

The Effectiveness of the Social Support of Family, Peers, Cadres of Posyandu Activity against Elderly Posyandu Activity in the Village Yendidori District of Biak Numfor Regency, Papua Province

La Jumu

Nursing School of Biak, Health Polytechnic of Jayapura, Peter Kafiar, Riedge I, Biak, Papua, Indonesia

Abstract: *Background:* elderly health services has not been run in accordance with the Trustees Act, RI number 13 year 1998 about the welfare of the elderly and the laws of INDONESIA number: 36 the year 2009 about health, for it needs to be elderly health services social movements, especially of potential social support community. *Purpose:* Analyse the influence the effectiveness of variable 1) social support of family, peers, social support of elderly cadres of posyandu simultaneously. 2) Variable social support social support of family, peers, social support of elderly cadres of posyandu partially. 3) Variables which effect predominantly interrelations between social support social support of family, peers, and social support cadres of posyandu activity against elderly Posyandu activities follow. *Research method:* the type of this research is descriptive research analytical quantitative with a technical analysis of test coefficient of linear correlation and regression, multiple cross sectional approach in Proportionate sampling, stratified sampling and random assignment of respondents at random systematic sampling, of the 50 respondents. Variable independent: X_1 family social support, X_2 Support social peers, X_3 social support cadres of posyandu elderly, dependent variable Y = Liveliness elderly following posyandu activities of the elderly. *Results of research:* the first significantly influential Hypothesis, $p = 0.001$, the second hypothesis test X_1 t calculate = 0.001 t test, x_2 significant = 0.998., insignificant, t -test = 0.03 X_3 , significantly, the third hypothesis, test $(\beta) = 0.601$ and test $t = 0.001$ means significant. *Conclusion:* the first Hypothesis in the receive and reject the second hypothesis, as well as the third hypothesis is accepted. *Recommendation:* Socialization of social support of family, peers, cadres of posyandu for the elderly maintain and enhance social movement according to significant results and the third one hypothesis as well as intensifying the socialization deficiencies according the second hypothesis, by way of direct socialization and dissemination of a brochure about the strategy of social support to the community and the family of the elderly.

Keywords: Social Support, Liveliness, Elderly

1. Introduction

The efforts of health care for the elderly are carried out by the Central Government, the provincial government, local government through health workers and or community. In line with the Act No. 36 of the year 2009 about health article 138 reads as follows: subsection (1) the efforts of care for health for seniors must be intended to keep a healthy and productive life socially as well as economically in accordance with dignity humanity., (2) the Government must ensure the availability of health care facilities and facilitates a group of seniors to be able to remain independent and productive life socially and economically.

In line with Health development aims to increase awareness, willingness, and ability to live a healthy life for every person, in order to materialize the extended public health degrees, since the context of such an investment for development human resources productive socially and economically (article 3 of the ACT Number 36 years RI 2009 on health).

The essence of health development has succeeded in lowering the death rate of infants, mothers and the number of pain as well as produces the nutritional improvement society. Descriptive generated positive impact is the increased life expectancy but these conditions in turn will lead to an increase in the number of elderly residents' proposed.

The phenomenon of an increase in the elderly population data nationally that aligns well with the increased number of elderly residents in Kampung Yendidori the year 2013 as much as 83 inhabitants (13.3%) of the total population of Kampung Yendidori District Yendidori Biak Numfor Regency of Papua Province (source health logging results of households/families, Kampung Yendidori by faculty and students of nursing Poltekkes Jayapura, campus year 2013) and logging the results of the year 2016 the population aged detected or the age of life expectancy (UHH) as many as 120 inhabitants (32, 88%) of the total population of 365 inhabitants. The increase in the number of UHH average each year for 4 years in the village Yendidori there are 9 inhabitants (24.32%) out of a total population of UHH. Further data retention as posyandu assisted elderly year 2016 as much as 104 inhabitants (86.67%) of 120 elderly residents, and there are 16 (13.33) less active elderly Posyandu. Data less healthy lifestyles such as smoking, drinking alcohol 26% 7%, 77%, not exercising sleeplessness, 54%, stress (depression, sad, morose) 73%. The implications of life elderly less conducive to such correlated with health conditions such as Disease risk factors is not Contagious (PTM), among others: high blood pressure by as much as 53%, cholesterol levels in the blood is high (hypercholesterolemia) as many as 48% of elderly (elderly Hometown Yendidori Posyandu data, March 20, 2016).

Conclusion the construction of posyandu elderly yet evenly according to UU RI No. 36, 2009, about health and LAW No. 13, RI, 1998 about wealthy of seniors citizens. Facing such conditions need to study health issues seniors more basic goal is reached, in order for the construction of the health of the elderly, in an effort to realize the degree of the health of the elderly to live a time of seniors with at their best, (Law No. 36 year RI 2009 about health and LAW No. 13 year 1998 RI of Seniors Wealthy).

Pay attention to the phenomenon of elderly as mentioned above as well as following on ACT RI numbers: 36 year 2009, about health and LAW No. 13 year 1998 RI of seniors wealthy, need for social movements increase the liveliness of the elderly.

Social movements that need to be improved is encouraging active elderly posyandu activities followed by using the approach of social support of family, peers, social support of elderly cadres of posyandu, because elements of the community those closest to the elderly, but the earlier firstly, should know the potential support is based on data that has been felt by the elderly.

Forms according to social support (Law Number 36 years Indonesia Republic about 2009 health chapter 7 and 8, Maryam et al, 2010., Susilo and Limakrisna, Aspuah., 2012, 2013, and 2014, Priyoto) as follows: (1) social support, including: Family Advocate, remind, not give freedom, allow, provide information, (2). Peer social support covers: inform, encourage, remind, invites, without saying because of presence at a time when there are activities of posyandu elderly., (3) social support cadres of posyandu elderly include: giving information about posyandu activities of the elderly, elderly benefits informs the posyandu, did not respond to complaints, recommend, alert (4). Assessment of social support may include: commitments on schedule, outreach, health screening, gymnastics, and extra posyandu elderly.

Based on the background of the description above, the author sets the title of this flagship research as follows: "The effectiveness of the social support of family, peers, cadres of posyandu activity against elderly elderly elderly Posyandu activity in the village Yendidori Yendidori district of Biak Numfor Regency, Papua Province"

The reason the title assignment because it meets the elements of research i.e. There's data, there is a problem and there are basic concepts that are relevant as a reference for problem solving, data collection, both the subjective as well as objective data. The urgency of the background of this research is to support the social empowerment of the family, peers, support cadres of posyandu, against the health of seniors that have been added by the Government, (Mary et al, 2010).

2. Method of Research

The design of this research is quantitative descriptive analytic, i.e. describe and analyze the effectiveness of the

social support of family, peers, cadres of posyandu elderly, as the independent variable and the dependent variable is the liveliness of the elderly posyandu activities follow the elderly. In line with the (Moral and Suyanto, 2015) that is based on a descriptive analytic quantitative research purposes, then the research design used was observational analytic: *cross sectional*, meaning that data is taken one time measurements of the dependent variable and independent variable are done at the same time. While based on the effectiveness of the correlation between the dependent and independent variables, then the correlation model used is a convergent structure (Silalahi, 2012).

This model begins with an assessment of the elderly over the family social support, peer support, support of elderly cadres of posyandu that if high support assessment, behavior may follow activities in posyandu elderly will *favorable* (positive/well), which would further strengthen posyandu activities follow the liveliness of the elderly the elderly. Conversely, if the condition assessment support, then the desire of the elderly to actively back the posyandu activities, following the elderly will *unfavorable* (negative/not good) and the effectiveness of the motivation of the liveliness of the elderly will likely weakened/stretchable (Great, 2010).

A conceptual framework based on in chapter II above, then this study, want to try, apply the model of social support with modifications on the effectiveness of Posyandu elderly (Posbindu) in this case the posyandu elderly Yendidori, district of Kampong Yendidori Biak Numfor Regency, Papua Province. This model, want to dig a relation between the social support of family, peers, cadres of posyandu activity with the elderly posyandu activities follow. This research instrument using the questionnaire in the form of open-ended questions that form of questionnaire about the independent variables includes: family social support questionnaire, peers, social support social support of elderly cadres of posyandu. While the questionnaires for questions variable the dependent elderly liveliness following questionnaire covers the activities of posyandu elderly.

3. Result

a. Family Social Support

Frequency Distribution Of Family Social Support (DS Klg).

No. Question	Score the answers (**) and the number (F) families (Kgl) who answered									
	1		2		3		4		5	
	F	%	F	%	F	%	F	%	F	%
Advice	6	12.0	9	18.0	23	46.0	7	14.0	4	8.0
Remind	3	6.0	10	20.0	21	42.0	15	30.0	1	2.0
Do not give freedom	20	40.0	19	38.0	9	18.0	2	4.0		
Allow the			3	6.0	22	44.0	20	40.0	5	10.0
Inform the			4	8.0	22	44.0	20	40.0	4	8.0

(*) see annex 1

(**) 1 = strongly disagree 2 = Disagree 3 = less agreed, 4 = disagree, 5 = strongly agree

Table 5.4 Frequency Distribution Family Social Support
 Source: primary Data are processed.

Problem support where among others with a different meaning the form and type acceptance, so the perception of support is considered important by others is not necessarily at the other people think is important such Support in a meet the support that one will switch on the support.

Description the results of this research according empire data k indicates that the social support encouraging the elderly to follow activities of posyandu elderly 14.0% of respondents say agree, reminds elderly posyandu activities to follow 30.0% of respondents say agreed, and 40.0% of respondents say no agree, if the elderly cannot give freedom to come to posynadu the elderly, and is considered important is information following the Elderly Posyandu activities, 40.0% of respondents answer agrees, 6.0% respondents answer did not agree. Support family permits , 40 , 0 % of respondents answered agree, 8.0 % of respondents answered not agree.

b. Peer Social Support

Frequency Distribution of Peer Social Support (DS TS).

Table 5.5: Frequency Distribution Characteristics Of Work

No. Question	Score the answers (**) and (F) number of Peers who responded									
	1		2		3		4		5	
	F	%	F	%	F	%	F	%	F	%
Information	2	4.0	12	24.0	8	16.0	25	50.0	3	6.0
Recommends that			15	30.0	1	2.0	29	58.0	5	10.0
Remind			15	30.0	11	22.0	23	46.0	1	2.0
Invites	4	8.0	15	30.0	8	16.0	23	46.0		
Don't Ask	2	4.0	21	42.0	3	6.0	23	46.0	1	2.0

(*) see annex 1

(**) 1 = strongly disagree 2 = disagree 3 = less agreed, 4 = disagree, 5 = strongly agree

Source: primary Data are processed

Indicator peer social support in this study indicate that information support the existence of elderly posyandu activities 5 0.0 % of respondents provide answers agree and 4.0 % of respondents gave answers very do not agree, as well as 6.0 % of respondents gave answers very agree. Next peers advocated following the activities of the elderly posynadu 58.0% of the respondents answering setuju, 10.0% of respondents gave answer strongly agree, and 2.0% of the respondents gave answers less agrees. Peers remind elderly posyandu activities to follow 46.0% of respondents answering setuju, and 2.0% of the respondents answered strongly agree., peer support is invited to travel with when there are posyandu activities elderly respondents answered 46.0% setuju, and only 8.0% of respondents answered do not agree. Peers do not inquire the cause did not enter posyandu activities elderly 42.0% respondents answered No setuju, and 46.0 respondents agree and 2.0 % couldn't agree more, and only 4.0% respondents answer strongly disagree.

c. Social Support Of Elderly Cadres Of Posyandu

Distribution Frequency Of Social Support Cadres Of Posyandu Elderly (DS KPL).

Table 5.6: Frequency Distribution support of elderly cadres posynadu

No. Question	Score the answers (**) and the number of Posyandu Cadre (F) Elderly (DS KPL) who answered									
	1		2		3		4		5	
	F	%	F	%	F	%	F	%	F	%
Give information			1	2.0	3	6.0	32	64.0	14	28.0
Recommends that			4	8.0			35	70.0	11	22.0
Benefits of posyandu			10	20.0	12	24.0	26	52.0	2	4.0
Do not respond to			14	28.0	17	34.0	19	38.0		
Remind			12	24.0	6	12.0	24	48.0	8	16.0

The number Score answers (**) and the number of employees who answered

1 2 3 4 5 question

(*) see annex 1

(**) 1 = strongly agree, 2 Not = disagree, 3 = less agreed, 4 = agree, 5 = strongly agree. Source: primary Data are processed

Dynamics of posyandu cadre support elderly elderly posyandu cadre includes: provide information about the existence of posyandu activity of elderly , 64.0 % respondents give an answer s setuju , and 28.0 % of respondents gave answers very agree and only 2, 0 % of respondents provide answers do not agree . Cadres of posyandu for the elderly advocated following the elderly posyandu activities 7 0.0 % of respondents gave answers se go , and 22.0 % of respondents gave the answer s angat agree , as well as just 8.0% of respondents gave answers do not agree. Posyandu cadre elderly gives information about the benefits of elderly posyandu, 52.0% of respondents gave answers agree, as well as 4, 0% respondents gave answers very agree. The complaint does not respond in the elderly by cadres of posyandu elderly 28.0% of respondents gave No answer to setuju, 38.0% of respondents gave answers agree. Cadres of posyandu for the elderly reminds posyandu activities present in the elderly 48.0% of respondents gave answers setuju, and 16.0% of respondents gave answer very much agree, and 24.0% of the respondents gave answers do not agree.

d. Assessment of the Liveliness of the Elderly

Context of the liveliness of the elderly posyandu activities in following the elderly include: posyandu activities following the elderly on schedule, outreach, health screening, gymnastics, extra posyandu activities organized by community elderly although outside schedule posyandu activities of the elderly. On the table 4.8 gives an overview of the answers of the respondents about k eaktifan elderly elderly posyandu activities in following..

Assessment of the Frequency Distribution of Health Workers.

Table 5.7: Elderly Active

No. Question	Score the answers (***) and the number (F) answer a health worker									
	1		2		3		4		5	
	F	%	F	%	F	%	F	%	F	%
In the schedule	1	2.0	14	28.0	9	18.0	16	32.0	10	20.0
Extension	3	6.0	23	46.0	15	30.0	7	14.0	2	4.0
Examination	3	6.0	17	34.0	20	40.0	7	14.0	3	6.0
Gymnastics	13	26.0	12	24.0	18	36.0	6	12.0	1	2.0
Extra posyandu	15	30.0	11	22.0	12	24.0	9	18.0	3	6.0

(*) see annex 1

(**) 1 = Very inactive, inactive 2 =, 3 = sometimes 4 = active, 5 = very active Source: empirical Data are processed

The empirical Data the liveliness of the elderly shows that level of elderly active in posyandu activities in following the elderly in accordance with the schedule of 32.0% of respondents with an active category, and 2 0.0% of respondents by category are very active and only 2, 0% of respondents with categories is not very active. The commitment follows public 46.0% of respondents by category is inactive, 30% of respondents by category are sometimes active following the extension, 14% of respondents actively following the guidance as well as 4% of respondents with very active categories follow the guidance. Commitment to elderly health screening activity, 40.0% of respondents expressed low, and only 6.0% is very active, and 14.0% respondents with active categories followed the elderly health screening activities. The commitment of the Elderly activity gymnastics 36.0% of respondents by category may sometimes, 12% of the respondents with the active category and 2.0% of the respondents with very active categories followed the activities of the elderly exercisers. Extra posyandu activities elderly 6.0% of respondents are very active and 18% of respondents' active category and 24% of respondents by category may sometimes.

1. A Classic Assumption Test

Rule a regression model was used, hence the need to do some classic assumptions, test for a regression model can be used or considered to be good, if the regression model has met some classic assumptions, including assumptions, not linearities There are symptoms of heteroskedastisitas and multikolinieritas.

a. Test Heteroskedastisitas

The existence of the s free variables was said to not cause the onset of heteroskedastisitas, if the correlation of the variable with a value of absolute residuals (e_i) the results of the regression is not real. In line with the (Gujarati, and decency and Suyanto 2010 2014) that u to see the absence of the heteroskedastisitas, can be performed with *Spearman rank* correlations. The basis of decision making in heteroskedastisitas test is as follows:

If probability < 0.05 then there is heteroskedastisitas

If the probability of > 0.05 then there is no heteroskedastisitas

Heteroskedastisitas test results with the *Spearman rank* correlations can be seen in the following table:

Results of correlation of rank Spearman

Table 5.8: Results rank Spearman Correlation

Free Variables	The correlation coefficient (r)	Probability (p)	Description
X 1	0.000	0.883	Non Heteroskedastisitas
X 2	0.000	0,977	Non Heteroskedastisitas
X 3	0.004	1,503	Non Heteroskedastisitas

Source: appendix(data processed)

b. Linarites Text

U implementation ofji linarites is done by looking at the *Scatter plot* between the *residual* with the predictions. If the distribution does not indicate a certain pattern then it says linarites qualified assumptions. The test results show the *Scatter plots* do not form regular patterns so that multiple linear regression with model ^b model summary and anova^b, right when used multiple linear regression test or assuming a linear test meets the requirements of. Source: Appendix (3) (primary data are processed)

c. Test Multikolinieritas

A rule of substance multikolinieritas is a perfect linear relationship or must be between free variables. The condition is reinforced with the opinion (Santoso , Singgih 2010) that: Multikolinieritas tested by looking at the value of the VIF (*Variance Inflation Factor*) of each free variable bound against. When the value of the VIF_{count} smaller than 5 then does not occur multikolinieritas or non multikolinieritas. The test results are indicated by the following table:

The Value of the Free Variables of VIF

Free Variables	VIF	Description
X 1	1.706	Non multikolinieritas
X 2	2.216	Non multikolinieritas
X 3	1.855	Non multikolinieritas

Table 5.9. The Value of the Free Variables Of VIF

Source: Attachments (primary data are processed)

0.

2. Regression analysis and hypothesis testing

Regression analysis to find out the influence among variables a variable is bound against free set out in research this, either partially or simultaneously, and at the same time test the hypothesis of the research that has been set before.

The results of the regression analysis variables family social support, peer social support, and social support of Elderly cadres of posyandu collectively or partially can be seen in the following table:

Regression Test Results the effectiveness or The Influence Of Variable family social support (X 1), peer social support (X 2), and posyandu cadre support elderly (X 3)

Variable	B	Betta	t	SIG t	KET
X 1	0.601	0.501	3, 702	0.001	Accepted
X 2	0.000	0.000	-0.002	0.998	Rejected
X 3	0.457	0.306	2.170	0.035	Accepted
Constants	0.310		0.712	0.480	
Multiple R = 0, 711 R Square = 0, 506 Adjuted R Square = 0.4 73					

$F_{count} = 15.686$ $SIG F = 0.000$

Table 5.10: regression test Results the effectiveness of the or The Influence Of Variable family social support (X 1), peer social support (X 2), and social support of elderly cadres of posyandu (X 3) . (Attachment 2)

Based on the results of the analysis u_{ji} , the regression equation above then its regressively, i.e.:

$$Y = 0.310 + 0.601 X_1 + 0.00 X_2 + 0.457 X_3$$

Where

Y: K elderly actives

X 1: Family social support

X 2: Peer social support

X 3: Posyandu cadre Support elderly.

a. The First Hypothesis Testing

Based on table 5.10 shows the value $F_{count} = 15,686$ with the level of significance (0.000), < 0.05 . The condition of the This means that the the level of family support and peer social support as well as the social support of elderly cadres of posyandu simultaneously influential positive and significant against k eaktifan elderly elderly posyandu activities following. These variables have a sufficient relationship high against k eaktifan elderly elderly posyandu activities following ($R = 0,711$). The magnitude of the contribution of these variables against variance changes keaktifan elderly was 71.1% (R Square = 0,506), and the rest other free variables are affected by assuming another free variable is constant. Then the hypothesis in this study could be accepted (Arikunto, 2010).

b. The Second Hypothesis Testing

Based on table 5.10 can be explained that:

- 1) The results of the regression analysis between social support family against the liveliness of the elderly shows the significance of $t_{count} 0.00 (1) < 0.05$. This means partially there was significant influence between social support families against active of elderly posyandu activities following.
- 2) The results of the regression analysis between social support peers against kelderly eaktifan shows significance $t_{count} 0.9 (98) > 0.05$. This means partially not significant between peer social supports towards keaktifan elderly elderly posyandu activities in the following.
- 3) The results of the regression analysis between social support of elderly cadres of posyandu against kelderly eaktifan shows significance $t_{count} (0.035 < 0.05)$. This means partially there was significant influence between social support posynadu elderly cadres against keaktifan posyandu activity in elderly elderly.

Based on these results that not all free variables in partial effect significantly to k eaktifan elderly elderly posyandu activities in the following therefore, the second hypothesis stated rejected

c. The Third Hypothesis Testing

To test the hypothesis of a third done with the review analysis results in table 5.10 as well as multiple linear regression equations generated as presented above. The substance of the results of the analysis of the above in mind that the value of family social support variable coefficients (X 1), $r = 0601$ with

significance $p = 0.001 < 0.05$, which means significant, and the coefficient of the variable of social support (peers X 2), $r = 0000$ with significance $p = 0998, > 0.05$, which means not significant, as well as social support variable coefficient posyandu cadre of elderly (X 3), $r = 0.457$ significantly $p = 0.035$, which means significantly, while the influential variables have coefficients (β) highest i.e. family social support (X_1) significance level of 0.001 0.601.

Based on the results of the analysis, it can be inferred that the family social support variables (X_1) as the third hypothesis accepted i.e. the dominant influence against the Elderly at Posyandu liveliness of Kampung Yendori District Biak Numfor Regency Yendidori The Province Of Papua.

4. Discussion

Shove off from a descriptive analysis results and test hypotheses about: effectiveness of social support of family, peers, social support social support cadres of posyandu activity against elderly posyandu activities in following these above, a description of the discussion based on the results of a test of the hypothesis as follows:

a. The First Hypothesis Testing.

Based on table 5.10 shows the value $F_{count} = 15,686$ with a level of significance (0.000), < 0.05 . This condition means that the degree of family support and peer social support social support as well as cadres of posyandu elderly simultaneously positive and influential significant against elderly posyandu activities follow the liveliness of the elderly. These variables have a relationship that is quite high against active of elderly posyandu activity ($R = 0,711$). The magnitude of the contribution of these variables against variance changes active of elderly was 71.1% (R Square = 0,506) and the rest is influenced by other free variables assuming another free variable is constant. Then the hypothesis in this study could be accepted, assuming: **First** : in line with the previous research conducted by Khaerunisa (2013) which support the overall social effect or significantly effective ($\rho = 0.001) < 0.05$, meaning significant against the liveliness in the elderly posyandu activities follow the elderly. A similar condition is the same as the research done by Yusnia (2015), there is a significant influence ($\rho = 0.006) < 0.05$, meaning significantly between social support families with elderly quality of life, **Both** : In line with the arguments of experts of Sociology about the completion of the health problems mainly by: (the Parsonian., in Kevin White, 2009), that: (1) "Community model" basically is a tangle of roles and social structure that is well and stable. (2), the causes of diseases because: without connected of social (*social strains*) caused by the meeting of social needs and the role of, (3), the role of the medical profession generally health is: Rehabilitees' individuals to inside the roles social. **Third**: in line with the concept of a form of social support that reads: the most powerful forms of support are the relationships that are *familiar and reassuring* (Thoits, 1995, in White, 2009). In line with Putnam, a leading American commentator in this realm, defined as follows:

"social capital" that I am referring to is the character of social life – networks, norms, and trust – which gives the

ability to individuals (participants) to act together more effectively to achieve the objectives along. As far as that norms, networks, and the belief that linking sectors subansil community and social spaces fill contained therein – to the extent that the social capital that is sort of a bridge connecting – then work together to meet the broader interests and can be received either widespread (Putnam, 1995, in Kevin White, 2009:92).

b. The Second Hypothesis Testing

Based on table 5.10 can be explained that:

1. The results of the regression analysis between family social support against the liveliness of the elderly shows the significance of $t_{count} (p = 0.001) < 0.05$. This means partially there was significant influence between social support families against activity of elderly as posyandu activities follow. , especially the support of social information, remind, advocate, take, give freedom., has been in line with: (1): the concept of social support information according to Sarafino, (1994), which reads:

Information Support is a kind of Social support includes the giving of advice, instructions, suggestions, or feedback on what has been done; through interaction with others, individuals will be able to evaluate and reaffirm his beliefs by comparing opinions, attitudes, beliefs, and behaviors of others. This support helps individuals overcome a problem with how to expand an individual's insight and understanding to the problem at hand. The information needed to make decisions and solve problems in practical.

2. The concept of the social information system according to Jogiyanto, (1989) States that the information:

is like the blood flowing in the body of an organization, so that this information is very important in an organization. A system that is less informed would be a dwarf, and eventually fall over.

3. The concept of the information system defined by Robert a. Leitch and k. Roscoe Davis as follows:

Information system is a system in an organization to meet the needs of daily transaction processing, supporting the operation, activities and strategies of the managerial nature of an organization and provides a certain outside parties with the necessary reports (source: Jogiyanto, 1989).

4. The results of the regression analysis between peer social support against k eaktifan elderly shows the significance of $t_{count} (p = 0.998) > 0.05$. This means partially not significant between peer social support towards keaktifan elderly elderly posyandu activities in following. social support, which includes: information, advocate, engage, monitor., the condition has been in line with: **First** : Rational choice theory, where the theory is the development of the theory of Exchange i.e. help encourage actors to perform certain actions and avoid other actions, which reads as follows :

Increasing understanding of the importance of information in making a rational choice. A when it is assumed that the actor has enough information to make a choice among the various opportunities of action open to them. However, any actor knows that the more

the quantity or quality of the information available is very fickle and changes it greatly influences the choice of the actor (Heckathorn, 1997, sources, George Ritzer,2011).

Second: The physical condition of peers, as well as the physical condition of the elderly are supported, i.e. has weakened as well, so it's not possible it's like doing the maximum support. In line with the WORLD HEALTH ORGANIZATION and to law No. 13 year 1998 about the welfare of the elderly, States that:

" Elderly or seniors is an aging cycle (old) is a process of disappearance slowly networking capabilities to improve/replace and maintain its normal function so that it cannot survive against infection and repair damage suffered. "

5. The results of the regression analysis between social support of elderly cadres of posyandu against k active of elderly shows the significance of $t_{count} (p = 0.035) < 0.05$. This means partially there was significant influence between social support posynadu elderly cadres against active posyandu activity in elderly, include social support: information, advocating, explaining, respond, reminding, was in line with: (1) in line with: (1967:60): Homans in Exchange theory which says:

Great social fact is social norms and the norms of a group who certainly impose match the behavior of many people. The issue is not the existence of coercion but explanation. ... Norm does not automatically force; individual fit in, if they do so, because they felt the benefit by adjusting it and psychology which describes the influence of behavior that is considered profitable.

(2) in line anyway with the encouragement or support in the background instead, then in theory the Exchange, there is the driving assumptions or propositions driving (*The Stimulus of Proposition*) that it's possible cause looping behavior:

J ila in the event in the past certain impulse or a set of actions has led to a boost was given the prize, then the more similar a boost with a boost in the past, the more likely people doing similar actions (Homans, 1974:23, source, George Ritzar, Douglas j. Goodman, 2002.364).

Based on these results that not all free variables in partial effect significantly to k eaktifan elderly elderly posyandu activities in the following therefore, the second hypothesis stated rejected . In line with: (1) the Core Exchange theory says:

Is that the human is the creature who seek the advantages (benefits) and avoiding the costs (cost); man, in the perspective of adherents of the theory of Exchange, is a creature of the seeker rewards (reward-seeking animal), (Turner, 1978:201-215, sources, Sunarto, 2004:220).

(2) further to the experts exchange theory assume that: *an action is considered fair, good, or immoral when such actions result in a fun thing; when an act resulting in the suffering then such action is considered bad, unfair, immoral (Beck, 1979 ., sources, Sunarto, 2004)*

c. The Third Hypothesis Testing

To test the hypothesis of a third done with the review analysis results in table 5.10 as well as multiple linear regression

equations generated., as presented above. The substance of the results of the analysis of the above in mind that the value of family social support variable coefficients (X 1), $r = 0.601$ with significance $p = 0.001 < 0.05$ significant meaning, and social support variables coefficient peers (X 2) ., $r = 0.000$ with significance $p = 0.998 > 0.05$, which means not significant, as well as social support variable coefficient posyandu cadre of elderly (X 3), $r = 0.457$ significantly $p = 0.035 < 0.05$, mean effect significantly, whereas the variables have coefficients (β) highest i.e. family social support (X₁) significance level of 0.001 0.601.

Based on the results of the analysis, it can be inferred that the family social support variables (X₁) have a dominant influence against the Elderly at Posyandu liveliness of Kampung Yendidori Biak Numfor District Papua Province and the third hypothesis received. In line with the previous research conducted by the Khaerunisa (2013) where social support overall effect or significantly effective ($p = 0.001 < 0.05$), it means significant activity against elderly posyandu activities in following. A similar condition is the same as the research done by Yusnia (2015), there is a significant influence ($p = 0.006 < 0.05$, meaning significantly between family social support with quality of life of the elderly. The phenomenon has been in line with the subject matter of the mind, core, and assumptions the experts exchange theory and social interaction or either classic or modern as pointed out by: Jeremy Bentham, English philosopher, anthropologist Bronislaw Malinowski English, Marcel Mauss and Claude Levi-Strauss, French anthropologist content of the theory is summarized by: Turner, 1978, as well as Beck, 1979., reads as follows:
Summary of the Exchange theory (1) human beings are always trying to find an advantage in social dealings with others; (2) in conducting a human social transactions doing the calculations of profit and loss; (3) human beings tend to be aware of the various alternatives available to him; (4) human beings compete with one another; (5) relationship Exchange in General between individual took place in almost all social context; and (6) any exchange of individual intangible commodities such as feelings and service (Turner, 1978:202-203, source: Sunarto, 2004:220).

Next Homans Exchange theory expresses "more by developing the assumption of success or successful proposition (*The Success of Proposition*) :

For all actions undertaken of a person, the more often the action was rewarded with special someone, the more likely the person doing the action (Homans: 1974. source: George Ritzer, Douglas j. Goodman, 2002:361).

Assuming the above is very relevant to this research issue, because the object were equally human, namely family, peers' clerk posyandu and elderly. The perpetrators alike are in one neighborhood village., whose activity embodies the well-being of the elderly. In line with the concept of encouragement or support in the background instead, then in theory the exchange of or dealings there is the driving assumptions or propositions driving (*The Stimulus of Proposition*) by: Homans, (1974), which it's possible cause looping behavior:

When in Genesis in past a certain impulse or a set of actions has led to a boost was given the prize, then the more similar a boost with a boost in the past, the more likely people doing similar actions (Homans, 1974, the source, George Ritzer, Douglas j. Goodman, 2002).

What is described by the Homans in the context of social phenomena or social interaction, often occur in the health services to the community. Therefore however, the basic assumption of the theory "is that the effectiveness of the relationship of social support is prosed mutually beneficial interaction, so that when *the more* smoothly the relationship social support between fellow, it will *progressively* increase the activity of the elderly, elderly posyandu activities follow.

Analysis of the deliberations of the hypothesis as follows:

- 1) Analysis of the first hypothesis have enough high correlations ($R^2 = 0.711$)., so that the first hypothesis.
- 2) The analysis of the second hypothesis is rejected at level 1, and level 5 and the rest is influenced by other free variables. However it could be accepted at level 10 assuming the other free variables is a constant phenomenon of transition and influence the data from *favorable* into *favorable*. Then the second hypothesis in this study could be accepted (Arikunto, 2010, Decency and Suyanto, 2015).
- 3) The third hypothesis Analysis concluded that family social support variables (X₁) have a dominant influence against the Elderly elderly at Posyandu liveliness of Kampung Yendidori Biak Numfor district, Papua Province. So the third hypothesis in receive. Based on the analysis of the deliberations of the hypothetical variables x 1, x 2, X 3 against non-free variable (Y) in this study, could be accepted as it has the strength of the correlation between the coefficient $r = 0.457$ and 0.601 ., meaning that the correlation is high enough (Sugiono (2003), in Suyanto (2011) and Arikunto, 2010).
- 4) Discussion hypothesis analysis results of this research with a focus on the effectiveness study social support variables as variables which include sub family social support variables (X 1), sub peer social support variables (X 2), and subsection posyandu cadre social support variables elderly (X 3) against the liveliness of the elderly elderly as posyandu activity variable (Y), Descriptive results., according to the results of a multiple linear regression test can be inferred have a coefficient correlation strong or meaningless i.e. between $r = 0.457$ and 0.601 ., meaning that the correlation is high enough (Sugiono (2003), Suyanto (2011) and Arikunto, 2010).

References

- [1] Agoes, Azwar dan Agoes Achdiat serta Agoes
- [2] Arizal., 2013. *Penyakit di Usia Tua.*,
- [3] Penerbit : Buku Kedokteran., EGC., Jakarta.
- [4] Arikunto Suharsimi. 2010. *Prosedur Penelitian Suatu PendekatanPraktik*, Edisi Revisi. Rineka Cipta Jakarta.
- [5] Aspuaah Siti, 2013. *Kumpulan Kuesioner dan Instrumen Penelitian Kesehatan*, cetakan : pertama. Penerbit : Muha Medika. Yogyakarta.

- [6] Azwar Agus dan Jacob, 1996. *Antropologi Kesehatan Indoensia. Jilid I Pengobatan Tradisional*. EGC. Jakarta
- [7] Badrujaman Aip, 2010. *Sosiologi untuk mahasiswa Keperawatan*, Edisi Revisi. Trans Info Media Jakarta.
- [8] Capernito J. Lynda, 1995. *Nursing diagnosis : Process and application*. New York : McGraw Hill.
- [9] Conrad, P. 2001. *The Sociology of Health and Illness: Critical Perspective*. New York: Worth. [suatu kumpulan tulisan yang bagus yang membahas hubungan sosiologi, politik, ekonomi, dan gender dengan kedokteran modern
- [10] Chriswell, 2001. *Teori dan Paradigma Penelitian sosial*, Penyunting : Agus Salim. Tiara Wacana Yogya. Yogyakarta.
- [11] Depkes., 2010., *Pemasaran sosial dalam promosi kesehatan.*, edisi : revisi. Penerbit : Rineka Cipta Jakarta.
- [12] Foster George M dan Anderson Barbara Gallatin, 1986. *Antropologi Kesehatan*, Penerjemah : Priyanti Pakan Suryadarma, Meutia F. Hatta Swasono. Cetakan pertama. UI-Press. Jakarta.
- [13] Freud.J. dan McGuire.M. 1999. *Health, illness and social body*. Englewood Cliffs, NJ: Prentice Hall. [suatu buku teks yang bagus, terutama menggunakan data Amerika, membahas hubungan sosial penyakit].
- [14] Gujarati R. Damodar, 2006. *Dasar-dasar ekonometrika*, Jilid 1. Alih Bahasa Julius Mulady, Erlangga Jakarta.
- [15] Hidayat , 2009. *Ilmu Perilaku Manusia, Pengantar Psikologi untuk tenaga kesehatan*. Trans Info Media Jakarta.
- [16] Hassan Anwar, (2010). *Komunikasi Kesehatan sebagai penunjang Promosi Kesehatan.*, PT Rineka Cipta., Jakarta
- [17] Jimung, Martinus. 2017. *Antropologi kesehatan. Konsep dan aplikasi.*, cetakan Pertama., Penerbit : CV Trans Info Media Jakarta
- [18] Kelana Kusuma Dharma, 2011. *Metodologi Penelitian Keperawatan*. Trans Info Media, Jakarta.
- [19] Kevin White, 2009. In *Introduction to the Sociology of Health English language edition* Published by SAGE Publication of London, Thousand Oaks New Delhi and Singapore, penerjemah Achmad Fedyani Saifudin –Ed. 3 – 1 – Rajawali Pers, 2011 Jakarta.
- [20] Korompis, Grace E.C., 2016. *Organisasi dan & Manajemen Kesehatan*, Penerbit : Buku Kedokteran EGC Jakarta.
- [21] Kresno Sudarti. 2010. *Aspek Sosial Budaya Yang Berhubungan dengan Perilaku Kesehatan*, Edisi Revisi. Rineka Cipta Jakarta.
- [22] Malik, 2011. *Metodologi Penelitian Kesehatan Masyarakat*. Trans Info Media Jakarta.
- [23] Manuaba, 2012. *Obstetri dan Ginekologi Sosial*, cetakan Pertama, Penerbit : CV. Trans Info Media., Jakarta.
- [24] Marquis, Bessie L dan Huston Carol J, 2010. *Kepemimpinan dan Manajemen Keperawatan, teori & Aplikasi*, edisi keempat, alih bahasa : Widyawati, dan Wilda Eka Handayani serta Fruriolina Ariani, Penerbit Buku Kedokteran EGC Jakarta
- [25] Maryam et al., 2010., *Buku Pandua bagi kader Posyandu Lansia.*, Cetakan : Pertama ., Penerbit : CV Tans Info Media., Jakarta.
- [26] Mubarak Wahid Iqbal, 2009. *Sosiologi untuk keperawatan Pengantar dan Teori*. Salemba Medika, Jakarta.
- [27] Narwoko J. Dwi, Bagong Suyanto, 2006. *Sosiologi Teks Pengantar dan Terapan*. Edisi kedua, Cetakan kedua. Kencana Prenada Media Group, Jakarta.
- [28] Nasution dan Thomas, 2008. *Buku Penuntun Membuat Tesis Skripsi Disertasi Makalah*, Cetakan kedua belas. PT Bumi Aksara, Jakarta.
- [29] Noorkasiani, Heryati, Rita Ismail, 2009. *Sosiologi Keperawatan*, cetakan I. EGC, Jakarta.
- [30] Notoatmodjo, Soekidjo., 2010. *Promosi Kesehatan dalam kesehatan masyarakat.*, edisi : revisi. Penerbit : Rineka Cipta Jakarta. .
- [31] 2010. *Konsep Perilaku Kesehatan.*, edisi : revisi. Penerbit : Rineka Cipta Jakarta.
- [32] Kresno, 2010., *Pendekatan sistem sosial suatu kerangka analisis promosi kesehatan.*, edisi : revisi. Penerbit : Rineka Cipta Jakarta.
- [33] Hassan, 2010. *Konsep Advokasi dalam Kesehatan.*, edisi : revisi. Penerbit : Rineka Cipta Jakarta.
- [34], 2010. *Kemitraan dalam Promosi Kesehatan.*, edisi : revisi. Penerbit : Rineka Cipta Jakarta.
- [35] Padila, 2013. *Buku Ajar Keperawatan gerontik dilengkapi aplikasi kasus asuhan keperawatan gerontik, terapi modalitas, dan sesuai kompetensi standar.*, cetakan : pertama., Penerbit : Nuha medika Yogyakarta.
- [36] Partino H.R. dan Sutoro, 2008. *Statistika Inferensial*, Edisi ketiga, cetakan ketiga. Pustaka Mahasiswa. Yogyakarta.
- [37] Peterson, C. 1999. *Stress at Work: A Sociological Approach*. New York: Baywood. [Suatu tinjauan kepustakaan sosio-psikologis tentang stres].
- [38] Potter, Patricia A., 1996., *Pengkajian Kesehatan (Pocket Guide to Health Assessment)*., Edisi : ketiga., Alih Bahasa : Veldman Y.P. James., Penerbit : Buku Kedokteran Jakarta.,
- [39] Pratomo, Hadi., 2010., *Prinsi-prinsip advokasi dalam promosi kesehatan.*, edisi : revisi. Penerbit : Rineka Cipta Jakarta.
- [40] Rita Damayanti, 2010., *Persepsi dalam promosi kesehatan.*, edisi : revisi. Penerbit : Rineka Cipta Jakarta.
- [41] Sabarguna, Boy S. dan Nurman Irzan., 2009. *Sistem Bantu Keputusan Klinis.*, cetakan : Pertama., Penerbit : UI Jakarta.
- [42] Santoso, Singgih, 2010. *Statistik Multivariat Konsep dan Aplikasi dengan SPSS*, PT.Elex Media Komputindo. Jakarta.
- [43] Sarafino, E.P, 1997. *Health Psychology*, Third Edition. New York. John Wiley & Son. Inc.
- [44] Sasongko, Adi., 2010. *Promosi Kesehatan melalui Pengorganisasian dan pengembangan masyarakat.*, edisi : revisi. Penerbit : Rineka Cipta Jakarta.
- [45] Siegler Eugenia L dan Whitney Fay W. 2000. *Nurse-Physician Collaboration. Care of Adults and The Elderly*. Alih Bahasa : Indraty Secillia, Cetakan pertama. Buku kedokteran EGC, Jakarta.
- [46] Singaribuan Masri dan Effendi Sofian, 2008. *Metode Penelitian Survai*, Cetakan ke sembilan belas. Pustaka LP3SE Indonesia. Jakarta.
- [47] Smeet, B. 1994. *Psikologi Kesehatan*. Grasindo, Jakarta

- [48] Su'adah. 2005. *Sosiologi Keluarga*. UMM, Malang.
- [49] Sudijono Anas, 2008. *Pengantar Statistik Pendidikan*. RajaGrafindo Persada, Jakarta.
- [50] Sugiono, 2002. *Statistik untuk penelitian*, Alfabeta : Bandung
- [51]....., 2006. *Statistik untuk penelitian*, Alfabeta : Bandung
- [52] Susilo, 2012. *Statistika & Aplikasi Untuk Penelitian Ilmu Kesehatan*. Trans Info Media. Jakarta.
- [53] Susilo dan Limakrisna, 2012. *Cermat menyusun kuisisioner Penelitian Ilmu Keperawatan*. Trans Info Media, Jakarta.
- [54] Sutriyono, 1980. *Metodologi Research*, Jilid I, Cetakan ke IX. Yayasan Penerbitan Fakultas Psikologi Universitas Gajah Mada Yogyakarta.
- [55] Suyanto, 2011. *Metodologi dan Aplikasi Penelitian Keperawatan*, Muha Medika Jogjakarta.
- [56] Sunyoto Danang, 2014. *Analisis Data Penelitian kesehatan dengan SPSS.*, cetakan : pertama., penerbit : Nuha Media Yogyakarta.
- [57] Susila dan Suyanto, 2015. *Metodologi Penelitian Cross sectional, kedokteran, keperawatan, kesehatan masyarakat, kebidanan, psikologi, ilmu gizi, farmasi, dan lain-lain..* cetakan kesatu., penerbit : Bosscript., Klaten.
- [58] Tafal, Zarfiel., 2010. *Evaluasi Promosi Kesehatan.*, edisi : revisi. Penerbit : Rineka Cipta Jakarta.
- [59] Trimelia, 2011. *Asuhan Keperawatan Klien Isolasi Sosial*, cetakan : Pertama., Penerbit : CV. Trans Info Media., Jakarta.

Author Profile

I was born in Lahontohe, Muna, at 31 of December 1960. I graduated from Cenderawasih University in Diploma in Nursing in 1989, then Bachelor of Science Nursing from Hasanuddin University 2004. I graduated as Master of Public Administration in Tunggadewi University, Malang 2009, the Master in Health Management from Technology University Surabaya in 2010. In 2015 Graduated as Doctor in Sociology from Cenderawasih University Papua.