

Psychosocial Dynamics, Health, and Quality of Life of Rural Elderly in Bengkulu

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Abstract. Elderly is the final phase of human development. Although not all elderly people experience adverse events, the elderly have historically been a marginalized population, vulnerable to social isolation due to their unique biopsychosocial dynamics; thus, they are at higher risk of developing chronic diseases throughout life. In general, the physical condition of the elderly is multipathological. The psychological and psychosocial conditions of the elderly usually also begin to decline, causing dependence on others, withdrawal from society, and even depression. This is important to note because in many cases, this experience marks the beginning of a decline in health and quality of life. The research method used is descriptive qualitative. The subjects of the study were the elderly in Bengkulu. The three main tools used were participant observation, in-depth interviews, and focus group discussions. The Indonesian WHOQOL-BREF was also used to measure the quality of life of the elderly. The results showed that there was a complex interaction between psychological, social, and biological factors in the health and quality of life of the elderly. Psychosocial processes affect social support and personal control over one's life, and can lead to a variety of negative outcomes, such as stress, depression, anxiety, isolation, insecurity, and hostility. Stressful life events such as marital and financial difficulties worsen overall outcomes. Psychosocial intervention techniques are needed in managing the psychosocial consequences of these physical and psychological disorders. Thus, it is important to pay more attention to behavioral, psychological, and social aspects in addition to medical care, especially in rural areas where available resources are limited.

Keywords: Elderly; Health; Psychosocial Dynamics; Quality of Life; Rural

INTRODUCTION

Late adulthood covers the time when we reach our sixties until death. This is the longest stage of development throughout the lifespan, from the age of 60 to the age of 120–sixty years! According to Guinness World Records (2016), Jeanne Louise Calment has been documented as the person who lived the longest at the age of 122 years and 164 days. According to Law No. 13 of 1998, an elderly person is someone who has reached the age of 60 years and above.

Global population aging is an unstoppable trend. Even in nations with comparatively young populations, it is an inevitable consequence of the demographic transition—the trend toward longer lifespans and smaller families. One in ten individuals globally were 65 years of age or older in 2021. One in six persons worldwide are expected to be in this age bracket by 2050. One in six individuals worldwide will be 60 years of age or older by 2030. At this point, there will be 1.4 billion people over the age of 60, up from 1 billion in 2020. The number of individuals in the world who are 60 years of age or older is expected to increase to 2.1 billion by 2050. Between 2020 and 2050, the number of people 80 years of age or older is predicted to treble, reaching 426 million (United Nations Department of Economic and Social Affairs, Population Division, 2023).

Based on the physical, mental, and social conditions of the elderly and the level of independence and dependence of the elderly on the environment, the Indonesian Ministry of Social Affairs divides the elderly into the following three categories. Pre-elderly, namely elderly people aged between 60-69 years. Elderly, namely elderly people aged between 70—79 years. Late-elderly, namely elderly aged 80 years and over.

The percentage of the elderly population in Indonesia was 10.82% in 2021. In 2023, the percentage of the elderly population in Indonesia reached 11.75 percent. The elderly population in Bengkulu Province in 2023 reached 10.51 percent of the total population.

As they age, physical activity and cognitive abilities steadily deteriorate in the elderly, and physical illnesses and psychological anguish rise. As a result, the health and well-being of older people is increasingly becoming a major global public health concern as a specific demographic category (Wang & Md Sani, 2024).

Although not all elderly people experience adverse events, in general, due to their unique biopsychosocial dynamics, they are susceptible to disease. Aging is a process that occurs slowly due to a gradual decline in metabolism. This condition involves many things, such as a person's biological, physiological, environmental, psychological, behavioral, and social processes. The process of human aging is complex and individualized, occurs in the biological, psychological and social sphere (Dziechciaż & Filip, 2014).

The aging process is the most common cause of degenerative diseases. Degenerative diseases are health conditions in which organs or related tissues continue to decline over time. This disease occurs due to changes in body cells that ultimately affect the function of organs as a whole. According to the Health Journal of the Indonesian Health Research and Development Agency, there are around 50 types of degenerative diseases that attack the elderly, but the most common are: hypertension (high blood pressure) and stroke, diabetes mellitus and malnutrition, neoplasms (tumors) and cancer, osteoporosis, obesity.

The elderly are susceptible to a decline in psychological conditions. Common psychological disorders experienced by the elderly or people aged 60 years and over are dementia and depression. Dementia affects around 5 percent and depression affects around 7 percent of the elderly population in the world. Furthermore, anxiety disorders are also one of the psychological conditions that affect 3.8 percent of the elderly population.

The elderly have historically been a marginalized population, vulnerable to social isolation. Geriatric syndrome is a collection of symptoms or health problems in the elderly that often occur due to various declines in body and mental function. Not only that, geriatric syndrome can also occur due to socio-economic problems to drastic changes in the surrounding environment. This is important to note because in many cases, these biopsychosocial dynamics mark the beginning of a decline in health and quality of life.

METHOD

The research method used is descriptive qualitative. The subjects of the study were the elderly in Bengkulu. The three main tools used were participant observation, in-depth interviews, and focus group discussions.

Fitur Mental Wellness Checker in the application PRUServices used to check the informant's mental health condition. The Indonesian WHOQOL-BREF was also used to measure the quality of life of the elderly.

RESULTS AND DISCUSSION

The results of the study indicate that there is a complex interaction between biological, psychological, and social factors in the health and quality of life of the elderly. Aging makes the elderly susceptible to degenerative diseases: hypertension (high blood pressure), diabetes mellitus, malnutrition, and osteoporosis. These diseases affect the quality of life of sufferers. The presence of chronic diseases has a negative impact on quality of life. The findings of the current study are in line with research on the biopsychosocial determinants of the quality of life of the elderly conducted by Batool et al (2024).

Active lifestyle and taking part in social activities maximize the physical abilities of the elderly; they are able to organize their daily routines, and their involvement in these activities helps improve their quality of life and well-being. Older adults who remain more active have a better quality of life (Yerrakalva et al. 2023). Limited physical activity and poor functional status impact the quality of life of older adults (Arjunan 2024).

Living with a partner and family members, being independent in mobility, being socially active, and having good social support are social factors related to quality of life. This is in accordance with research by Mpofu et al (2024) that the quality of family relationships and friendships in the elderly makes a significant contribution to the life satisfaction of the elderly.

The elderly are highly dependent on their sources of social support including friends, family, and relatives. Family and other sources of social support help the elderly in making meaning and reassuring them that they are important and valued and increase their resilience. Social involvement and social support minimize loneliness and positively affect quality of life in old age and also lead to a reduction in depressive symptoms. Perceived social support and the quality-of-life influential variable on the satisfaction with life (Şahin, Özer, & Yanardağ, 2019). Formal and informal social support positively improved the quality of life among older adults, but the effect of informal social support is greater than that of formal social support (Shen et al, 2022).

Stressful life events such as marital and financial difficulties worsen overall outcomes. Numerous studies have shown that stress has a negative impact on middle-aged and older persons' physical and mental health. The results of research by de Frias & Whyne (2015) show that stress is inversely related to physical and mental health. stressful occurrences in older persons' lives, such as a spouse's death, retirement, divorce, ill health, financial difficulties, or changes in employment or location.

The human aging process is complex and individual, occurring in biological, psychological, and social contexts. Biological aging is characterized by progressive age-related changes in metabolism and physicochemical properties of cells, leading to impaired self-regulation, regeneration, and structural and functional changes in tissues and organs. This process is a natural and irreversible process that can occur as successful, typical, or pathological aging. The biological changes that occur with age in the human body affect mood, attitude towards the environment, physical condition, and social activities, and determine the place of the elderly in the family and society. Psychological aging refers to human awareness and ability to adapt to the aging process. With increasing age, adverse changes occur in memory and cognitive functions, and the likelihood of depression and confusion increases. Social aging is associated with loss of social roles, decreased interpersonal relationships, and feelings of loneliness.

Table 1: Characteristics of Informants

1.	Sex	Male = 7	Female = 10	
2.	Age (Elderly group)	60-69 Female = 2	70-79 Female = 4 Male = 5	80/+ Female = 4 Male = 2
3.	Marital status	Married couple = 7	Widow = 8	Widower = 2
	Education	Graduated from elementary school = 2	Did not graduate from elementary school = 4	No school = 11
4.	Job	Active = 9	Idleness = 8	
5.	Passive income	Have = 7	Not having = 10	
6.	Productive assets	Farm = 5	Dwelling = 12	
7.	Physical function	Good = 8	Moderate = 5	Bad = 4
8.	Resilience	Good = 6	Moderate = 5	Lack = 2
9.	Social relations	Active = 6	Moderate = 4	Lack = 7

CONCLUSION

Examining the aging process of an individual is a better method to understand the diversity of the elderly. Many elderly people age at an ideal rate because they have better than average health and social well-being. On the other hand, some elderly people suffer from poor health and depend on the help of others.

Psychosocial intervention techniques are needed in managing the psychosocial consequences of these physical and psychological disorders. Thus, it is important to pay more attention to behavioral, psychological, and social aspects in addition to medical care, especially in rural areas where available resources are limited. Active aging requires techniques that increase healthy life expectancy, maintain autonomy, and encourage healthy behavior changes.

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