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THE ELDERLY'S QUALITY of LIFE IN THE *PANTI WERDHA* AND THE COMMUNITY OF BANDUNG CITY: WHOQOL-BREF and WHOQOL-OLD Indonesian Version

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ABSTRAK

Ketidakmampuan keluarga untuk merawat anggota keluarga berusia lanjut menyebabkan mereka menempatkan lansia di panti werdha. Lansia yang pindah ke panti werdha menimbulkan kesulitan beradaptasi sehingga dapat memengaruhi kualitas hidupnya. *World Health Organization* (*WHO*) mengembangkan instrumen untuk mengukur kualitas hidup, multidimensional serta lintas budaya yaitu *WHO Quality of Life-BREF* (*WHOQOL-BREF*) dan *WHO Quality of Life-OLD* (*WHOQOL-OLD*). Kedua instrumen tersebut telah diterjemahkan ke dalam Bahasa Indonesia. Tujuan penelitian adalah menganalisis perbedaan kualitas hidup antara lansia yang tinggal di panti werdha dan di masyarakat menggunakan instrumen WHOQOL-BREF dan WHOQOL-OLD versi Bahasa Indonesia. Penelitian kuantitatif analitik potong lintang dilakukan mulai Oktober sampai dengan November 2019 di 5 Panti Werdha dan 6 Puskesmas Kota Bandung, Jawa Barat. Jumlah responden di panti werdha dan di puskesmas masing-masing sebanyak 42 responden. Pemilihan responden di panti werdha menggunakan *purposive sampling*, sedangkan di puskesmas menggunakan *consecutive sampling.* Instrumen menggunakan WHOQOL-BREF (4 dimensi) dan WHOQOL-OLD (6 dimensi). Analisis karakteristik responden menggunakan uji statistik Chi-square atau Fisher's Exact. Uji Mann-Whitney digunakan untuk menganalisis perbedaan kualitas hidup lansia antara yang tinggal di panti werdha dan di masyarakat. Penelitian ini menemukan responden yang tinggal di panti werdha berusia lebih tua, lebih banyak yang tidak menikah atau cerai dan mempunyai pendidikan rendah dibandingkan dengan responden di masyarakat. Kualitas hidup lansia di panti werdha lebih rendah dibandingkan dengan lansia di masyarakat untuk seluruh dimensi ($p=\leq 0,05$) kecuali dimensi mati dan kematian ($p=0,741$). Simpulan penelitian ini terdapat perbedaan kualitas hidup antara lansia yang tinggal di panti werdha dan di masyarakat kecuali dimensi mati dan kematian.

Kata kunci: Kualitas hidup, Panti Werdha, Lansia, *WHOQOL-BREF*, *WHOQOL-OLD*.

ABSTRACT

The inability of families to care for their elderly causes them to place the elderly in the Panti Werdhas. The elderly who move to a Panti Werdha usually have difficulties to adapt the new surroundings that can affect their quality of life. The World Health Organization (WHO) developed instruments to measure quality of life, a multidimensional and cross-cultural approach, namely WHO Quality of Life-BREF (WHOQOL-BREF) and WHO Quality of Life-OLD (WHOQOL-OLD). Both instruments have been translated into Indonesian language. The aim of the study was to analyze the differences in

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quality of life between the elderly who live in the Panti Werdhas and in the community. A cross-sectional analytic quantitative study was carried out from October to November 2019 at 5 Panti Werdhas and 6 public health centers (Puskesmas) in Bandung City, West Java, Indonesia. The total number of respondents in the Panti Werdha and at the Puskesmas as many as 42 respondents. The selection of respondents in the Panti Werdhas used purposive sampling, whereas in the puskesmas used consecutive sampling. The Chi-square or Fisher's Exact test was used to analyze the respondent's characteristics and the Mann-Whitney test was used to analyze differences in the quality of life. This study discovered that respondents living in the Panti Werdhas were older, not married/divorced and less educated compared to respondents in the community. The quality of life of the elderly in Panti Werdhas was lower compared to the elderly in the community for all dimensions (p=≤0.05) except the dimensions of death and dying (p=0.741). It can be concluded that there are differences in the quality of life between the elderly who live in Panti Werdhas and in the community except at the dimensions of death and dying.

***Keywords**: Quality of life, Panti Werdha, Elderly, WHOQOL-BREF, WHOQOL-OLD.*

INTRODUCTION

In Indonesia, the elderly are someone who has entered the age of 60 and above. The elderly population is an age group who enters the final stages of its life phase. This group will undergo a process called aging process or ageing. (Ekasari, Riasmini, and Hartini 2018) The aging process can cause physical and mental problems, and changes in social conditions that may result in a decline in their societal roles. These conditions can decrease their health status, loss of their capacity to work and are regarded as incapacitated individuals. The elderly will slowly pull away from the relationship with their surroundings and it can affect their social interactions. (Trisnawati, Odi, and Mario 2017)

The increase of the elderly populations, accompanied by the changes in social-economic patterns, such as their children are busy working, financial difficulties and the inability to pay caregivers, caused many families do not have the capability or unwilling to care for their parents**.** (Prabasari, Juwita, and Maryuti 2017) This has led to an increase in the amount of the nurisng homes. (Pearlman and Uhlmann 1988) The perception of the children or families who place the elderly in the nursing homes are not entirely correct. All facilities, situations, and activities contained in the nursing homes apparently cannot replace the environment of their homes such as the interactions between family members and the warmth of relationships between the families.(Luppa et al. 2009; Paredes Moreira et al. 2016; Yuwanto and Pratidina 2013)A study conducted by Elvinia et al. reported that the elderly who lived in their homes among their families had higher physical and psychological state and satisfaction compared to the elderly who lived at the nursing homes. The elderly had a bond with their own home, so that they had a sense of security, self-identity, self-concept, self esteem, and positive feelings. (Putri, Fitriana, and Ningrum 2018)

The elderly who move to new places such as the nursing homes have the possibility of difficulty to adapt and led to have the stress and loss of identity that indirectly affects the quality of life. (Putri et al. 2018) They tend to stop thinking about what will happen to them in the future, tend to have no hope, no optimism and do not try to do something to minimize the feeling of loneliness (Yuwanto and Pratidina 2013) A study conducted by Ferhan Soyuer et al. reported that the elderly who lived in

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the nursing homes were more susceptible to depression than the elderly who lived with families. The elderly who live with the family will build a good relationship with family members so that it will improve the quality of life (QoL) in the elderly.(Wang et al. 2016)

A study conducted in Iran reported that the QoL of the elderly who lived in a nursing home, measured using health survey questionnaire (SF-36), was inadequate.(Heydari, Khani, and Shahhosseini 2012) Other study carried out in Turkey, using The World Health Organization QoL-BREF (WHOQOL-BREF) discovered a same result as the previous study.(Gelmez Taş and Toprak 2018)

The World Health Organization has developed multidimensional and cross culture instruments that are used to measure the QoL. The WHOQOL-BREF consisted of 4 dimensions which were physical, psychological, social, and environmental. (Harper and Power 1998; World Health Organization 1998) and The World Health Organization QoL-OLD (WHO QOL-OLD) for measuring the QoL of the elderly, contained 6 dimensions which are sensory abilities; autonomy; past, present, and future activities; social participation; death and dying; and intimacy. (World Health Organization 2006) Both instruments have been translated into Indonesian.(Gondodiputro, Wiwaha, et al. 2019; Purba et al. 2018) Based on this information, the purpose of this study was to analyze the differences in the QoL between the elderly who live in the nursing homes (*Panti Werdha*) and the community using the WHOQOL-BREF and WHOQOL-OLD instruments Indonesian version.

METHODS

This study used a quantitative analytic design with a cross-sectional method and conducted from October to November 2019 at 5 the *Panti Werdhas* and 6 community health centres (*Puskesmas*) in Bandung City, West Java, Indonesia. The number of *Panti Werdha* in Bandung City was 6 *Panti Werdhas*, but one institution was not willing to participate in this study. The number of *Puskesmas* at the same area as the *Panti Werdha* was 13 *Puskesmas* and only 50% of them were selected using a random number technique by a computer. The inclusion criteria for the elderly in the *Panti Werdha* were aged 60 years and over, able to communicate well, were in the institution when the study was carried out and willing to participate in this study. The inclusion criteria for the elderly in the *Puskesmas,* as the representative of the elderly in the community, were aged over 60 years and over, able to communicate well, who came to the *Puskesmas* and not come from the selected *Panti Werdhas*. The exclusion criteria was they were not completing the interview until the end.

The calculation of the sample size in this study used an unpaired numerical analytic formula:

$$n1 = n2 = 2\left[\frac{(Z\alpha + Z\beta)S}{X1 - X2}\right]^2$$

with type 1 error at 5%, alpha standard deviation [Zα] was 1.64. The type II at 10%, so the standard deviation of beta [Zβ] was 1.28. The combined standard deviation was set at 4.71. (Purba et al. 2018) The minimum mean difference that was considered meaningful (X1-X2) was set at 10. Based on this formula, the sample size of each group was 42 respondents. The total number of samples in each Panti Werdha was calculated by proportionate sampling, because each *Panti Werdha* had different number of elderly. The selection of respondents in the *Panti Werdha* was carried out by the head of the

institution. The number of respondents from each *Puskesmas* was seven respondents and the selection of respondents was carried out by consecutive sampling.

Prior to the data collection, the respondents who had been selected, were explained about the study's objectives, procedures, and the risks. After the respondents understood and agreed to participate in this study, the respondent signed the informed consent form. This study was approved by the Ethics Commission of Universitas Padjadjaran Bandung number 1204/UN6.KEP/EC/2019.

The WHOQOL-BREF instrument consists of 26 statements, consisted of two general statements and 24 statements that covered four dimensions, namely physical (seven statements), psychological (six statements), social relationship (three statements), and environment (eight statements). (Harper and Power 1998; World Health Organization 1998) The WHOQOL-OLD instrument consisted of 24 statements divided into six dimensions, each dimension consisting of four statements, there are the dimensions of sensory abilities; autonomy; past, present, and future activities; social participation; death and dying; and intimacy. (World Health Organization 2006) Each statement scores used a Likert scale of 1-5. (Harper and Power 1998; World Health Organization 1998, 2006) The total score for each dimension was transformed on a scale of 0-100. (Harper and Power 1998; World Health Organization 1998, 2006) The transformed scores of each dimension both on the WHOQOL-BREF and the WHOQOL-OLD was transformed from categorical data into interval data in the form of logit unit values using Rasch modelling with the help of Winstep program version 3.73.

The interval data were tested for normality using Kolmogorov-Smirnov using the IBM® SPSS® version 22.0 program and the result was that the logit unit value was not normally distributed. The differences in characteristics between the elderly in *Panti Werdha* and the community were performed using a Chi-square or Fisher's Exact statistical test. The Mann-Whitney test was used to analyze the differences in the QoL of the elderly between those living in *Panti Werdha* and the community.

RESULTS AND DISCUSSION

A study on the differences in the QoL of the elderly in *Panti Werdha* and in the community had been carried out on 42 respondents from 5 *Panti Werdhas* and 42 respondents from 6 *Puskesmas* in Bandung city.

Based on the results of the study, the respondents who lived in the *Panti Werdha* were older, were not married or divorced and had low education compared to the respondents who lived in the community. (Table 1) Regarding the period of living in the *Panti Werdha*, most of the respondents had been living in the institution more than 2 years. (Table 1) Our study discovered that the age of the elderly living in *Panti Werdha*s was older than that of the elderly in the community. This was in line with a study conducted by SF Siregar et al., that the age of the elderly who lived in the nursing homes was > 70 years (36.84%) compared to the elderly who lived in the community was 60-70 years (34.21%). (Siregar, Amri, and Lubis 2013) Our study discovered that most of the elderly in the *Panti Werdha* had no partner anymore and this result is also in line with the study by SF Siregar et al. that the elderly in the nursing homes were widows (92.1%) and widowers (5.3%). (Siregar et al. 2013) The latest education in the elderly who

were in the *Panti Werdha* was in line with a study by PDLN Azizah et al. that the elderly who lived in the nursing homes had low education (66.6%). (Azizah, Akhmadi, and Heru 2008)

Table 2 showed that the 4 dimensions of WHOQOL-BREF had a low median score for the respondents living in *Panti Werdha* compared to the respondents living in the community. The Mann-Whitney test results that there was differences in the QoL between the respondents from the *Panti Werdha* and the community ($p<0.05$). This result also discovered in the WHOQOL-OLD. Of the 6 dimensions, 5 dimensions showed a low median score on the respondents from the *Panti Werdha* compared to the respondents from the community except in the dimensions of death and dying. Mann-Whitney test results found differences in quality of life using WHOQOL-OLD between respondents who were in *Panti Werdha*s and the community ($p\leq0.05$) except at the dimension of death and dying. In the dimensions of death and dying, there were no differences in scores between the respondents from the *Panti Werdha* and the community ($p = 0.741$)

In Indonesia, the role of family and community to maintain the social welfare of the elderly is greater than the role of the *Panti Werdha*. (Pratono and Maharani 2018; Yeung and Thang 2018) This occurs in the existence of culture and religious values that assume that the family forbids the elderly to be placed in the *Panti Werdha*s and children who place the elderly in *Panti Werdha*s are disrespectful children. (Gondodiputro, Hutasoit, and Rahmiati 2019) The *Panti Werdha* is one of the social welfare institutions formed to carry out the implementation of social welfare for the elderly population and is the last alternative place after families and the community for social rehabilitation. (Indonesian Ministry of Welfare 2018) The purpose of *Panti Werdha*s is to be able to carry out social functioning (the ability to carry out roles, meet needs, solve problems, and self-actualization) and provide shelter for the elderly, as well as provide opportunities for the elderly to carry out daily activities according to their ability. (Indonesian Ministry of Welfare 2018; Triwanti, Ishartono, and Gutama 2014) The existence of a *Panti Werdha* is expected to facilitate the elderly to undergo the aging smoothly and independently to enhance certain QoL according to their abilities. (Anbarasan 2017; Triwanti et al. 2014)

The elderly can be affected by various diseases because of their vulnerability to physical or mental disorders. This situation causes a decrease in their QoL and changes in social relations. (Shah et al. 2017)

Quality of life is a broad multidimensional concept that includes the dimensions of someone's everyday functions that are felt from the subjective experiences of life. (Baumann et al. 2009) This includes all aspects, such as physical function, somatic sensation, understanding of health, social functions and roles, and subjective well-being. According to the World Health Organization Quality of Life (WHOQOL), QoL is a subjective thing and is an individual's perception of his position on life-based on the culture and value system in which they live and is related to their goals, expectations, standards, and elevations. (WHOQOL GROUP 1996)

Regarding The QoL, our study revealed that the Qol of the respondents from the Panti Werdha were lower compared to the QoL of the respondents from the community except at the death and dying dimension. Our study was in line with a study conducted by A Yuliati et al in Jember. The study compared the QoL of the elderly who lived in *Panti Werdha* and the community using the WHOQOL-

BREF instrument. The results of the study discovered a low QoL for the elderly who lived in *Panti Werdha*s. (Yuliati, Baroya, and Ririanty 2014)

In the dimension of death and dying, the score between the respondents who from the *Panti Werdha* and the community were the same. The elderly assume that death is something that will happen (Muzdalipah, Reza, and Zaharuddin 2018; Nabilla 1998) The elderly who have strong faith and religious obedience will respond to the atmosphere of death calmly and receive death as a return to God. (Muzdalipah et al. 2018) The elderly who are prepared to face death have overcome his anxiety and fear of death, receive death as something real and have a positive view and attitude toward death. (Muzdalipah et al. 2018)The elderly preparedness towards death is influenced by several aspects namely psychological, social, physical and spiritual aspects. (Naftali, Ranimpi, and Anwar 2017) A study by Yusefo MA in Riau discovered that the spiritual aspect has a significant effect on the quality of life of the elderly. The elderly will experience a level where regret and penance play a role in the redemption of sins. Repentance and forgiveness diminish anxiety arising from guilt or disobedience and growing trust and comfort. This gives the elderly a new outlook on life related to other people and a positive acceptance of death (Afnesta, Febriana, and Riri 2015)

This study has limitations. Only 5 from 6 *Panti Werdhas* were willing to participate in this study Other limitation was that the respondents at the *Panti Werdha* were not chosen randomly. Other limitation discovered, that the selection of the respondents in the nursing homes were not randomly chosen because the owners did not allow the researchers to select them directly. The owners selected them according to the criteria inclusion. During the interview, the statement about sexual relations were difficult to answer by the respondents, so the researchers must repeat the question several times. Moreover, prior to the study, the health status of the respondents and the risk factors contributed to Qol that could affect their QoL were not examined. These limitations faced in this study did not reduce the quality of the study because this study discovered that the quality of life of the elderly from the *Panti Werdha*s was lower compared to the elderly from the community.

CONCLUSIONS AND RECOMMEN- DATION

Based on the findings in our study, there are differences in the quality of life between the elderly who live in the *Panti Werdha* and the community except for the dimensions of death and dying by using the Indonesian version of the WHOQOL-BREF and WHOQOL-OLD instruments. Further study needs to be carried out to identify factors related to the QoL of the elderly. The identification of those factors can promote many interventions/activities and to improve good relationships between the families and the elderly in enhancing the elderly's QoL

Table 1 Characteristics of The Elderly in The *Panti Werdha* and The Community

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No	Characteristics	*Panti Werdha*		Community		p-value
		n=42	%	n=42	%	
1.	**Age (years)**					
	60-70	15	35.7	28	66.7	0.005*
	>70	27	64.3	14	33.3	
2.	**Gender**					
	Male	10	23.8	17	40.5	0.102**
	Female	32	72.6	25	59.5	
3.	**Marital Status**					
	Married			36	85.7	<0.001*
	Not married	11	26.2	1	2.4	
	Divorced	31	73.8	5	11.9	
4.	**Occupation**					
	Still working	2	4.8	4	9.5	0.676**
	Not working	40	95.2	38	90.5	
5.	**Education**					
	<Primary school	16	38.1	8	19.0	<0.001*
	Junior High School	16	18.1	4	9.5	
	Senior High School	5	11.9	22	52.4	
	>Senior High School	5	11.9	8	19.0	
6.	**Period of Living in the *Panti Werdha* (years)**					
	<1 Year	6	14.3			
	2-5 Year	22	52.2			
	6-10 Year	8	19.0			
	>11 Year	6	14.3			

Notes: * Chi-square statistical test **Fisher's Exact statistical test

Table 2 WHOQOL-BREF and WHOQOL-OLD Scores

No	Quality of Life	*Panti Werdha*			Community			p-value
		Median	Min	Max	Median	Min	Max	
1.	*WHOQOL-BREF*							
	a. Physical	63.00	31.00	88.00	69.00	38.00	94.00	0.020
	b. Psychological	69.00	31.00	88.00	75.00	44.00	88.00	0.003
	c. Social Relationships	56.00	31.00	81.00	75.00	31.00	100.00	0.000
	d. Environment	63.00	19.00	88.00	75.00	44.00	100.00	0.000
2.	*WHOQOL-OLD*							
	a. Sensory Abilities	56.25	6.25	100.00	65.62	00.00	100.00	0.036
	b. Autonomy	62.50	6.25	100.00	81.25	25.00	100.00	<0.001
	c. Past, Present and Future Activities	68.75	18.75	100.00	81.25	12.50	100.00	<0.001
	d. Social Participation	75.00	00.00	100.00	81.25	18.75	100.00	0.001
	e. Death and Dying	75.00	25.00	100.00	75.00	00.00	100.00	0.741
	f. Intimacy	75.00	25.00	100.00	100.00	50.00	100.00	<0.001

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