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The Assessment Model of Quality of Life in Indonesian Elderly

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In the forthcoming years, Indonesia will reach a demographic bonus through the continuing rapid growth of the aging population. Older individuals have to encounter physical, psychological, social and financial problems, which ultimately may burden the society and the Government. To date, the WHO's criteria have been used to evaluate the quality of life in elderly; however, it has not accommodated the local wisdom. Alternatively, the Indonesia BKKBN's quality of life criteria have not been supported by any empirical assessment. This study aimed to design a model assessment to determine the quality of life in older individuals based on the local wisdom applied in Indonesia. A total of 59 respondents (aged 62–82 years) living in urban/sub-urban of Jakarta, Yogyakarta or Padang where a large number of older population have been identified, underwent focus group discussion and in-depth interview. We found six local wisdoms: (1) *rest (Javanesse sub-culture)*, (2) *being respected as elders (Javanesse sub-culture)*, (3) *it is not eaten when it is available, but it is eaten after it has gone (Minang sub-culture)*, (4) *compromise (Javanesse sub-culture)* discussion-agreement (*Minang sub-culture*), (5) *acceptance (Javanesse sub-culture)* and (6) *old yet still active (Javanesse, Minang and Jakarta sub-cultures)*. The criterion "level of independence" (WHO and BKKBN) was consistently found among our study respondents. Conversely, "professionalism" (BKKBN) did not occur within our respondents. The six local wisdoms were incorporated into the WHO and BKKBN criteria as the new model to assess the quality of life in Indonesia older individuals.

Keywords: Quality of Life, Elderly, Local Wisdom.

1. INTRODUCTION

The number of older people in Indonesia has been rapidly increasing.¹ In 2014, there were approximately 20.8 million elderly; which by the year of 2018, this number has been predicted to exceed the number of children under five. Moreover, the number of elderly population has been projected to double the current number, to become 41 million in 2035, and 80 million in 2050, turning Indonesia into the aging population country. This rapid increased of older people require a critical attention specially to ensure their optimal quality of life.

For some people, being old is a gift that one may appreciate; yet, some others may feel worry, which consequently result in several problems to oneself as well as to the society. Generally, older Indonesians have not yet obtained a prosperous life; lack of health and wellness are among the major problems of elderly.² About 45.4% elderly in Indonesia still had to work to earn their living in their old age.³ At one aspect, this fact demonstrates empowerment of individuals at their older age; however, it also points to the burden of life of Indonesian elderly. Furthermore, inability to catch up with globalization, rapid progress of science

and technology, as well as shift of socio-cultural/lifestyle, have contributed to the problems of the elderly. Traditionally, young Indonesians should demonstrate devotional virtue to their elders; nevertheless, this virtue has been faded away due to job demands and busy life. It has been getting common for older persons to live with their children; yet, they feel abandoned as they have been left all alone or only with caregiver at most of the time. This condition may lead to, or worsen the current psychological, physical and health problems of the elderly. Eventually, this entire problem may affect the overall quality of life in the elderly.

Quality of life is a difficult concept to interpret and also to define; up to now there are is one definition that can be accepted universally.⁴ According to World Health Organization (WHO), quality of life is defined as "the individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectation, standard and concerns."⁵ The definition and indicator of quality of life as defined by the WHO have been often applied as a standard both at the national and international levels. However, the WHO's definition and indicators seem to be unable to accommodate the local wisdom, which is a unique characteristic of a certain culture; whilst perception about life is very much

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connected to the local culture.⁶ According to WHO, the quality of life includes physical, psychological, independence, social, environment, and spiritual dimensions. In contrast, according to National Population and Family Planning Agency (BKKBN), an institution by the Government of Indonesia, the elderly's quality of life consists on physical, intellectual, emotional, social, environment, spiritual and professional.⁶ Among these two different sets of dimensions, to our knowledge, there is no study has been reported that investigate which dimension is applicable to define the quality of life among Indonesian elderly. In our preliminary survey, which had been done by interviewing 40 older individuals (aged 60–82 years, domicile in Jakarta or its surrounding areas, level of education from elementary school to postgraduate, mostly were already retired), we obtained a more various aspect than that of WHO or National Population and Family Planning Agency (BKKBN). The quality of life, is, indeed, a multidimensional perspective, in which influenced by various elements including culture.⁶ Additionally, to the best of our knowledge, there was a limited published study concerning the quality of life, such as study by Ku, Fox and McKenna for Elderly in China. However, we did not find any study specifically designed for the Indonesian elderly. Therefore, the purpose of the current study was to determine the criteria for quality of life among older people in Indonesia, which includes the local wisdom, and used the criteria to construct the quality of life tool for the Indonesian elderly. By defining such model, we expect to be able to describe the quality of life in Indonesian elderly.

2. METHOD

The quality of life's criteria was generated according to the following steps. First, we reviewed the quality of life's dimensions of the WHO and National Family Planning Coordinating Board. Second, we structured several open-ended questions as a guideline to conduct focus group discussion (FGD) and in-depth interview. From the interview and FGD, we expected to find some unique themes (which were the local wisdom applied in those selected community), and adopted the themes to formulate our new quality of life's dimensions. Third, we interviewed 59 men and women (aged 60–82 years) who were residents of Jakarta, Yogyakarta or Padang. Respondents were interviewed individually as well as in small groups, according to the guidelines, using an open-ended questionnaires and priority given informed consent. Fourth, the authors repeated each transcript to ensure familiarity with the data. Using the thematic analysis, the transcripts were coded and emergent themes were identified.

3. RESULT

In this study, we found 6 themes implying the local wisdoms regarding the elderly's quality of life. First, *Kudu leren* (mean: rest), was part of aspect/factor/dimension of physical health, which was a local wisdom of elderly respondents belonged to the Javanese sub-culture (Yogyakarta). Second, *Diuwongke* (signified to being respected as elders) is part of psychological aspect/factor/dimension, which was also a local wisdom among elderly people originated from the Javanese sub-culture (Yogyakarta). Third, *being thrifty*. This wisdom was found among the elderly of Minang sub-culture, and was part of the aspect/factor/dimension of independence/self-reliance. Fourth, *Rembugan (compromise) and musyawarah and mufakat*

(*discussion and agreement*) were parts of the social relationship aspect/factor/dimension, which were the local values found among the elderly respondents who came from the sub-culture of Java or Minang. Fifth, *Nrimo* (mean: acceptance), was part of value or spiritual aspect/factor/dimension, and was a local wisdom applied by the Javanese elderly. Sixth, *Old but still healthy* was part of the aspect/factor/dimension of self-empowerment; this factor was found as a local wisdom among the elderly respondents who were originated from the subcultures of Jakarta, Java or Minang.

The data from the three research sites indicated that the local wisdoms found were coincided with the investigators' assumption derived from the preliminary survey as well as the previously published literatures. In three locations, we found that all respondents expressed a desire to be empowered despite being elderly. Therefore, "self-empowerment" would be incorporated in our quality of life tool for the elderly. Meanwhile "professionalism" as was proposed by BKKBN, would not be included in the measuring instrument as there was no adequate explanation found within our study's community.

4. DISCUSSION

The results of this study indicated that every culture, in this case, the Javanese and Minang cultures, as well as in culture that has already melted such as Jakarta, contributed to give the "color" in the development of elderly's quality of life measuring tool.

According to Tonon (quoting two studies by Christopher and Shin et al.) the quality of life consisted of objective and subjective dimensions. What people experienced in life and how they perceived it, were influenced by their cultural background.

There have been many life-quality measurements, but such instruments that have been specifically designed for the elderly and also culturally-based were scarce. Among the few tools, one example was by Ku, Fox, and McKenna⁸ who developed a subjective well-being tool for elderly citizens in China, i.e., the Chinese Aging Well Profile. This instrument measured 7 dimensions, namely: physical well-being, psychological well-being, independence, learning and growth, material well-being, environmental well-being, and social well-being.

The current research was done particularly to construct a unique life-quality tool for the elderly on the basis of cultural aspect, which emphasizing on the local wisdom. This research was an implementation of Kawana-Singer's opinion,⁷ where in the quality of life was a multi-dimensional and subjective experience concerning well-being that was constructed socially. According to the WHO, quality of life was an individual's perception of his or her life in terms of the cultural context and value system of residence, relationships with the environment, and other matters of the individual's concern.⁹

5. CONCLUSION

Our study suggests that the cultural aspect, particularly the local wisdom should become part of the quality of life tool for the Indonesian elderly. Expanded from the current quality of life's dimension, this study identified six additional quality of life criteria for the elderly that was based on the local wisdom. The 6 criteria namely: *Kudu leren*, *Diuwongke*, *It is not eaten when one was still available, but it was eaten after one had gone*, *Rembugan*, *Nrimo* and *Old-but still healthy*. The newly developed instrument will include 6 dimensions: physical, psychological,

self-reliance/independence, self-empowerment, social relation and spiritual dimensions.

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