

FACTORS RELATED TO ELDERLY PRESENCE TO ELDERLY POSYANDU IN THE WORKING AREA OF MEURAXA PUSKESMAS, BANDA ACEH CITY

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ABSTRACT

Elderly Posyandu is an integrated service post for the elderly at the village/kelurahan level within the working area of each health center. Elderly who are not active in attending health services at the elderly Posyandu, their health conditions cannot be monitored properly and it is feared that they will threaten their lives with various diseases, both infectious and non-infectious, which are harmful to the body. There are only 29% of elderly who are active in attending the elderly at the Posyandu in the Meuraxa Health Center UPTD Working Area in 2021, which is still far from the government's target of 70%. The purpose of this study was to determine the factors associated with the presence of elderly Keposyandu in the working area of the UPTD Puskesmas Meuraxa, Banda Aceh City in 2022. This type of research is descriptive analytic with cross-sectional. The sampling technique in this study was accidental sampling. The sample in this study was 44 elderly aged ≥ 55 years. The research was conducted from March 28 to June 17, 2022. Data collection was carried out using interviews using a questionnaire, then statistical tests were carried out with the chi-square test, and data were analyzed by univariate and bivariate.

Keywords: Elderly Presence, Knowledge, Education, Home Distance, Role Health Workers, Family Support, Role of Cadres and Motivation

PRELIMINARY

The Elderly is an age group of humans who have entered the final stages of their life phase. The group that is categorized as elderly will experience a process called the Aging Process or the aging process. Old age as the final stage of the life cycle is a normal stage of development that will be experienced by every individual who reaches old age. This is a reality that cannot be avoided by every human being (Wikananda 2015).

Besides being an indicator of the success of development, this increase in the number of elderly people is also a challenge in development. If these problems are not anticipated, the development process may experience various obstacles. Therefore, to become a healthy, productive, and independent elderly, you must start with a healthy lifestyle and better prepare for old age. Thus, the target of elderly problems is not only the elderly themselves but also the pre-elderly population (Kemenkes RI, 2010).

Globally, in 2013 the proportion of the population aged over 60 years was 11.7% of the total world population and it is estimated that this number will continue to increase in line with increasing life expectancy. WHO data shows that in 2000 the life expectancy of people in the world was 66 years, in 2012 it rose to 70 years and in 2013 it became 71 years. The proportion of elderly people in Indonesia is also increasing every year. WHO data in 2009 showed that the elderly amounted to 7.49% of the total population, in 2013 it became 7.69% and in 2015 the proportion of elderly people was found to be 8.1% of the total population (WHO, 2017).

The morbidity rate of the elderly population in Indonesia tends to increase from that year in 2011 the morbidity rate was 28.48%, in 2013 it was 29.98% and in 2014 the morbidity rate in the elderly population was 31.11%. This condition certainly must get the attention of various parties. The Elderly who experience illness will be a burden to families, communities, and even the government (Info datin, 2016). Indonesia is included in the top five countries with the highest number of elderly people in the world. Based on the 2010 population census, the number of elderly people in Indonesia is 18.1 million people

(7.6%) of the total population. In 2014, the number of elderly people in Indonesia was 18.781 million people and it is estimated that by 2025, the number will reach 36 million people (Kemeskes RI, 2017).

The Badan Pusat Statistik (BPS) shows an increase in 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 and life expectancy in Aceh is 69.7% (Ministry of Health RI, 2018). Based on data from the Badan Pusat Statistik (BPS), the percentage of elderly women in 2015 was 8.96% while the percentage of elderly men was 7.91%. Where the elderly absorbed by the Elderly Posyandu is only around 9.6 million people or around 40% spread over around 9 thousand Posyandu throughout Indonesia. Where data on elderly participation in participating in elderly Posyandu in 2015 is only around 45% of the total number of elderly people in Indonesia (Badan Pusat Statistik, 2017, 2017).

Based on data from the Banda Aceh City Health Office, elderly people in Banda Aceh City in 2016 totaled 30,334 people who received aged health services totaling 23,781 people with a percentage of 78.40%. In 2017 there were 9,297 people with a percentage of 78.11% and in 2018 there were 660 people with a percentage of 53.02%. Elderly who received health services from 2016 to 2018. The problem of the elderly (elderly) needs to get attention because the number continues to increase every year. This increase in the elderly population may be due to improved health services and increased life expectancy for the Acehnese. Rural elderly needs attention because it is estimated that 60% of the elderly live in rural areas. Elderly people in rural areas have very little access to healthcare facilities and healthy lifestyles (Profil Kesehatan Aceh, 2018).

Based on data from the Meuraxa Health Center UPTD, the number of elderly who came to the elderly Posyandu from 16 villages with a total of 2,306 elderly people in the working area of the Meuraxa Health Center UPTD consisted of men and women, in 2018 there were 670 people (29%) and in 2019 from January to June, there were 312 people (13.5%). From the proportion of elderly attendance in 2018 to 2019, there was a decrease in the presence of elderly Keposyandu.

In addition, based on Law no. 36 of 2009 concerning health, where healthcare efforts for the elderly must be aimed at maintaining the economy, and the government is obliged to ensure the availability of health services and facilitate the elderly group to be able to live independently and productively. For this reason, the government has launched health services that are implemented through the Puskesmas program by involving the participation of the elderly, families, community leaders and social organizations called the Elderly Integrated Service Post (Posyandu) or currently known as the Elderly Integrated Development Post (Posbindu).

According to Deni Dwi (2011), the activeness of the elderly in the elderly Posyandu activities affects the health level of the elderly. Therefore, the elderly are expected to be able to visit and be active in activities held by the elderly Posyandu so that the elderly get adequate health services and health education for their health needs in their old age. Older people are very susceptible to degenerative diseases such as hypertension, obesity, blockage of the heart vessels, and stroke. and 2 respondents said that they routinely made repeated visits to the Elderly Posyandu at the Puskesmas to carry out health checks because they received support from their families and the respondent's family accompanied them to come to the Puskesmas. From the results of the initial survey, it was concluded that there was still a lack of awareness of the elderly in utilizing the Puskesmas or posyandu so many elderly people did not have regular health checks.

RESEARCH METHODOLOGY

This type of research is descriptive-analytic with cross-sectional. The sampling technique in this study was accidental sampling. The sample in this study was 44 elderly aged ≥ 55 years. The research was conducted from March 28 to June 17, 2022. Data collection was carried out using interviews using a questionnaire, then statistical tests were carried out with the chi-square test, and data were analyzed by univariate and bivariate.

RESULTS AND DISCUSSION

Table 1.1
Relationship of Knowledge with Elderly Presence to Posyandu Elders in Regions UPTD Work of the Meuraxa Health Center in Banda Aceh City in 2020

No	Knowledge	Elderly Presence				Total	%	P Value
		Present	%	Not present	%			
1	Well	20	80.0	5	20.0	25	100	0.001
2	Not enough	1	5,3	18	94.7	19	100	
Total		21		23		44	100	

Source: Primary Data (processed in 2020)

The table above shows the percentage of elderly who attend the elderly posyandu 80.0% with good knowledge higher than those with less knowledge of only 5.3%, conversely the elderly who do not attend the posyandu elderly 94.7% knowledgeable less higher than those with knowledge good by 20.0%. The difference in these proportions statistically reached a significant level (P value 0.001), which indicated that there was a very significant relationship between knowledge and attendance of the elderly at the elderly Posyandu.

Table 1.2
The Relationship between Education and Elderly Attendance at the Elderly Posyandu in the Work Area of the UPTD Puskesmas Meuraxa, Banda Aceh City in 2020

No	Education	Elderly Presence				Total	%	P Value
		Present	%	Not present	%			
1	Base	1	9,1	10	90.9	11	100	0.007
2	Intermediate	16	59,3	11	40,7	27	100	
3	Tall	4	66,7	2	33,3	6	100	
Total		21		23		44	100	

Source: Primary Data (processed in 2020)

The table above shows the percentage of elderly who attended the elderly Posyandu 66.7% with those with higher education compared to those with secondary education of 59.3% and those with basic education of 9.1%, while the elderly who did not attend the Posyandu elderly 90, 9% with primary education higher than those with secondary education of 40.7% and tertiary education of 33.3%. The difference in these proportions statistically reached a significant level (P value 0.007), which indicates a very significant relationship between education with the presence of the elderly to the elderly Posyandu.

Table 1.3
The Relationship between Home Distance and Elderly Attendance to Elderly Posyandu in the Working Area of the UPTD Puskesmas Meuraxa, Banda Aceh City in 2020

No	Distance from house to elderly Posyandu	Elderly Presence				Total	%	P Value
		Present	%	Not present	%			
1	Affordable	17	65,4	9	34,6	26	100	0.012
2	Unreachable	4	22,2	14	77,8	18	100	
Total		21		23		44	100	

Source: Primary Data (processed in 2020)

The table above shows the percentage of elderly who attend the elderly Posyandu 65.4%, the distance to an affordable house is higher than the distance to an unreachable house, only 22.2%, on the other hand, the elderly who do not attend the elderly Posyandu are 77.8%, the distance to their home unreachable is higher than the distance to affordable houses of 34.6%. The difference in this proportion in statistical tests reached a significant level (P value 0.012), which showed a very significant relationship between the distance from home to the elderly Posyandu and the presence of the elderly to the elderly Posyandu.

Table 1.4
The Relationship between the Role of Health Officers and the Attendance of the Elderly to the Elderly Posyandu in the Working Area of the UPTD Puskesmas Meuraxa, Banda Aceh City in 2020

No	The Role of Health Officers	Elderly Presence				Total	%	P Value
		Present	%	Not present	%			
1	role	18	62,1	11	37,9	29	100	0.020
2	No role	3	20.0	12	80.0	15	100	
Total		21		23		44	100	

Source: Primary Data (processed in 2020)

The table above shows the percentage of elderly who attended the elderly Posyandu 62.1% with health workers who played a higher role compared to health workers who did not play a role of only 20.0%, on the other hand the elderly who did not attend the elderly Posyandu 80.0% with officers Health workers who did not play a role were higher than health workers who played a role by 37.9%. The difference in these proportions reached a significant level in statistical tests (P value 0.020), which indicated that there was a very significant relationship between the role of health workers and the attendance of the elderly at the elderly Posyandu.

Table 1.5
The Relationship between Family Support and the Attendance of the Elderly to the Elderly Posyandu in the Working Area of the UPTD Puskesmas Meuraxa, Banda Aceh City in 2020

No	Family support	Elderly Presence				Total	%	P Value
		Present	%	Not present	%			
1	Support	14	82.4	3	17,6	17	100	0.001
2	Does not support	7	25,9	20	74,1	27	100	
Total		21		23		44	100	

Source: Primary Data (processed in 2020)

The table above shows the percentage of elderly who attended the elderly posyandu 82.4% received higher family support compared to those who did not get family support only at 25.9%, on the other hand the elderly who did not attend the elderly posyandu 74.1% did not receive family support higher than those who get family support of 17.6%. The difference in this proportion in statistical tests reaches a significant level (P value 0.001), which indicates a very significant relationship between family support and attendance of the elderly at the elderly Posyandu.

Table 1.6
The Relationship between the Role of Cadres and the Coverage of Elderly Attendance to the Elderly Posyandu in the Working Area of the UPTD Meuraxa Health Center in Banda Aceh City in 2020

No	Role of Cadre	Elderly Presence				Total	%	P Value
		Present	%	Not present	%			
1	role	17	60,7	11	39,3	28	100	0.049
2	No role	4	25.0	12	75.0	16	100	
Total		21		23		44	100	

Source: Primary Data (processed in 2020)

The table above shows the percentage of elderly who attended the elderly Posyandu 60.7% with cadres who played a higher role compared to cadres who did not play a role of only 25.0%, on the other hand the elderly who did not attend the elderly Posyandu 75.0% with cadres who did not play a role higher than the cadres who played a role of 39.3%. The difference in these proportions statistically reached a significant level (P value 0.049), which indicated that there was a very significant relationship between the role of cadres and the attendance of the elderly at the elderly Posyandu.

Table 1.7
The Relationship between Motivation and Elderly Attendance at the Elderly Posyandu in the Work Area of the UPTD Puskesmas Meuraxa, Banda Aceh City in 2020

No	Motivation	Elderly Presence				Total	%	P Value
		Present	%	Not present	%			
1	Well	11	73,3	4	26,7	15	100	0.033
2	Not enough	10	34.5	19	65.5	29	100	
Total		21		23		44	100	

Source: Primary Data (processed in 2020)

The table above shows the percentage of elderly who attend the elderly Posyandu 73.3% with good motivation higher than only 34.5% less motivation, on the other hand the elderly who do not attend the elderly Posyandu 65.5% with less motivation high compared to good motivation of 26.7%. The difference in these proportions statistically reached a significant level (P value 0.033), which indicated that there was a very significant relationship between motivation and attendance of the elderly at the elderly Posyandu.

The Relationship between Knowledge and Elderly Attendance at the Elderly Posyandu

Based on the results of the above study, the proportion of elderly who were present in the good knowledge category was 80.0% and the knowledge category was lacking by 5.3%, while the elderly who were absent were higher in the less knowledge category by 94.7% and the good knowledge category by 20.0%. After statistical tests were carried out with the chi-square test, the results obtained were a p-value of 0.001 indicating a very significant relationship between knowledge and the presence of the elderly.

This research is in line with Chahya Tri Prihantoro (2016) regarding the relationship between the knowledge of the elderly and the activity of the elderly at the elderly Posyandu in Klaseman Village, Gatak District, Sukoharjo Regency which stated that the statistical test results using chi-square obtained a value of 0.006 < 0.05, which means there is a relationship between knowledge and attendance elderly to the elderly posyandu.

Likewise, this research is in line with Kusumaningrum's research (2014), that there is a relationship between the level of knowledge and the active attendance of the elderly at the elderly Posyandu in Mayungan Village, Ngawen District, Klaten Regency (p=0.001). The elderly with a good level of knowledge will make visits to the elderly more regularly. Posyandu for the elderly and can know about their health, rather than the elderly with a poor level of knowledge. By attending Posyandu activities, the elderly will get counseling on how to live healthily with all the limitations or health problems attached to them. With this experience, the knowledge of the elderly increases, which forms the basis for forming attitudes and can encourage their interest or motivation to always participate in elderly Posyandu activities (Sulistiyorini, 2010).

Based on the research results obtained by researchers, some of the elderly who did not attend the elderly Posyandu were caused by the lack of knowledge of the elderly in knowing the importance of carrying out routine health checks at the elderly Posyandu, not knowing the dangers and risks that would occur if they did not carry out routine health checks, most of the elderly Those who have good knowledge attend the elderly Posyandu more regularly because the elderly often get information, especially related to the importance of their health checks, so they are motivated to attend health checks.

The Relationship between Education and Elderly Attendance at the Elderly Posyandu

Based on the results of the above study, the proportion of elderly who attended the higher education category was 66.7% compared to the secondary education category which was 59.3% and the basic education category was 9.1%, while the elderly who were not present were more in the basic education category which was 90.9%, the secondary education category was 40.7% and the higher education category was 33.3%. After statistical tests with the chi-square test, the results obtained were a p-value of 0.007 indicating a very significant relationship between education and the presence of the elderly.

This is in line with research conducted by Nana Adriana (2016), namely the relationship between educational factors and the low visit of the elderly obtained p value = 0.014 ($P < 0.05$) so it can be concluded that there is a significant relationship between education and the low visit of the elderly to the elderly Posyandu in Rambah Village, North Central, the working area of the Rambah Health Center.

The results of this study are also following research conducted by Mulyadi (2009), which states that there is a relationship between the level of education and visits of the elderly to the elderly Posyandu. Purwanto (2005), suggests that one of the factors that influence health behavior is the level of education.

The results of education also shape thinking patterns, perception patterns, and one's decision-making attitude. Increasing one's education teaches individuals to make the best decisions for themselves. However, a low level of education will not always prevent a person from learning from other media, such as television, newspapers, magazines, radio, and other people's experiences which are used as references for him. According to Noorkasiani and Tamher (2012), a person's level of education influences the response to something that comes from outside. Someone who has higher education will be oriented towards preventive action, know more about health problems and have better health status. Based on the research results obtained by researchers, some elderly people with secondary and basic education are rarely active and attend activities at the elderly Posyandu due to the low understanding obtained by the elderly about the importance of health for the elderly, this is due to poor education so that the elderly are difficult and slow to understand the importance of health and regular check-ups for the elderly.

On the other hand, elderly people with higher education are more active in coming to the elderly Posyandu due to the insights they gain about the importance of health for the elderly due to support from a fairly good education, as well as the understanding given by health workers about the importance of elderly health which increases the awareness of the elderly to be actively present in activities at the elderly Posyandu.

The Relationship between Home Distance and Elderly Presence to the Elderly Posyandu

Based on the results of the above study, the proportion of elderly who attended the category of distance from home to an affordable elderly Posyandu was 65.4% and the category of distance from home to an unreachable elderly Posyandu was 22.2%, while the elderly who were not present were higher in the category of distance from home to an elderly Posyandu who unreachable by 77.8% and the category of distance from home to the affordable elderly posyandu by 34.6%. After statistical tests were carried out with the chi-square test, the results obtained were a p-value of 0.012 indicating a very significant relationship between the distance from the house to the elderly Posyandu and the presence of the elderly.

The results of this study are also in accordance with research conducted by Arlan and Sunarti (2017), entitled "frequency factor of elderly visits to the elderly Posyandu in East Pontianak District". According to Sulistyorini (2010) that close access to posyandu will make it easy for the elderly to reach

posyandu without having to experience physical fatigue due to decreased endurance or physical strength.

The distance can limit the ability and willingness to seek health services, especially if the available facilities and transportation are limited, communication is difficult and there are no service places available in the area. According to (Agustina et al, 2015) distance is a barrier that increases the tendency to delay a person's or community's efforts to seek health services.

Based on the research results obtained by researchers, the elderly who were not present at the elderly Posyandu activities were due to the distance between the house and the elderly Posyandu which was unreachable, and the absence of family members accompanying the elderly to the elderly Posyandu because some of the elderly lived quite far from health service areas and there were also the elderly who are sick so they cannot afford to go to the elderly posyandu on their own. Meanwhile, some elderly people who are within reach are more active in attending the elderly posyandu because their homes are close to the elderly posyandu activities and can go alone, go with neighbors so that the elderly can take advantage of the facilities available at elderly posyandu.

The relationship between the role of health workers and the presence of the elderly at the elderly Posyandu

Based on the results of the above study, the proportion of elderly who were present in the role category of health workers who played a role was 62.1% and in the category of the role of health workers who did not play a role was 20.0%, while the elderly who were not present were higher in the category of the role of health workers who did not play a role by 80.0% and the category of the role of health workers played a role of 37.9%. After statistical tests were carried out with the chi-square test, the results obtained were a p-value of 0.020 indicating a very significant relationship between the role of health workers and the presence of the elderly.

This research is in line with research Nana Aldriyana (2016) that The relationship between distance and transportation factors with the low visit of the elderly obtained p value = 0.0001 ($P < 0.05$) so it can be concluded that there is a significant relationship between distance and transportation with the low visit of the elderly to the elderly Posyandu in Rambah village.

The support received by the elderly by health workers is in the form of coaching for the elderly which includes physical, psychological, and social aspects to improve their health of the elderly. This is consistent with the results of research by Camacho, et al (2009) on differences in socio-economic status and institutional characteristics in preventive public services for the elderly in Costa Rica which states that health policies affect the improvement of the health status of the elderly through professional primary health care efforts. Health also plays an important role in examining the health condition of the elderly and providing related counseling about the importance of carrying out routine health checks for the elderly as well as nutrition for the elderly so that the elderly can actively attend the elderly Posyandu.

Based on the research results obtained by researchers, the role of health workers in posyandu activities is as a facilitator and empowering the community in posyandu activities for the elderly. However, the elderly are dissatisfied with the role of health workers who make the elderly uncomfortable because visits to check the health of the elderly is not carried out routinely. Some of the elderly say the role of health workers plays a role because health workers can maintain the privacy of the elderly when carrying out examinations and health workers are friendly in providing information related to the health of the elderly.

Relationship between family support and elderly attendance at the elderly Posyandu

Based on the results of the above study, the proportion of elderly who were present in the category of family support that supported was 82.4% and in the category of family support that did not support was 25.9%, while the elderly who were not present were higher in the category of non-supportive family support of 74.1% and the category of family support. which supports 17.6%. After statistical tests were carried out with the chi-square test, the results obtained were a p-value of 0.001 indicating a very significant relationship between family support and the presence of the elderly.

This research is in line with the research of Sumiati et al (2012) that the family has an important role in the life of the elderly, especially related to the utilization of the elderly Posyandu. Based on interviews and observations, it was found that family support was provided to informants in utilizing the

elderly Posyandu including picking up and dropping off informants who came to the Posyandu and reminding them of a schedule of posyandu activities. In line with Stanley (2005), in his book, it is explained that all forms of attention given by the family in particular and the community, including health workers in general, foster the motivation of the elderly to continue to work and exist in their lives.

According to Rahayu (2010) in Wahyuni et al (2012) that family support has a big influence on the lives of the elderly, because they feel they are getting family support, emotionally because they feel cared for, get suggestions or pleasant impressions of themselves and the behavior of activity or activity that can be observed or not.

Family support plays a very important role in encouraging the interest or willingness of the elderly to participate in elderly Posyandu activities. The family can be a strong motivator for the elderly if they always take the time to accompany or accompany the elderly to the Posyandu, remind the elderly if they forget the Posyandu schedule, and try to help overcome all problems with the elderly (Aryantiningasih, 2014).

Based on the research results obtained by researchers, family support plays an important role in encouraging the interest of the elderly to participate in activities at the Elderly Posyandu. The family can be a strong motivator for the elderly to accompany or accompany the elderly to the elderly Posyandu and remind them of the schedule of the Elderly Posyandu. distant activities. Many elderly family members work in the morning and Posyandu activities in the morning from their homes is quite far and there is no family to accompany them, there is busyness in family members and lack of attention given by the family for the elderly will affect in the form of family support.

The Relationship between the Cadre's Role and the Attendance of the Elderly to the Elderly Posyandu

Based on the results of the above study, the proportion of elderly who were present in the role category of cadres who played a role was 60.7% and in the role category of cadres who did not play a role was 25.0%, while the elderly who were not present were higher in the role category of cadres who did not play a role by 75.0% and the role category of cadres who played a role of 39.3%. After statistical tests were carried out with the chi-square test, the results obtained were a p-value of 0.049 indicating a very significant relationship between the role of cadres and the presence of the elderly.

This research is in line with researcher Nana Aldriana (2016) that there is a relationship between the role of cadres and the low visit of the elderly, p-value = 0.0001 ($P < 0.05$), so it can be concluded that there is a significant relationship between the role of cadres and the low visit of the elderly to the elderly Posyandu in Rambah Tengah village, north of the working area of the Rambah Health Center.

The results of Dodo's research (2008) found that there was a significant relationship between knowledge and the level of activity of posyandu cadres in the Sikumana Health Center work area. The high level of cadre knowledge resulted in good cadre performance and had an impact on the implementation of the posyandu program. The better or the higher the cadre's knowledge, the higher or the better the level of activity in the process of implementing posyandu activities.

This is in accordance with the results of Maria's research (2008) which states that cadre support affects the activeness of elderly visits to posyandu. This is because the officers are limited so it is feared that they will not be able to provide good service for the elderly, another reason is that the elderly are not strong enough to stand in long queues, and are easily offended, dizzy and tired. (Meiner, 2006) states that this condition is related to changes in the elderly from various aspects, namely physical, psychological, and social. If this condition is not considered and left for a long time it will cause emotional instability, namely the elderly are easily offended.

Health cadres are adults, both men, and women who are seen as people who have advantages in their community, which can be in the form of success in activities, flexibility in human relations, socio-economic status, and so on (Ministry of Health, 2010). The ability of cadres both in terms of education and knowledge of cadres must be well actualized as in motivating the elderly to want to come to the posyandu on the next schedule, cadres must be able to provide explanations to questions from the elderly regarding health.

Based on the research results obtained by researchers, The elderly who are dissatisfied with the role of cadres make the elderly uncomfortable and the respondents' lack of judgment is due to the fact

that the activities carried out at the posyandu have not changed much so that the elderly do not routinely attend and carry out health checks at the elderly posyandu. Some elderly say the role of cadres is because the role of cadres reminds the elderly to attend the elderly posyandu and carry out health checks.

The Relationship between Motivation and Elderly Attendance at the Elderly Posyandu

Based on the results of the above study, the proportion of elderly present in the good motivation category was 73.3% and in the less motivated category was 34.5%, while the elderly who were not present were higher in the less motivated category by 65.5% and in the good motivation category by 26.7%. After statistical tests were carried out with the chi-square test, the results obtained were a p-value of 0.033 indicating a very significant relationship between motivation and the presence of the elderly.

This research is in line with the researcher Dian Mahara (2012) that there is a relationship between motivation and low activity of the elderly, obtained p value = 0.009 < 0.05, so it can be concluded that there is a significant relationship between the role of cadres and the activity of the elderly in participating in elderly posyandu activities in Kauman Village, District Polanharjo, Klaten Regency.

Widjajono (2009) stated that the lack of motivation in the respondents made the respondents not actively participate in Posyandu activities. The motivation of the elderly registered at the Posyandu can be influenced by extrinsic motivation as well as community leaders and the services of Posyandu staff related to the motivation of the elderly community to participate in the activities of the elderly Posyandu. Community leaders have usually seen as informal leaders as well as role models and role models in the community. Motivation from health center staff, Posyandu cadres, and local community leaders influence the activeness of the elderly in participating in elderly Posyandu activities.

This is in accordance with the RI Ministry of Health (2009) which states that the target of the elderly Posyandu is aimed directly at the elderly. The benefits felt by the elderly are viewed from the physical aspect, namely that their health condition is always maintained or healthy. spiritual activities and the existence of recreation to eliminate boredom. The feeling of being happy to meet fellow elderly is a benefit that the elderly get socially from having an elderly posyandu. The experience of the elderly related to the benefits of the elderly posyandu affects the motivation of the elderly to join the elderly posyandu, according to the results of the study Fuad (2008) regarding the phenomenological study of the motivation of the elderly in utilizing the elderly Posyandu, namely that by knowing the benefits of the Posyandu, the elderly are motivated to join the elderly Posyandu.

Based on the results of the research obtained by researchers, there was a lack of motivation in participating in Posyandu activities for the elderly, one of which was that the activities held did not change much or other activities other than checking blood pressure, weighing, measuring height, and nutritional consultations. The elderly think that their complaints of weight and height do not change much from time to time and their activities are just monotonous, thus reducing the motivation to continue participating in the activities of the elderly Posyandu.

CONCLUSION

Based on the results of research on January 28 2020-February 17 2020 on 44 respondents in the UPTD Work Area of the Meuraxa Health Center in Banda Aceh City, then the researcher can draw the following conclusions:

The results of the bivariate analysis stated that all sub-variables, namely knowledge, education, distance from home, the role of health workers, family support, the role of cadres, and motivation, had a significant relationship between motivation and presence of the elderly at the Posyandu for the elderly in the working area of the Meuraxa Health Center, Banda Aceh City because the test results statistics with chi-square using SPSS get a p-value < 0.05, which means that H_a is accepted and H_0 is rejected.

SUGGESTION

Based on the results of these studies, some suggestions can be given as follows: It is hoped that the Head of the Meuraxa Health Center through health workers will be able to provide complete information to the elderly and elderly families regarding the elderly Posyandu, provide health education, and activate the elderly group with various health activities and various other activities in the UPTD Work Area of the Meuraxa Health Center which is carried out routinely every month, thereby increasing the knowledge and

motivation of the elderly so that they can be actively present in the elderly Posyandu activities on a regular basis, Posyandu cadres are advised to conduct counseling more often for every family who has elderly people so that they can increase family support for the elderly so that they can be actively present in elderly Posyandu activities and It is hoped that for future researchers it will serve as a guideline for further research and can be developed by adding new variables for further research.

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