

Building an Elderly-Friendly Village in Yahim Village, Jayapura Regency

Arius Togodly¹, Rosmin M. Tingginehe^{2*}, Septinus Saa³

^{1, 2}Public Health Study Program, Faculty of Public Health, Cenderawasih University

³Master of Public Administration Study Program, Postgraduate Program, Cenderawasih University

Corresponding Author: Rosmin M. Tingginehe rosemariati16@gmail.com

ARTICLE INFO

Keywords: Elderly Friendly Village, Socialization, Community Empowerment, Physical Health

Received : 12, April

Revised : 25, May

Accepted: 10, June

©2025 Togodly, Tingginehe, Saa:
This is an open-access article
distributed under the terms of the
[Creative Commons Atribusi 4.0
Internasional](https://creativecommons.org/licenses/by/4.0/).



ABSTRACT

Yahim Village in Jayapura Regency faces challenges in managing its growing elderly population, from limited access to adequate health services, including geographical conditions that create significant barriers for the elderly who need regular health checks. Several stages carried out in this service are health checks carried out thoroughly. In addition to physical examinations, psychological examinations related to social relationships were also carried out. Although most of the elderly (80%) have a good quality of life in terms of physical health, psychological conditions, social relationships, and a fairly good environment, there needs to be an effort to improve the overall quality of life of the elderly, because there are still 20% of elderly people who have a 'poor quality of life.

INTRODUCTION

The phenomenon of population aging in Indonesia has become a serious challenge that requires special attention from various parties. As stated by Kiik et al. (2018), "The elderly are classified as a group or population at risk whose numbers are increasing every year" (Nugroho et al., 2022). The elderly are an age group that is vulnerable to various complex health and nutrition problems, where their physical and physiological conditions experience a significant decline with age (Adriani & Wirjatmadi, 2012; Kemenkes, 2017; 2018; 2019). In Indonesia, the number of older people continues to increase exponentially and is expected to reach 28.6 million by 2035, reflecting a demographic transition that requires a comprehensive strategy to address.

Yahim Village in Jayapura Regency faces similar challenges in managing its growing elderly population. Based on data from the Yahim Community Health Center, the prevalence of malnutrition among the elderly in this area reaches an alarming 30%, a condition that indicates the urgency of addressing elderly nutrition issues in the area. This condition is exacerbated by a variety of complex interacting factors, ranging from limited access to information to significant geographical and economic constraints.

The fundamental problem faced by the elderly in Yahim Village is limited access to adequate health services. Puskesmas Komba, as the nearest health facility, is located about 3 kilometers from Yahim Village with no public transportation serving the route. This geographical condition creates a significant barrier for the elderly who need routine health checks, considering that they must rely on motorbikes, private cars, or online transportation services, which of course require additional costs that cannot always be met by families with economic limitations. A similar study in Botoputih Village, Lamongan Regency showed that "knowledge is a factor that has an influence on the fulfillment of nutritional intake for the elderly" (Nugroho et al., 2022). This limited knowledge has a direct impact on non-optimal food consumption patterns, where the elderly often consume food based on the availability and economic capabilities of the family, rather than based on their specific nutritional needs (Eka et al., 2020; Lawlor et al., 2002; Prima et al., 2019). On the other hand, the majority of elderly people in Yahim Village live in conditions of economic dependence on families who also have financial limitations. This situation creates a dilemma where the basic needs of the elderly such as nutrition, clothing, and access to health must be adjusted to the economic capabilities of the family. The physical condition of the elderly who have decreased appetite and suffer from chronic diseases requires special attention which often cannot be fulfilled optimally in the context of these economic limitations.

IMPLEMENTATION AND METHODS

This community service program was carried out on Sunday, August 26, 2024, from 09.00 to 13.00 WIT at the Yahim Village Office. Of the total 120 elderly registered in the area, 30 people actively participated in this activity, reflecting a participation rate of 25% which indicates that there are still challenges in mobilizing the elderly to attend health programs.

The first step is to provide material related to elderly health and continue with a discussion or Q&A with participants. The next step is to conduct a health check with a standard protocol that includes various parameters to provide a comprehensive picture of the health status of participants. Clinical parameter examinations include blood pressure measurements using a calibrated digital sphygmomanometer, with measurements taken three times at 5-minute intervals and the average value taken to reduce measurement bias. All examinations are carried out following standard operating procedures and infection control principles to ensure participant safety and the accuracy of the examination results. Some of the stages carried out are a comprehensive health check, including anthropometric measurements (height and weight), blood pressure monitoring, and simple laboratory tests including blood sugar, uric acid and cholesterol levels. In addition to the physical examination, a psychological examination is also carried out relating to the social relationships of the elderly. This holistic approach is designed to provide a comprehensive picture of the health status of the elderly, enabling early identification of potential health problems that could develop into more serious conditions if not treated appropriately (Fahrudin, 2024).

RESULTS AND DISCUSSION

Physical Health Analysis

Evaluation of the physical health domain showed a diverse spectrum of conditions among the elderly program participants. Based on the assessment results using the WHOQOL-BREF instrument, the distribution of physical health conditions of the elderly is divided into three main categories: 9 elderly (30%) were in the "fair" category, 16 elderly (53.3%) in the "good" category, and 5 elderly (16.7%) in the "very good" category.

Seniors in the "fair" physical health category generally experience a range of mild to moderate complaints that affect their daily activities. Observations showed that this group often experienced joint pain that limited mobility, especially in the knee and hip areas, which impacted their ability to perform physical activities that required extensive movement. The problem of chronic fatigue is also a common characteristic, with the elderly feeling easily fatigued after performing light activities such as walking short distances or doing simple household chores.

Sleep disturbances were a significant factor affecting the physical health quality of this group. Most reported difficulty maintaining optimal sleep quality, both in terms of duration and quality of rest obtained. This creates an adverse cycle where the lack of quality rest worsens overall physical condition, reduces the energy available for daily activities, and ultimately decreases motivation to engage in social and physical activities that are beneficial to health.

The largest group were older adults with "good" physical health conditions, indicating relatively successful adaptation to the aging process.

Seniors in this category show higher energy levels than the "fair" group, allowing them to engage in more diverse and challenging physical activities. They are able to perform household chores with a high degree of independence, including activities that require stamina such as gardening, which is a common activity in the rural environment of Yahim Village.

An interesting aspect of this group is their ability to maintain a structured daily routine. They exhibit more regular sleeping patterns, although they may still experience some mild disturbances that are common in old age. Good mobility capabilities allow them to actively participate in social activities in the community, visit neighbors, and engage in religious activities that are an integral part of social life in Yahim Village.

Although a minority group, the 5 older adults in the "excellent" physical health category provided valuable insight into the factors that contribute to successful aging. This group exhibits the remarkable characteristic that they experience almost no significant health complaints, maintain activity levels on par with younger individuals, and show remarkable physical resilience to the aging process.

Older people in this category often serve as role models in the community, demonstrating that old age is not always synonymous with extensive physical limitations. They are able to perform activities that require considerable strength and endurance, such as working in the fields or engaging in demanding physical labor. An interesting aspect is how they maintain independence in all aspects of daily activities without requiring assistance from family members or caregivers.

Psychological Health Analysis

The social relationship domain shows interesting complexity in the context of elderly life in Yahim Village, with a relatively even distribution: 10 elderly (33.3%) in the "fair" category, 12 elderly (40%) in the "good" category, and 8 elderly (26.7%) in the "excellent" category. This distribution reflects significant variations in how older adults interact with their social environment and how they maintain interpersonal connections in old age.

Older adults with social connections in the "fair" category face multifaceted challenges that affect their ability to maintain optimal social connections. A major contributing factor to this is physical mobility limitations that restrict their ability to visit friends or relatives. Health conditions that do not always allow for long-distance travel or even short trips within the community create geographical isolation that impacts social isolation. "The majority of the elderly (10 elderly people) in this group have sufficient social relationships, this is due to health conditions that do not allow them to visit friends or relatives and choose to stay at home while doing light housework, such as sweeping and cooking.

The preference to remain at home doing light household chores such as sweeping and cooking reflects adaptation to physical limitations, but also indicates a risk of decreased social stimulation. This creates a cycle where a lack of social interaction can worsen mood and motivation, which in turn further reduces the desire to engage in social activities.

The majority group with "good" social relationships demonstrated an effective ability to maintain social networks that support their well-being. Elders in this category have access to sufficient social support from family and friends, creating a safety net that is important for their mental and emotional health. They demonstrated the ability to develop and maintain meaningful interpersonal relationships, which provided not only practical support but also emotional fulfillment.

A prominent aspect of this group is their ability to balance the need for independence with the need for social connections. They actively participate in community activities, including religious activities, informal social gatherings, and gotong royong activities that are typical of rural Indonesian society. This ability reflects social skills that remain well-maintained despite the aging process.

The eight older people in the "very good" social relationship category demonstrated an exceptional ability to maintain and develop an extensive social network with a high quality of interaction. This group is often the center or hub of the community's social network, where they not only receive support but also provide support to other elderly or community members in need.

A distinguishing characteristic of this group is their ability to adapt their ways of communicating and interacting according to the changes that occur with age. They show flexibility in using various platforms and ways to maintain connections, ranging from in-person visits to communication through younger family members. Informal leadership is often seen in this group, where they serve as a reference or advisor to other older adults in the community.

The Interconnection of Physical Health and Social Relationships

In-depth analysis shows a complex and interdependent relationship between the physical health domain and social relationships in the elderly in Yahim Village. As stated in the study by Fu et al. (2017), "Social relationships in the form of support from family, friends, and social organizations play an important role in increasing the physical activity of the elderly" (6). Elders with good physical health tend to have a better ability to maintain active social relationships, while those with strong social networks show better resilience to physical health challenges.

The limited physical mobility experienced by some older adults has a direct impact on their ability to participate in social activities. Older people with physical limitations often experience a reduction in the frequency of social interactions, which in turn can affect their mood, motivation and overall psychological well-being (Prima et al., 2019; Putri et al., 2019; Rhoudutun et al., 2021). However, the program also demonstrated the adaptive strategies developed by some older adults, where they changed the way they interact socially to accommodate their physical limitations.

In contrast, older adults with strong social networks showed higher motivation to maintain their physical health. Emotional and practical support from family and friends provide incentives for older adults to stay physically active, follow health programs, and maintain a healthy lifestyle (Allender et al., 2014; Sianturi, 2019). This phenomenon suggests that investing in the

development of social relationships can have a significant return in terms of long-term physical health.

Based on the comprehensive findings regarding the physical health conditions and social relationships of the elderly in Yahim Village, it is necessary to develop an intervention strategy that is multidimensional and sustainable. An integrative approach between improving physical health and strengthening social networks can have an optimal impact on the overall welfare of the elderly. Then it is important to implement an elderly gymnastics program that is carried out regularly can be an effective platform to address both aspects at once. The program not only provides physical benefits through exercises tailored to the abilities of the elderly, but also creates opportunities for structured social interaction. Similar experiences in Mulawarman Village show that "by understanding the principles of good nutrition, the elderly can enjoy a healthier, more independent and more prosperous life in their old age."

In addition, ongoing visits are needed. A regular home visiting program can be an effective strategy to reach out to older people who have limited mobility. This system not only provides health support but also maintains social connections for older adults who may experience isolation. The implementation of a buddy or mentor system can involve older people with better conditions to provide support to older people who need more intensive assistance. Referring to the positive experience in Lakalamba Village, increasing the capacity of Posyandu Lansia is crucial. Research shows that "Posyandu Lansia in Lakalamba Village plays a strategic role in improving the welfare and quality of life of the elderly." A nutritious supplementary feeding program can help address the malnutrition problems often experienced by the elderly, especially those from underprivileged families.

CONCLUSIONS AND RECOMMENDATION

Conclusion

This service program in Yahim Village has provided valuable insight into the complexity of challenges faced by the elderly, particularly in the domains of physical health and social relationships. The finding that the majority of elderly people have a good physical health condition (53.3%) but with a diverse distribution shows the need for a personalized approach in health interventions. Although most of the elderly (80%) have a good quality of life in terms of physical health, psychological conditions, social relationships, and a fairly good environment, it is necessary to make efforts to improve the overall quality of life of the elderly, because there are still 20% of elderly people who have a 'poor' quality of life.

The social relationship aspect, which shows a relatively even distribution among the three categories, reflects the potential that can be further developed through structured programs. The strong interconnection between physical health and social relationships provides an opportunity to develop interventions that can have a multiplier effect on the overall well-being of the elderly.

Recommendation

Based on the findings regarding the physical health conditions and social relationships of the elderly in Yahim Village, it is necessary to develop an intervention strategy that is multidimensional and sustainable. An integrative approach between improving physical health and strengthening social networks can have an optimal impact on the overall welfare of the elderly. In addition, ongoing visits are needed to monitor the program that has been implemented and developing programs to improve environmental conditions through collaboration with various stakeholders to improve infrastructure, transportation access, and social support services for the elderly.

ACKNOWLEDGMENT

The service team is grateful to the people involved in this program. In addition, the service team is grateful to the Faculty of Public Health of Universitas Cenderawasih for the support of running this service program.

REFERENCES

- Adriani, M., & Wirjatmadi, B. (2012). *Peranan Gizi dalam Siklus Kehidupan*. Jakarta: Kencana Prenada Media Group.
- Allender, J., Rector, C., & Warner, K. (2014). *Community & Public Health Nursing: Promoting the Public's Health* (8th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Eka, A. D., Herni, R., Aqilatul, L., Adrian, Ch., & Darmawan, P. (2020). *Kondisi Kesejahteraan Lansia dan Perlindungan Sosial Lansia di Indonesia*. Jakarta: Penerbit Perkumpulan Prakarsa.
- Fahrudin, A. (2024). Sekolah Lansia, Wujud Pengabdian Masyarakat Fakultas Psikologi Ubhara Jaya. Universitas Bhayangkara Jakarta Raya. Diakses dari <https://ubharajaya.ac.id/sekolah-lansia-wujud-pengabdian-masyarakat-fakultas-psikologi-ubhara-jaya/>
- Fu, J., Turcotte, L., & Bouchard, C. (2017). Social Capital and Physical Activity in Older Adults: A Cross-Sectional Analysis. *International Journal of Environmental Research and Public Health*, 14(10), 1144.
- Kemenkes. (2017). *Pedoman Posyandu Lansia*. Jakarta: Kementerian Kesehatan Republik Indonesia.
- Kemenkes. (2018). *Riskesdas 2018: Hasil Utama*. Jakarta: Kementerian Kesehatan Republik Indonesia.
- Kemenkes. (2019). *Pedoman Gizi Seimbang Lansia*. Jakarta: Kementerian Kesehatan Republik Indonesia.
- Kemenkes. (2023). *Profil Kesehatan Indonesia 2022*. Jakarta: Kementerian Kesehatan Republik Indonesia.
- Kiik, S. M., Sahar, J., & Permatasari, H. (2018). Peningkatan Kualitas Hidup Lansia di Kota Depok dengan Latihan Keseimbangan. *Jurnal Keperawatan Indonesia*, 21(2), 109-116.

- Lawlor, D. A., Taylor, M., Bedford, C., & Ebrahim, S. (2002). Is housework good for health? Levels of physical activity and factors associated with activity in elderly women. Results from the British Women's Heart and Health Study. *Journal of Epidemiology & Community Health*, 56(6), 473-478.
- Nugroho, R. F., Hindaryani, N., & Saputri, K. (2022). Pengaruh Edukasi Gizi Seimbang terhadap Pengetahuan Gizi pada Lansia di Desa Botoputih, Kecamatan Tikung Kabupaten Lamongan, Jawa Timur. *Prosiding Seminar Nasional Pengabdian Kepada Masyarakat*, 1(1), 107-113.
- Prima, D. R., Zahra, A. S., Nuraini, S., & Nurul, M. (2019). Pemenuhan Kebutuhan Lansia Terhadap Kualitas Hidup Lansia di Kelurahan Grogol Jakarta Barat. *Jurnal Kebidanan*, 8(1), 45-52.
- Putri, S. T., Fitraiana, L. A., Ningrum, A., & Sulastri, A. (2019). Studi Komparatif: Kualitas Hidup Lansia yang Tinggal Bersama Keluarga dan Panti. *E-journal UPI Jakarta*, 2(1), 23-30.
- Putthinoi, S., Lersilp, S., & Chakpitak, N. (2016). Social capital and health-promoting behaviors among older adults in rural Thailand. *Asia Pacific Journal of Social Work and Development*, 26(1), 15-25.
- Repi, O. D. (2023). Evaluasi Program Posyandu Lansia di Kecamatan Numpene. *Jurnal Ners*, 7(1), 89-95.
- Rhoudutun, N., Edy, P., & Tri, A. (2021). Upaya Peningkatan Derajat Kesehatan Lansia Melalui Posyandu Lansia. *Jurnal Pengabdian pada Masyarakat APMA*, 1(2), 76-82.
- Sianturi, C. Y. (2019). Faktor-Faktor yang Berhubungan dengan Keaktifan Lansia Mengikuti Kegiatan Posyandu Lansia di Puskesmas Rajabasa Indah. *Jurnal Medula*, 8(2), 156-163.
- Statistik, Badan Pusat. (2020). *Kota Jayapura dalam Angka 2020*. Kota Jayapura: Badan Pusat Statistik Kota Jayapura.
- World Health Organization. (2020). *Assessment of older adults: a comprehensive clinical approach*. Geneva: World Health Organization.
- World Health Organization. (2020). *Global report on ageism*. Geneva: World Health Organization.