

The Analysis Factor Influence Quality of Life Elderly People in Lemper Pamekasan City

Nindawi

ABSTRACT

Magister of Public Health Program
of Stikes Surya Mitra Husada
Kediri

Email:
nindawi@gmail.com

Increasing the number of Elderly impact on various life and increasing dependence and can be a burden for the family, because each individual has a unique and different characters. Coping mechanisms and adaptation processes need to be studied and strived for independent living with good quality of life to meet daily needs. This study aims to analyze the factors that affect the quality of life of the Elderly in Lemper Pamekasan Village. This research use cross sectional. Population ($N = 176$) sample ($n = 122$) Elderly Age (60-74 years) / erderly with Simple Random Sampling technique. Independent variable (physical activity, psychological, socialization, family support, and spiritual needs) to the dependent variable (quality of life) by using questionnaire in Lemper Pamekasan Village in February 2018. Data were processed and analyzed multivariate by ordinal regression test. Based on the result of research from 122 respondents it is found that the characteristics of respondents based on gender are mostly 71 (58,2%), almost half of them 65-69 years old 59 (48,4%), mostly married 67 (54,9%), most worked 67 (54.9%), and most health status was ill as much as 79 (64.8%). Most of the physical activity is good as much as 80 (65,6%), mostly psychological enough 65 (53,3%), almost half enough (47,5%), almost half socialization enough 58 (47,5%), most of the family support is less than 87 (71.3%), most of the spiritual needs are good as much as 75 (61.5%), and most of the quality of life is quite 89 (73,0%). The variables that significantly influence the quality of life of the Elderly are physical activity ($p = 0.028$), and family support ($p = 0,024$), while psychological ($p = 0,463$), socialization ($p = 0,529$), and spiritual requirement ($p = 0,055$) no influence. Simultaneously family support is a dominant factor. The influence of family support needs to be followed up with the development of the elderly program is expected to involve Elderly families to improve the quality of life.

Received : March 12, 2019

Accepted : April 13, 2019

Published : May 10, 2019

Keywords: Quality of life, physical activity, psychological, socialization, support family, and spiritual needs, elderly



This is an open-access article distributed under the terms of the Creative Commons Attribution-ShareAlike 4.0 International License.

INTRODUCTION

Increasing Life Expectancy The more complex the health problems it encounters and the risk of multidisease. Generally Aged (Elderly) experience weakness, limitations and disability, so the quality of life to decline (Probosuseno, 2007). Changes that can occur in the elderly are physical changes, function and sexual potential, psychosocial aspects, related to work and social role in society. Biologically Aged (Elderly) experiencing the aging process continuously, marked by decreasing of physical endurance that is increasingly range to disease attack because of change of structure and function of cell, tissue, and organ system. Some people assume that Elderly life no longer brings many benefits, often even perceived negatively as the burden of family and society (BKKBN. 2016).

Based on the Central Bureau of Statistics (BPS) (2015) recorded the number of elderly population in Indonesia reached 25.48 million people or equal to 8.03 percent of the population of Indonesia. This number will continue to grow and is estimated to reach 36 million in 2025. Population 25.48 Million, Indonesia Towards' Elder Country. Based on BPS data of East Java Province, AHH reached 70.09 years. This figure increases compared to 2016, which is 69.81 years (Health Profile of East Java Health Office, 2016).

Pademawu Puskesmas (male) population of 15,944 and women 17,429 (33,372 persons) with elderly 60-64 were 14,737 men and 15,335 women (30,072), 65-69 were 8,978 men and 11,376 women (20,254) and 70 -74 as many as 5,334 men and 7,996 women (13,330) (Health Profile of Pamekasan District Health Office, 2016). Based on data recapitulation visit Pademawu Puskesmas 2016 got 6199 cases, among others dyspepsia, arthritis, respiratory and hypertension including elderly patient. Based on preliminary study conducted on October 20, 2017, Elderly age 45-59 years old were 596 persons, while Elderly 60-74 years were 176 persons (Kader Monthly Book, 2017). Indications of disease acquired in the elderly include arthritis, hypertension, diabetes mellitus, skin diseases, and gastritis (Source: cadre monthbook, 2016). Place of health service in Lemper Village is one Ponkesdes including in it (Polindes and Posyandu / Posyandu). The elderly who is active or checks regularly or on average between 35-45 / month others are inactive because of some distance and poor family support. Interview results obtained 15 Elderly with his diet is still not regular due to uncertain appetite, following the diet of saturated fatty foods and salt and 3 elderly (say elderly) the burden of the mind (stress) caused to stay away with other children, dizzy minds and not long left his life partner (died). Physical activity can delay the decline in strength if associated with the aging process, which in turn makes the person more independent (Khomsin et al., 2010).

The elderly life in order to maintain a healthy physical condition, it is necessary to align physical needs with psychological and social conditions, so inevitably there must be an effort to reduce the activities that are physical memforsir. An elderly should be able to manage his way of life well, such as eating, sleeping, rest and work in balance. Family support is included in the supporting factors that can affect a person's behavior and lifestyle, affecting his health status and quality of life. The spiritual approach for Elderly (Elderly) has the purpose of providing peace and inner satisfaction in dealing with God (Nugroho HW, 2009). The nurse in providing nursing care not only focuses on Elderly, but must involve the family in every activity, form a support group and make it a potential elderly. Based on the above description, the researcher is interested to "Analyze Factors Influence Quality of Life Elderly in Lemper Pamekasan.

MATERIALS AND METHODS

This research use cross sectional with sample 122 Elderly Age (60-74 years) / erderly by Simple Random Sampling. Independent variable (physical activity, psychological, socialization, family support, and spiritual needs) to the dependent variable (quality of life) by using questionnaire in Lemper Pamekasan Village in February 2018. Data were processed and analyzed multivariate by ordinal regression test.

RESULTS

Description of Place of Study

The location of the study is viewed from geographic data with the area of 100,733 km² consisting of low land 100,733 km² and high land of 0 Km². The boundary of the village covers the western borders with Bartim Village, the east is Murtajih Village, the south is bordered by Kangeran Village, and the North is bordered by Buddagan Village. Lemper Village area is divided into three hamlets namely North Hamlet, Central and South with the number of RW as much as 3 and RT as much as 6. Ponkesdes located in North Hamlet, distance to Central Hamlet about 300 meters, and with Dusun Selatan about 500 meters, while the distance with Puskesmas about 1 km and RSUD Dr. H. Slamet Martodirdjo Pamekasan Regency 2.5 Km. transpotation between hamlets can be passed by two and four wheeled vehicles (Ponkesdes Lemper, 2016).

Descriptive Public Data

Table 1 Distribution Frequency Characteristics of Respondents in Lemper Pamekasan Village 2018.

No	characteristic	(f)	(%)
1	Man	51	41.8
2	Women	71	58.2
	Total	122	100.0
1	60-64 years	42	34.4
2	65-69 years	59	48.4
3	70-74 yearss	21	17.2
	Total	122	100.0
1	Married	67	54.9
2	Widows	38	31.1
3	Duda	17	13.9
	Total	122	100.0
1	Previous civil servant/ military/ police	3	2.5
2	Working	67	54.9
3	Not Working	52	42.6
	Total	122	100.0
1	Health	43	35.2
2	Pain	79	64.8
	Total	122	100.0

Source : Primary Data (2018)

Based on the results of the study of table 1 of 122 respondents it was mentioned that the characteristics of respondents by gender are mostly 71 (58,2%), almost half of them 65-69 years old 59 (48,4%), mostly married 67 (54, 9%), 67 (54.9%) work mostly, and the majority of health status is 79 (64,8%).

Custom Data

Table 2 Distribution Frequency Respondents Based on Special Data in Lemper Pamekasan Village 2018.

No	Physical Activity	(f)	(%)
1	Good	21	17.2
2	Sufficient/Enough	80	65.6
3	Less	21	17.2
	Total	122	100.0
No	Psychological	(f)	(%)
1	Good	27	22.1
2	Sufficient/Enough	65	53.3
3	Less	30	24.6
	Total	122	100.0
No	Socialization	(f)	(%)
1	Good	19	15.6
2	Sufficient/Enough	58	47.5
3	Less	45	36.9
	Total	122	100.0
No	Family Support	(f)	(%)
1	Good	18	14.8
2	Sufficient/Enough	17	13.9
3	Less	87	71.3
	Total	122	100.0
No	Spirit Need	(f)	(%)
1	Good	75	61.5
2	Sufficient/Enough	47	38.5
3	Less	0	0
	Total	122	100.0
No	Quality of Life	(f)	(%)
1	Good	6	4.9
2	Sufficient/Enough	89	73.0
3	Less	27	22.1
	Total	122	100.0

Source : Primary Data (2018)

Based on table 2 the results of this study of 122 respondents found that most of the physical activity both as much as 80 (65.6%), most of the psychological enough as much as 65 (53.3%), almost half sufficient (47.5%), almost half the socialization is quite as much as 58 (47.5%), the majority of family support is less than 87 (71.3%), most of the spiritual needs are good as much as 75 (61.5%), and most of the quality of life is quite as much as 89 (73, 0%).

Table 3 Cross tabulation The Effects of Physical Activity (X1) oQuality of Elderly Life in Lemper Pamekasan Village in 2018

Variable	Quality of Life			Total
Physical Activity	f/(%)	f/(%)	f/(%)	f/(%)
Good	1 (0,8)	20 (16,4)	0 (0)	21 (17,2)
Self	5 (4,1)	56 (45,9)	19 (15,6)	80 (65,6)
Less	0 (0)	13 (19,7)	8 (6,6)	21 (17,2)
Total	6 (4,9)	89 (73,0)	27 (22,1)	122 (100)
Ordinal regression test, $\alpha = 0,029 < 0,05$				

Source : Primary Data (2018)

Based on the table 3 the results showed that of the 122 respondents almost half of respondents physical activity with quality of life is quite as much as 56 (45.9%). Based on ordinal regression statistical test results obtained $\alpha = 0.029 < 0.05$, so H_0 rejected means there is influence of physical activity on the quality of life of respondents in the Village Lemper Pamekasan.

Table 4 Cross tabulation Psychological Influence (X2) onQuality of Elderly Life In Lemper Pamekasan Village in 2018

Variable	Quality of Life			Total
Psychological	f/(%)	f/(%)	f/(%)	f/(%)
Good	2 (1,6)	22 (18,0)	3 (2,5)	27 (22,1)
Enough	2 (1,6)	50 (41,0)	13 (10,7)	65 (53,3)
Less	2 (1,6)	17 (13,9)	11 (9,0)	30 (24,6)
Total	6 (4,9)	89 (73,0)	27 (22,1)	122 (100)
Ordinal regression test, $\alpha = 0,463 > 0,05$				

Source : Primary Data (2018)

Based on Table 4 the results showed that from 122 respondents almost half of psychological with a quality of life is quite as much as 50 (41.0%). Based on ordinal regression statistical test results obtained $\alpha = 0.463 > 0.05$, so H_0 accepted means there is no psychological influence on the quality of life of respondents in the Village Lemper Pamekasan.

Table 5 Cross tabulation Influence of Socialization (X3) on Quality of Elderly Life in Lemper Pamekasan Village in 2018

Variable	Quality of Life			Total
Socialization	f/(%)	f/(%)	f/(%)	f/(%)
Good	2 (1,6)	16 (13,1)	1 (0,8)	19 (15,6)
Enough	3 (2,5)	42 (34,4)	13 (10,7)	58 (47,5)
Less	1 (0,8)	31 (25,4)	13 (10,7)	45 (36,9)
Total	6 (4,9)	89 (73,0)	27 (22,1)	122 (100)
Ordinal regression test, $\alpha = 0,529 > 0,05$				

Source : Primary Data (2018)

Based on table 5 the results showed that of the 122 respondents almost half of the socialization with quality of life is quite as much as 42 (34.4%). Based on ordinal regression statistical test results obtained $\alpha = 0,529 > 0,05$, so H_0 accepted means there is no influence of socialization on the quality of life of respondents in the Village Lemper Pamekasan.

Table 6 Cross tabulation Influence of Family Support (X4) to Quality of Elderly Life in Lemper Pamekasan Village in 2018

Variable	Quality of Life			Total
Family Support	f/(%)	f/(%)	f/(%)	f/(%)
Good	0 (0)	10 (8,2)	8 (6,6)	18 (14,8)
Enough	3 (2,5)	11 (9,0)	3 (2,5)	17 (13,9)
Less	3 (2,5)	68 (55,7)	16 (13,1)	87 (71,3)
Total	6 (4,9)	89 (73,0)	27 (22,1)	122 (100)
Ordinal regression test, $\alpha = 0,024 < 0,05$				

Source : Primary Data (2018)

Based on table 6 the results showed that of the 122 respondents most of the family support is less with the quality of life is quite as much as 68 (55.7%). Based on ordinal regression statistical test results obtained $\alpha = 0.024 < 0.05$, so H_0 rejected means there is influence on the quality of life of respondents in Lemper Pamekasan Village.

Table 7 Cross Tabulation Influence of Spiritual Needs (X5) to Quality of Elderly Life in Lemper Pamekasan Village in 2018

Variable	Quality of Life			Total
	f/(%)	f/(%)	f/(%)	f/(%)
Spirit Need				
Good	1 (0,8)	54 (44,3)	20 (16,4)	75 (61,5)
Self	5 (4,1)	35 (28,7)	7 (5,7)	47 (38,5)
Less	0 (0)	0 (0)	0 (0)	0 (0)
Total	6 (4,9)	89 (73,0)	27 (22,1)	122 (100)
Ordinal regression test, $\alpha = 0,055 > 0,05$				

Source : Primary Data (2018)

Based on Table 4:46 the results showed that of the 122 respondents almost half of his spiritual needs both with quality of life is quite as much as 54 (44.3%). Based on ordinal regression statistical test results obtained $\alpha = 0.055 > 0.05$, so H_0 accepted means there is no influence of spiritual needs on the quality of life of respondents in the Village Lemper Pamekasan.

Multivariate analyze (Ordinal Regression)

Test Statistics to determine the dominant factor family support influence Quality of Life (Y) Respondents (elderly).

DISCUSSION

Influence of Physical Activity on Quality of Elderly Life

Based on the result of research indicate that almost half of physical activity of respondent enough with quality of life is enough 56 (45,9%). Based on statistical test result ordinal regresi got p value (0,029) $< 0,05$ (H_0 rejected) meaning there is influence of physical activity to quality of life of Elderly in Lemper Pamekasan Village. The elderly can use her body functions, so that the body's resistance is good (roads within 20 minutes, jogging, gymnastics, cycling), balance can still be tolerated (like washing clothes, bikes, and sweeps), as well as functional or body strength capabilities that adjust to do heavier work (such as hoeing, grass-seeking and the level of independence of this elderly person in everyday life impact on the quality of his life will also be achieved.

According to Kuntjoro, to maintain good physical and psychological health of elderly it should still do activities useful for his life. This includes the kind of social support that social integration allows the elderly to gain the feeling of belonging to a group that enables them to share interests, concerns, and engage in creative activities together (Fitria, 2011). This is because the elderly can still accept the existing situation in him, can perform activities in accordance with his abilities, still feel happy, and also can enjoy the old age with full meaning, useful and quality. For example, some elderly people are aware and accept with the physical condition that has begun to decline but they still keep the spirit and can do the appropriate activities.

Optimum aging can be interpreted as functional conditions of the elderly are in optimal condition, allowing them to enjoy their parents with full meaning, happy, useful, and quality. Physical functioning allows enough elderly to achieve sufficient quality aging. The process and the rate of decline in body functions that occur in these physical changes are very different for each individual even though they are the same age. In addition also on different parts of the body in the same individual processes and varying speed of decline. Expected elderly can make adjustments to the physical changes and health are declining. The declining physical condition makes the elderly feel his

life is less meaningful again and despair with the life that is lived today. This becomes one of the marks of the decline as well as the quality of life of the elderly.

This is in line with researcher Supraba (2015) which the results penelitiaannya stated that the quality of life is good for respondents who are physically good activity. Physical activity involves a behavioral component that has two components of movement and behavior. The results of physical activity are numerous and varied when associated with health (physiological and psychological). Physical activity is important to maintain functional ability, strength level and flexibility associated with a person's ability to perform daily life functions such as bathing, dressing. To obtain optimum aging of physical activity of elderly is very necessary, for example exercise done regularly and regularly will very help fitness and keep psychomotor ability of elderly. Physical activity may delay the decline in strength if associated with the aging process. The need is needed by the elderly to be independent. The need is in line with Maslow's opinion in Koswara (2011) which states that human needs include physical needs (physiological needs) are physical or biological needs such as food, clothing, boards, sex and so on.

To obtain optimum aging of elderly physical activity is very necessary, for example sports (senan elderly, tera gymnastics and physical exercise (Elderly or in accordance with the disease), range of motion (exercise flexibility) or joints and relaxation done regularly and regularly will be very helpful fitness and maintenance of psychomotor ability of elderly, so as to improve physical endurance, muscle strength and body flexibility Psychomotoric function (konatif) include matters relating to the will of the will such as movement, action, coordination, which resulted in the Elderly become less nimble. will have an effect on all aspects of life including their health. Therefore, Elderly health needs special attention by maintaining and improving to the extent possible to live productively according to their abilities. On the Elderly with work requiring manpower no longer fit, huh s switch to more work using the brain than the muscle, the ability to perform daily activities (Activity Daily Living / ADL) has also decreased. Based on the results of the study showed that of the 122 respondents almost half were married with sufficient physical activity as much as 48 (39.3%). Based on the results of chi-square test obtained p value = 0.038 < 0.05 means there is a relationship of marital status with physical activity of respondents. Respondents aged between 65-69 years have been married and experience life with a variety of joys and sorrows both of themselves (individual), family and social environment, so it is wiser in the face of the problems of changes that experienced in his old age. According to Coons and Kaplan quoted by Chairani (2013) said that everyone has a different quality of life depending on each individual in addressing the problems that occur within him. If faced with a positive it will be good quality of life, but it is different if faced with the negative it will be bad also the quality of life. According to Wagner said that age affects the quality of one's life so that the elderly can still move. This is in accordance with the results of research showing that age affects each domain (Chairani, 2013). Respondents can still function the ability of joint function and muscle strength even though still in stiffness and pain experienced, with routine work and motion performed in the morning can be passed with a good enough movement to move in and out of the house such as helping in cleaning the house, , raising and farming as well as to meet their basic needs. According to Azizah (2011) a person experiencing a physical, mental and social slowdown gradually in this period. Changes in the body occur with age but the effects on humans are very dependent on health, habits of life, stressors, and environmental conditions. Elderly (Elderly) who is still less physical activity due to age factor that began to grow weak and muscles decline and weaken. Based on the result of research indicate that most of the sick respondents were 79 (64,8%) and almost half were healthy as many as 43 (35,2%). Based on existing theory, in general elderly women experience complaints of acute and chronic pain is higher than men so that it can affect the quality of life. This is in line with previous research which states that sex is related to the quality of life of elderly Simanullang, (2011) with the title of lifestyle influence on health status. Physical state or health disorder is a manifestation of the decrease of cell regeneration / production of replacement cells and functional, so it can affect the Elderly physical activity. Physical state is a major factor of human anxiety. Physical strength, senses, potential and intellectual capacity begin to decline at certain stages (Prasetyo, 2013). The aged must adapt again with his helplessness. Physical degeneration is characterized by several diseases such as disorders of the blood circulation, joints, respiratory system, neurologic, metabolic, neoplasm and mental, so the frequent complaints are easily tired, forgetful, digestive disorders, urinary tract, sensory

function and decreased concentration. To examine the physic of the elderly, consideration should be given to their existence such as decreased hearing, vision, limited movement, and slow response time. The activities of everyday life such as movement, action, coordination which result that the elderly are less nimble. The quality of life of the elderly can be judged by the ability to perform daily activities of life, such as the ability to care for oneself such as eating, dressing, defecating and bathing, and complex activities such as cooking, washing, using the phone, and using money. Some studies have shown a decrease in the quality of life of elderly people due to the disease process (physiological) in elderly, such as decreased quality of life in elderly with stroke, decreased quality of life of elderly with diabetes mellitus disease. But not yet found a lot of research about how the quality of life elderly when viewed from the social and environmental aspects, but it is also very influential on the quality of life of the elderly. Some elderly people end up having psychological as well as physical problems, such as pathological on physical condition such as chronic diseases and psychic conditions such as stress, depression, loneliness and even commit suicide (Salamah, 2015). It causes a change in the quality of life.

Psychological Influence to quality of life Elderly

Based on the results of the research show that almost half of respondents to the psychological quality of her quite as much as 50 (41.0%). Based on the results of the statistical tests ordinal regression obtained the value of $p(0.463) > 0.05$ (Ho accepted) means that there is no psychological influence to quality of life Elderly in the village of Pamekasan Lemper. Old age is experienced with different ways. There are older people who are able to see the significance of old age in the context of human existence, that of life that give them opportunities to grow. There are also elderly who looked at old age with attitudes ranging from passive acceptance and rebellion, rejection, and despair. This elderly into locked inside themselves and thus the sooner the process of physical and mental deterioration of their own. This contrasts with research results from Rohmah (2012) there is a psychological quality of life against oengaruh lannsia. that is in line with the results of the study Princess dkk (2014) that in the domain of psychological, Elderly living in majority (73.8%) have a sufficient quality of life. The answer really depends on the individual's mental attitude in the face of old age. In fact there are received, there is a fear of losing, there was pleased to have the assurance of the old days and there's also that seems indifferent towards her condition (resigned). Each of these attitudes actually have impact for each individual, both positive and negative. Positive impact more reassuring themselves elderly and negative impact would disrupt the welfare of elderly life. Psychological well-being include influence, fulfillment, stress and mental state, self-esteem, respect, status and religious beliefs, and sexuality. During the next age, a person will experience changes in terms of physical, cognitive, as well as in the life of psikososialnya (Papalia, Olds, & Feldman, 2001; Ariyanti, 2009). The stability of psychological well-being becomes one of the factors which play a role in improving the psychological well-being (Renwick & Brown, 1996).

Psychological health refers to positive affects, spirituality, thinking, learning, memory and concentration, self-image and appearance, self-worth, and negative affects. Psychological change comes from awareness of degeneration and inferiority when compared to younger people, strength, speed, and skill. At the stage of development of the elderly, the main developmental task is to understand and accept the changes physical and psychological changes experienced, and use his life experience to adjust to physical and psychological changes. Duties in development are patterns of behavior that are agreed at all ages throughout the vulnerable life. The definition is the task that arises during or about a certain period of the life of the individual, which if successful will lead to a sense of happiness and lead to success in carrying out the next tasks. However, if it fails will cause difficulties in facing the next task.

CONCLUSION

There is influence of physical activity to quality of life of Elderly in Lemper Pamekasan Village with p value = 0,029.

There is no psychological influence on the quality of life of the Elderly in Lemper Pamekasan Village with p = 0,463.

There is no socio-economic influence on the life quality of the Elderly in Lemper Pamekasan Village with p = 0,529.

There is influence of family support to quality of life of Elderly in Lemper Pamekasan Village with p value = 0,024.

There is no influence of spiritual needs on the quality of life of the Elderly in Lemper Pamekasan Village with p = 0,055.

The dominant factor of family support on the quality of life of the elderly in Lemper Pamekasan village with p value = 0,024.

REFERENCES

- Azizah, L., M. (2011). Keperawatan Lanjut Usia, Yogyakarta, Graha Ilmu.
- Badan Koordinasi Keluarga Berencana Nasional (BKKBN). (2016). Modul Bina Keluarga Lansia, Yogyakarta, BKKBN.
- Badan Pusat Statistik. (2016). Jumlah Penduduk di Indonesia, Jakarta, BPS.
- Fitria. (2011). Interaksi sosial dan Kualitas hidup Lansia di Panti Wredha UPT Pelayanan Sosial Lanjut Usia dan Anak Balita Binjai, (Skripsi), Fakultas Ilmu Keperawatan, Padjajaran, Universitas Padjadjaran.
- Kemenkes. (2016). Gambaran Kesehatan Lanjut Usia di Indonesia [Internet], 2013 [cited 2016 Jul 10], Available from: [Http://www.depkes.go.id](http://www.depkes.go.id).
- Khomsin, Soegiyanto, Purwantoro. (2010). Mengukur Aktivitas Fisik Mata Kuliah Tes Evaluasi Pendidikan Jasmani dan Olahraga Pacitan Program Pascasarjana Program Studi Pendidikan Olahraga, Semarang, Universitas Negeri Semarang.
- Kuntjoro, Z., S. (2012). Masalah Kesehatan Jiwa Lansia. Diakses 10 februari 2012, Website URL [http:// www.e-psikologi.com/usia/160402.html](http://www.e-psikologi.com/usia/160402.html).
- Nugroho, H., W. (2009). Keperawatan Gerontik, Jakarta, EGC.
- Supraba. (2015). Hubungan Aktivitas Sosial, Interaksi Sosial, dan Fungsi Keluarga Dengan Kualitas Hidup. Program Pascasarjana Denpasar. UDAYANA.
- Undang-Undang Republik Indonesia Nomor 12 Tahun 1998 Tentang Kesejahteraan Lanjut Usia [Internet]. 2014 [cited 2015 Nov 20]. Available from: www.bpkp.go.id/uu/filedownload/2/45/438.bpkp.
- Young, Koopsen. (2012). Spritualitas, Kesehatan dan Penyembuhan, Medan, Bina Media Perintis.