showed 6 (37.5%) had a moderate quality of life in the aspect of social relations. Then 7 (43.8%) elderly have a good quality of life in the aspect of social relations and 3 (18.8%) elderly have a very good quality of life in the aspect of social relations.

Respondents' Quality of Life on the Aspects of Environment Relationship

Table 4. Quality of life on the aspect of environment relationship

Pre	Category	f	%	Post	Category	f	%
Aspects of environment relationship	Very poor	0	0	Aspects of environment relationship	Very poor	0	0
	Poor	1	6.3		Poor	0	0
	Moderate	8	50		Moderate	3	18.8
	Good	7	43.8		Good	12	75.6
	Very good	0	0		Very good	1	6.3
	Total	16	100		Total	16	100

Table 4 shows the results of the pre-test that there is 1 elderly (6.3%) having a quality of life in the aspect of relationships with a bad environment. Then there are 8 elderly people (50%) who have a good quality of life in the aspect of relationships with the environment, and 7 (43.8%) elderly people have a good quality of life in the aspect of social relations. While the results of the post-test showed 3 (18.8%) had a moderate quality of life in the aspect of the relationship with the environment. Then 12 (75.6%) elderly have a good quality of life in the aspect of the relationship with the environment and 1 (6.3%) elderly have a very good quality of life in the aspect of the relationship with the environment.

The effect of the 'Nya'ah Ka Kolot' program on the quality of life of the elderly on physical aspects

Table 5. The effect of the 'Nya'ah Ka Kolot' program on the quality of life of the elderly on physical aspects

Physical aspects	Mean	Std. deviation	Std. error mean	n	p-value
Pre - post	-0.500	0.816	0.204	16	0.027

Based on Table 5 regarding the difference between before and after the implementation of the 'Nya'ah ka Kolot' program on Quality of Life in the Physical aspect, the mean results were -0.500; the standard deviation of 0.816; the average standard error is 0.204. With a p-value of 0.027. So with the results of p-value $0.027 \leq 0.05$ it is known that H0 is rejected and Ha is accepted where there is a significant difference between before and after the implementation of the 'Nya'ah ka Kolot' program at the Nursing Center Batujajar Public Health Center. Thus, it can be concluded that there is a positive influence from the 'Nya'ah ka Kolot' program on the quality of life of the elderly, especially on the quality of life on the physical aspect.

Table 6. The effect of the 'Nya'ah Ka Kolot' program on the quality of life of the elderly on the aspect of psychological well-being

Welfare aspects	Mean	Std. deviation	Std. error mean	n	p-value
Pre - post	-0.500	0.516	0.129	16	0.002

Based on table 6 regarding the difference between before the implementation of the 'Nya'ah ka Kolot' program on aspects of psychological well-being, the mean results were -0.500; the standard deviation of 0.516; the average standard error is 0.129; and p-value of 0.002. So with the results of the p-value of $0.002 < = 0.05$, it is known that H_0 is rejected and H_a is accepted, there is a significant difference between before the implementation of the 'Nya'ah ka Kolot' program at the Nursing Center Batujajar Health Center. Thus, it can be said that there is a positive influence of the 'Nya'ah ka Kolot' program on the quality of life of the elderly, especially on aspects of psychological well-being.

Table 7. The effect of the 'Nya'ah Ka Kolot' program on the quality of life of the elderly on the aspect of social relations

Social relations aspects	Mean	Std. deviation	Std. error mean	n	p-value
Pre - post	-0.375	0.500	0.125	16	0.009

Based on table 7 on the difference between before and after the implementation of the 'Nya'ah ka Kolot' program in the aspect of social relations, the mean results are -0.375; the standard deviation of 0.500; the average standard error is 0.125; and p-value of 0.009. So with the results of p-value $0.009 < = 0.05$ it is known that H_0 is rejected and H_a is accepted where there is a significant difference between before and after the implementation of the 'Nya'ah ka Kolot' program at the Nursing Center Batujajar Public Health Center, thus it can be concluded that there is a positive influence from the 'Nya'ah ka Kolot' program. this old-fashioned attitude on the quality of life of the elderly, especially in the aspect of social relations.

Table 8. The effect of the 'Nya'ah Ka Kolot' program on the quality of life of the elderly on the aspect of relationships with the environment

Relationships with the environment	Mean	Std. deviation	Std. error mean	n	p-value
Pre - post	-0.500	0.516	0.129	16	0.002

Based on table 8 on the difference between before and after the implementation of the 'Nya'ah ka Kolot' program in the aspect of relations with the environment, the mean results are -0.500; the standard deviation of 0.516; the average standard error is 0.129; and p-value of 0.002. So with the results of the p-value of $0.002 < = 0.05$ it is known that H_0 is rejected and H_a is accepted where there is a significant difference between before and after the implementation of the 'Nya'ah ka Kolot' program at the Nursing Center Batujajar Public Health Center, thus it can be concluded that there is a positive influence from the 'Nya'ah ka Kolot' program. This old-fashioned approach to the quality of life of the elderly, especially in the aspect of the relationship with the environment.

DISCUSSION

This research was conducted in the Batujajar Community Health Center which has a Nursing Center in Batujajar District, West Bandung Regency. Respondents in this study were the elderly. the elderly is a person aged 60 years or more. This study aims to determine the effect of the 'Nya'ah ka Kolot' program intervention on the quality of life of the elderly. The 'Nya'ah ka Kolot' program is the flagship program of the Budi Luhur Cimahi Nursing Diploma III Study Program. Collaborating with HIMA Diploma III Nursing Study Program and involving students to make home visits to the elderly (Home Visite). The 'Nya'ah ka Kolot' program is a home visit to the elderly's home using a nursing care process approach, wherein this visit there are data collection activities using a nursing assessment format in the elderly, conducting health checks. From the results of the assessment and medical examination, researchers can determine the health problems experienced by the elderly, so that researchers can determine the right therapy according to the problems obtained from the elderly. There are various health problems encountered during the health assessment and examination. Among them are physical problems such as hypertension, increased blood sugar, impaired physical mobilization, balance disorders, joint pain, stomach pain. In addition, it was found that the elderly with psychological problems such as experiencing stress, suspected depression and depression, problems with cognitive impairment (dementia) from mild to moderate, mild intellectual impairment, mild mental aspect damage.

After the problem in each elderly is found, the next step is to conduct the next home visit to carry out various kinds of therapy. The therapy carried out varies depending on the health problems experienced by the elderly. Prior to implementing the 'Nya'ah ka Kolot' Program (home visit activities), a pre-test was carried out on the quality of life of the elderly using the standardized World Health Organization Quality of Life Bref version (WHOQoL-BREF), where the quality of life can be assessed from four aspects namely physical health, psychological well-being, social relationships and relationships with the environment. After the pre-test of the quality of life was carried out, The 'Nya'ah ka Kolot' program was carried out where the implementation differed

from one elderly to another depending on the results of the assessment and health examination. After completing the implementation for 6 times treatment, then another measurement (post-test) of the quality of life of the elderly in the four aspects mentioned above was carried out. Is there any difference in the quality of life of the elderly before and after treatment after the 'Nya'ah ka Kolot' program is carried out?

Overview of the Quality of Life for the Elderly in terms of physical health

One of the most basic problems in the elderly is health problems caused by the ageing process and the decline in the functions of body cells (degenerative). A result of this ageing process causes a decrease in biological functions that affect the physical function of the elderly. This is also supported by various theories of ageing, all of which lead to a decrease in body functions such as a decrease in brain weight to 56%, a decrease in blood flow to the brain to 80%, cardiac output 70%, glomerular count 40%, glomerular filtration rate 69%, speed transmission of nerve impulses and others^(8,9,10).

This is in line with the results of research conducted by Hayulita, 2018, which examines "Dominant factors related to the Quality of Life of the Elderly. The method used is an analytical survey with a cross-sectional approach using 96 research samples. The results showed that the physical health factor was the dominant factor related to the quality of life of the elderly⁽¹¹⁾. A similar study was conducted by Supriani, 2021, who examined the Domain Analysis of the Quality of Life of the Elderly in Physical and Psychological Health, involving 27 respondents. The researchers found that the most influential factor in the quality of life was the domain of physical health with a p value of 0.000⁽¹²⁾.

The decline in physical function in the elderly is a natural process, however, the elderly are expected to still be able to adapt to their physical changes. The elderly can still carry out physical activities to fulfil their daily needs without depending on other family members. The ability to maintain physical activity in the elderly can affect the quality of life. The elderly become independent by doing various activities that he likes.

Overview of the Quality of Life for the Elderly in the Psychological Well-being Aspect

In addition to experiencing a decrease in physical function, the elderly also experience changes in psychological function. Conditions facing retirement, susceptibility to disease, loss of friends his age may affect his mental health. Especially if the elderly lose their closest family, especially husband/wife or close friends, it will cause a sense of loneliness. This feeling of loneliness can cause the elderly to experience anxiety, panic, stress, trauma which if not handled properly will result in even worse such as depression. Depression is a feeling of sadness and pressure that tends to persist and becomes increasingly severe so that the elderly are no longer able to carry out daily functions (habits)^(1,13).

This is in accordance with research conducted by Prasetya, 2019, which examined the proportion of the incidence of depression in the elderly in the work area of Karangasem I Public Health Center, Bali, Indonesia using an analytical descriptive method with a Cross-Sectional approach involving 73 elderly respondents with data collection techniques using an accidental sampling technique. The results showed that the proportion of depression was 67.1% with mild depression 57.1%. The tendency of depression occurs in several factors such as female gender (67.4%), age category 80 years (88.9%), not working (69.4%), not attending school (83.3%), the status of widower/ widow/unmarried (69.4%), lives alone (76.9%), the role as head of the household (72.7%), has the chronic disease (68%), and has never attended posyandu (100%). The conclusion is that the prevalence rate of the elderly who experience depression is quite high so that it requires a lot of social participation followed by the elderly will help reduce depression⁽¹⁴⁾.

It is also supported by research conducted by Rohmah, 2012, which examines the Quality of Life for the Elderly. The research design used was cross-sectional with the population being all elderly people at the Hargo Dedali Nursing Home in Surabaya. The results of the study concluded that the most dominant factor influencing the quality of life was psychological factors⁽¹⁵⁾. Psychological factors in the elderly can be caused by changes in their lives. The situation that was originally comfortable can change and will affect his psychological state. The loss of a peer or partner, loss of income or loss of self-confidence resulting from retirement, can cause psychological discomfort. Family support is needed so that the psychological state of the elderly is maintained until he can adapt to the psychological changes he faces so that the quality of life of the elderly is maintained.

Overview of the Quality of Life of the Elderly in the Aspect of Social Relations

Various changes that occur in the elderly can be the cause of the decline in the social role of the elderly and have an impact on the health status of the elderly so that the elderly can lose their livelihoods, the elderly feel economically incapable. In addition, psychological changes experienced by the elderly can cause them to withdraw from their social life and can affect their social interactions. One of the causes of the reduced social interaction of the elderly is the cause of the elderly feeling isolated, the elderly being more comfortable being

alone, withdrawing from relationships with the community in their environment slowly. Whereas as social beings, humans cannot live alone without interaction. Interaction is a relationship between individuals and other individuals that influence each other and will occur throughout life^(16,17,18).

This is in line with the results of research conducted by who examined the "Relationship of Social Interaction with Quality of Life for the Elderly in the Griya Werdha Integrated Service Unit (UPDT) Surabaya City. This study concludes that social interaction is related to the quality of life of the elderly. The worse the social interaction of the elderly, the lower the quality of life⁽¹⁹⁾. Loss of social roles due to decreased ability in the elderly can lead to a decrease in quality of life. Involving the elderly in social activities can maintain their quality of life. The elderly feel meaningful and are still needed by the community even though they are not young anymore.

Quality of Life of Respondents on the Aspects of Relationships with the Environment

The environmental aspect is the living of the elderly, including facilities and infrastructure that support the lives of the elderly in carrying out all life activities. Relationships with the environment include financial resources, freedom, physical security and safety, health care and social care, including the ease of achieving good quality health services. It also includes a safe and comfortable home environment, the opportunity to get information and the opportunity to gain skills. the elderly can participate and have the opportunity to do recreation and various fun activities in their spare time. The right to a healthy physical environment free of pollution, noise, quality water conditions and easy transportation for the elderly. Quality of life is closely related to the environment in which the elderly live. Culture of Indonesia, the elderly generally live with their families, because caring for, taking care of and caring for their parents is an obligation. Piliabangchang (WHO Reg. Southeast Asia Director) stated that being near family is the best place to spend old age^(20,21).

This is supported by research conducted by Tuti, P.S., 2015, who examined the "Comparative Study: Quality of Life for Elderly Living with Family and Orphanages". This study uses a descriptive-analytical research method with a cross-sectional approach with the aim of comparing the quality of life of the elderly who live with their families living in nursing homes, with a total of 160 respondents, consisting of 80 elderly living at home and 80 elderly living in nursing homes. decrepit. Sampling using consecutive sampling. The results showed that there was a significant difference between the place of residence and the quality of life of the elderly, where both the physical, psychological, social and environmental domains of the elderly living at home were better than the elderly living in orphanages⁽²⁰⁾.

A safe and comfortable environment that is friendly to the elderly is needed to maintain their quality of life of the elderly. The elderly-friendly city program, the elderly polite health centre, and a hospital with special geriatric services are one form of government attention to maintain a good quality of life for the elderly. Not only that, the best environment for the elderly is to stay close to their grandchildren and children. Living with the family is the best thing for the elderly to maintain their quality of life, especially in Indonesian culture.

The Effect of the 'Nya'ah ka Kolot' Program on the Quality of Life in the Elderly on Physical Aspects

The results of the research on the physical aspects obtained from the results of the assessment through the nursing care process approach and health examinations obtained various health problems felt by the elderly as respondents. Physical health factors are the most dominant factors in influencing the quality of life of the elderly⁽¹¹⁾. There are elderly who do not only experience one health complaint. The health problems found in this study were hypertension, joint pain, increased blood sugar (Diabetes Mellitus), the risk of falling from mild to moderate, complaining of stomach pain, impaired mobility. The Ministry of Health, 2017, also mentions that diseases that are often found in the elderly include Hypertension, Diabetes Mellitus, Osteoarthritis (joint pain), geriatric syndrome: Immobilization and others⁽¹³⁾.

In this 'Nya'ah ka Kolot' program, the therapy given is different, depending on the problems experienced by each elderly that are obtained from the results of the assessment and health examination. For the elderly who experience hypertension, therapy is given according to the condition of the elderly, there are elderly who get hypertension exercise therapy, warm foot soaks, therapy listening to the Al-Quran murotal, giving cucumber juice. The elderly with hypertension were given the choice of several therapies, and the elderly chose the therapy according to the situation and according to him was more comfortable. There are elderly who are given therapy listening to murotal Al-Quran. This is in accordance with the results of research conducted by Irmachatshalilah, 2019, which examined Murottal Therapy for Lowers Blood Pressure in Hypertensive Patients. This study aimed to see the effect of Al-Quran murotal therapy on reducing blood pressure. The research design was used a quasi-experiment with pre and post-tests involving 20 respondents. The results showed that the p-value = 0.000 ($\alpha < 0.05$), indicates that there is an effect of Al-Quran murotal therapy on reducing blood pressure⁽²²⁾.

It is also supported by research conducted by Rohayati, 2019, which examines The Effect of Murottal on Changes in Blood Pressure in the Elderly (60-69 years) with Hypertension in South Maja Village. This study used a quasi-experimental design with one group pre and post-test involving 15 elderly people. The results of this study

showed p -value = 0.000 (0.05). The conclusion was that there is an effect of Al-Quran Murotal Therapy on reducing blood pressure ⁽²³⁾.

Respondents who received warm foot bath therapy were supported by research conducted by Arafah, 2019, which examined the Effect of Soaking Feet Using Warm Water on Lowering Blood Pressure in Hypertension in the Work Area of the Pattalassang Health Center, Takala District. The purpose of the study was to determine the effect of foot soak using warm water on reducing blood pressure in hypertension. Involving 15 respondents used a random sampling technique with the purposive sampling method. The research design used a quasi experiment with one group pre and post-test design. The results of the study used the Friedman test obtained a value of $p = 0.000 (< = 0.05)$, then there was a significant effect between the results of measuring systolic blood pressure after soaking the feet using warm water ⁽²⁴⁾.

Meanwhile, the elderly who complained of joint pain were given ginger compress therapy. This is supported by several studies. One of them is a study conducted by Farizal, 2019, which examines "Warm ginger compresses have an effect on decreasing osteoarthritis pain scale in the elderly". This study aims to determine the effect of warm ginger compresses on reducing osteoarthritis pain scale. This study used a pre-experimental design with a one-group pre and post-test design involving 36 respondents. The results of the analysis using a t-test dependent with p -value = 0.000 ($< = 0.05$). This shows that ginger compresses can affect the osteoarthritis pain scale in the elderly ⁽²⁵⁾.

For elderly who have impaired mobility, researchers use ROM (Range of Motion) therapy. This is supported by research conducted by Setyorini, 2018, which examines The effect of active assistive ROM (Range of Motion) exercise on the range of motion of the joints of the elderly who are physically immobilized. The purpose of this study was to see how the effect of ROM therapy on the range of motion of the elderly who experienced physical immobilization. The research method used a pre-experiment with one group pre and post-test involving 14 respondents. The results of this study indicate that there was an effect of this ROM on the joint span of the elderly with immobilization with p -value = 0.000 ($< = 0.05$) ⁽²⁶⁾.

Fulfilling the physical needs of the elderly in this case is the health care performed on the elderly can affect the quality of life of the elderly. This is supported by Hayulita's research, 2018. The results showed that the physical health factor was the dominant factor related to the quality of life of the elderly ⁽¹¹⁾. The physical decline in the elderly is almost unavoidable, what needs to be done is that the elderly can still adapt to the decline in physical function. Adaptations can be in the form of therapies that are family empowerment in nature, meaning therapy that can be easily carried out and implemented by the family at home. As long as the elderly's complaints are not severe or life-threatening, then therapy that can be done easily by the elderly and their families can still be recommended, except in an emergency situation such as a heart attack or stroke, the elderly must be taken to health services.

The Influence of the 'Nya'ah ka Kolot' Program on the Quality of Life of the Elderly on Aspects of Psychological Well-being

In the physical aspect, the 'Nya'ah ka Kolot' program also touches on the psychological aspects of the elderly who become an integral part that cannot be separated from one another and are interrelated between biopsychosocial. The results of this study found psychological data that some of the elderly experienced psychosocial problems and suspected depression there were also elderly who had dementia. Disorders in the psychological aspect (psychosocial problems, depression and dementia) can interfere with the quality of life in the elderly, so researchers provide several therapies to prevent the elderly from becoming depressed for those who have suspected depression and have psychosocial problems. One of the therapies carried out in the 'Nya'ah ka Kolot' program is Reminiscence therapy or memory therapy. This therapy is an intervention that uses memory to maintain psychological (mental) health in order to improve the quality of life of the elderly. In this therapy, researchers facilitate the elderly to collect memories or good memories from their past from childhood, adolescence to adulthood and how the client's relationship with friends, family and the elderly share with researchers ⁽²⁷⁾.

This is also supported by the results of research conducted by Rahayuni (2015), who examined the Effect of Reminiscence Therapy on elderly stress in Banjar Luwus Baturiti Tabanan Bali. The purpose of this study was to determine the effect of reminiscence therapy on elderly stress. The research design used a quasi-experimental, nonequivalent control group design, involving 34 respondents who were divided into 2 groups, 17 intervention groups and 17 control groups. The results of the study stated that reminiscence therapy can help the elderly to interact and express their feelings to family and friends so that the elderly are able to adapt to stress ⁽²⁸⁾.

Another therapy to improve the quality of life in the psychological aspect used in the Nya'ah ka Kolot Program is Puzzle therapy which can be given to the elderly who have dementia (decreased memory and cognitive function). Puzzles are pieces of pictures that must be put back together in a state according to the original picture. This therapy aims to hone thinking power, patience, sharpen the brain and train the speed of the mind and hands.

The elderly with dementia found the death of cells in the brain and lack of blood supply to the brain. This puzzle therapy can slow the onset of cognitive decline in the elderly.

This is supported by research conducted by Erwanto, R., 2020, which examines The effectiveness of puzzle therapy on cognitive functions among elderly with dementia at Balai Pelayanan Sosial Tresna Werdha (BPSTW). This study aimed to determine the effectiveness of puzzle therapy on cognitive function of elderly dementia. This study used a pre-post with control group design in a quasi-experimental setting. The intervention group had 44 responders, while the control group had 27. The Hopkins Verbal Learning Test questionnaire was used to evaluate the cognitive function of elderly individuals (HVLТ). The result was the Puzzle therapy intervention can improve cognitive scores significantly in all elderly people. The therapies used to maintain the psychological function of the elderly are quite easy and can be done by the family at home. Family support is needed to be able to carry out this therapy so that the quality of life of the elderly is maintained ⁽²⁹⁾.

The Influence of the 'Nya'ah ka Kolot' Program on the Quality of Life of the Elderly in the Aspect of Social Relations

Social interaction cannot be avoided by humans, including the elderly and will continue throughout the human life cycle. Social interaction can have a positive impact on the quality of life of the elderly because with this social interaction the elderly will avoid feeling lonely and feeling useless. So that this social interaction must be maintained and developed by the elderly so that the elderly can maintain their social status based on their ability to socialize ⁽¹⁷⁾. Poor social relations will reduce the quality of life of the elderly, usually, there is something to do with the socioeconomic relationship of the elderly due to entering retirement age, it could also be due to the loss of a loved family member or close friend. It can also be caused by dependence on the necessities of life and a decrease in physical conditions that cause the elderly to withdraw from their social environment ⁽³⁰⁾.

The 'Nya'ah ka Kolot' program is a program that directly involves the elderly and researchers in a social relationship so that there is an interactive process in the process of running this program. Every time you make a home visit, there will always be social interaction, moreover, this social interaction aims to help the elderly in dealing with their health problems. The elderly feel cared for, spoken to, listened to and cared for and feel supported. Social interaction can have a positive impact on the quality of life of the elderly because this interaction will prevent the elderly from feeling lonely which can lead to a decrease in the quality of life. This is in accordance with research conducted by Andesty, 2018, which examined The Relationship of Social Interaction with Quality of Life for the Elderly in the Griya Werdha Integrated Service Unit (UPDT) Surabaya City. The purpose of this study was to analyze social interactions with quality of life. This study uses an analytical description method with a cross-sectional approach involving 52 elderly respondents who were taken using a simple random sampling method. The results showed that the p-value was 0.017 (≤ 0.05), so it can be concluded that there is a relationship between social interaction and the quality of life of the elderly ⁽¹⁹⁾.

Another supportive study was conducted by Anggarawatia, 2021, entitled Improving the Quality of Life of the Elderly Through Self Help Groups at Home Social Services for the Elderly, aimed to analyze the effect of Self Help Groups (SHG) on the quality of life of the elderly, using a quasi-experimental pre-research design. test post-test control group design. The number of respondents was 40 elderly who were taken by total sampling technique and divided into intervention (n=20) and control (n=20) groups. The results of this study showed that Self Help Group (SGH) has an effect on the quality of life of the elderly. Self Help Group (SGH) is a support group activity carried out so that the elderly can find the health problems they are experiencing and can overcome these problems with their group members in their social environment. The need for socialization is a very basic human need. Humans as social beings need good and harmonious relationships with social groups in society. Positive social support can cause the elderly to feel valued and accepted by their social groups it is expected to improve and maintain the quality of life in the elderly ⁽³¹⁾.

The Influence of the 'Nya'ah ka Kolot' Program on the Quality of Life of the Elderly in the Aspect of Relationships with the Environment

The closest environment to the elderly is family. The family is the smallest unit of society that has an important role in caring for the elderly to improve the quality of life of the elderly. The *Nya'ah ka Kolot* program does not only make visits to the elderly but also involves families so that they can participate in further elderly care, because elderly home visits in this program are limited and not forever, instead families are trained and given knowledge on how to care for their family members. the elderly, so that both the elderly and their families can become independent families. This is in accordance with the results of research conducted by Indrayani, 2018, which examined "Factors related to the quality of life of the elderly in Cipasung Village, Kuningan Regency". This study used a cross-sectional research design involving 242 respondents. The results of this study indicate that the most dominant factor related to the quality of life of the elderly is family support. Families can provide a

sense of security and comfort as well as a sense of being loved and loved. So that it can improve the quality of life of the elderly^(20,32).

The family is the most comfortable and safe place for the elderly. Being close to grandchildren and their children is a special joy for the elderly. Survey data obtained from the Indonesia Family Life Survey (IFLS) shows that 72.8% of the elderly want to be cared for by their children in the future, and 62.9% of the elderly with total dependence, are cared for by their children at home. This shows that a good environment for the elderly is to live together with the family in order to maintain and improve their quality of life in the elderly.

CONCLUSION

There is a significant difference between before and after the implementation of the 'Nyaah ka Kolot' Program at the Nursing Center Batujajar Public Health Center. Thus, it can be concluded that there is a positive influence from the 'Nyaah ka Kolot' program on the quality of life of the elderly, especially in aspects of physical health, psychological well-being, social relationships and relationships with the environment. The intervention of the Nyaah Ka Kolot program using a home visit approach and directly finding health problems in the elderly who cannot visit health services directly on the physical aspect has proven to be effective in improving their quality of life. Comprehensive problems related to physical can be directly treated with appropriate therapy. With home visits to the elderly who cannot access health services directly because of their limitations, it can have a positive impact, and the elderly get good attention, do not feel lonely and feel that someone is paying attention, causing an increase in the quality of life of the elderly in the psychological aspect.

Likewise, with the social aspect, the elderly who are visited will feel meaningful because there are still people who care about their condition. On the environmental aspect, home visits for the elderly in the context of the Nya'ah ka Kolot program have been proven to improve their quality of life because they still get good health services with their limitations. It is suggested that the results of this study can be adapted to become a policy for the elderly health program at the West Bandung District Health Office and the results of this study can also be considered as initial data for the establishment of a pilot project for the Elderly Friendly Village in the West Bandung Regency area.

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