

# Comparative Study of Quality of Life Levels of Elderly in Desa Berdaya

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## Abstract

**Purpose:** The increase in the number of elderly people in Indonesia has an impact on various aspects of life, one of which is the decline in the quality of life of the elderly. This study aims to determine differences in the quality of life of the elderly who are beneficiaries and non-beneficiaries in Desa Berdaya.

**Design/methodology/approach:** This research is a quantitative study with a comparative test approach. The number of samples used was 160 elderly people consisting of 80 beneficiaries and 80 non-beneficiaries. The statistical analysis used was the bivariate test with the Mann-Whitney U Test as a comparative study instrument.

**Findings:** The results of this study indicate that the average quality of life for the elderly who are beneficiaries is higher, namely 92.42, compared to the quality of life for the elderly who are non-beneficiaries, namely 68.58, with a p-value of  $0.001 < 0.05$ . So it can be said that the hypothesis  $H_a$  is accepted and there is a significant difference between the quality of life of elderly beneficiaries and non-beneficiaries.

**Research limitations/implications:** This research only focuses on comparing the quality of life of elderly beneficiaries and non-beneficiaries from four indicators. So there is still further room for testing from other indicators.

**Practical implications:** This study concluded that equitable access to health services is very important for the elderly, because it is proven that the elderly who get good health services can improve their quality of life.

**Originality/value:** The novelty in the research lies in two things, namely the place and the object of the research carried out in Desa Berdaya.

**Keywords:** Quality of Life, Elderly, Beneficiaries, Non-beneficiaries, Desa Berdaya

## Introduction

Aging population is a demographic phenomenon that cannot be ignored. Almost every country in the world is currently entering a period of aging population, where the elderly population has experienced a very drastic increase both in number and proportion (BPS, 2022). Based on the March 2022 BPS National Census Survey (Susenas), the percentage of the elderly population will reach 10.48% in 2022. This means that around 1 in 10 of Indonesia's population is elderly. This increase in the number of elderly people will have an impact on various lives. The main impact of this increase in the elderly is an increase in dependency and quality of the elderly (Amalia et al., 2014), the national elderly dependency ratio reached 16.09% in March 2022. So that every one elderly person is supported by around 6 people of productive age (age 15-59 years) (BPS, 2022).

Currently, both developed and developing countries have the same challenges in dealing with an increasing number of elderly people who are showing an increasing trend. In 2022, the

region with the highest elderly population is D.I Yogyakarta with 16.69%, followed by East Java with an elderly percentage of 13.86%. The aging process is very closely related to the quality of life of the elderly, because with increasing age, the level of physical and mental vulnerability will be affected. Low quality of life causes the elderly to not be able to enjoy their old age meaningfully, happily and usefully (Sutikno, 2013). Moreover, the elderly are prone to suffer from several degenerative chronic diseases that are difficult to cure, require long-term care, and often end up with disabilities throughout their age. As a result, the success of handling health problems cannot be solely focused on the condition of "sick vs healthy", but rather a comprehensive indicator measuring the health status of the elderly is needed (Rumawas, 2021).

The World Health Organization Quality of Life (WHOQoL) defines quality of life as an 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, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment (Amalia et al., 2014). In general, the elderly face conditions of weakness, limitations and disabilities, so that the quality of life in the elderly decreases. Nevertheless, the role of various parties is certainly needed to give more attention to the elderly. Because not a few elderly people live alone away from their families and think that the elderly are a problem, even though the family is the main force that can give strength to the elderly.

Rumah Zakat is a World Digital Charity Organization that manages zakat, infak, alms, and other social funds through community empowerment programs, presenting Desa Berdaya as a process of empowering fostered areas based on local potential mapping through community development in the economic, education, health and environmental fields. Desa Berdaya has various programs, one of its leading programs in the health sector is the Desa Ramah Lansia. An empowerment program that accommodates the elderly to get an environment, social and physical that supports their needs to stay healthy, active and productive. Interventions carried out by Rumah Zakat in the Desa Ramah Lansia program are elderly classes, health checks, elderly exercise, home care, PMT for health, health advocacy with the aim that the elderly can interact well. According to the National Institute on Aging, interacting for 15-30 minutes with the elderly can improve the mental health of the elderly.

Rumah Zakat believes that in the intervention process for the elderly, efforts to build a paradigm shift for the elderly as people with problems to people with capabilities must start from the household level. Based on the practical issues that the authors describe above, they become distortions and it is very interesting for the authors to study further about how the actual comparison of the quality of life of the elderly who are beneficiaries and non-beneficiaries of the Desa Ramah Lansia program in Desa Berdaya. So the purpose of this study is to describe a comparison of the quality of life of the elderly with the WHOQoL BREF indicator in the physical, psychological, social relations and environmental domains.

#### Literature Review

According to Law Number 13 of 1998 concerning Elderly Welfare chapter 1 point 2, defines an elderly population as someone who has reached the age of 60 (sixty) years and over (Republik Indonesia, 1998). At this age, the elderly biologically and psychologically experience a lot of quality decline in various aspects, which in turn can also affect the quality of life. This reality can also impact problems in the health, social and economic sectors. The

impact on the health, social and economic sectors experienced by the elderly must be resolved immediately because this is guaranteed in Islam (Nashihin, 2021).

Furthermore, based on Law Number 36 of 2009 chapter 138 paragraph 1 stipulates that health care efforts for the elderly must be aimed at maintaining a healthy and productive life socially and economically in accordance with human dignity. Paragraph 2 stipulates that the Government is obliged to guarantee the availability of health service facilities and facilitate the elderly to be able to live independently and productively socially and economically (Republik Indonesia, 2009). Improving and strengthening health efforts for the elderly can encourage an increase in the quality of life of the elderly (Ekasari et al., 2018).

World Health Organization Quality of Life (Billington et al., 2010) defines quality of life as an 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, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment. Quality of life as defined above is a multifaceted concept. The major WHOQOL instruments therefore produce a descriptive multi-dimensional profile of people's quality of life, not a single index.

### **Method**

This research is a comparative study with a quantitative approach. The research was conducted in June 2023 in five places, namely Madurejo Village, Sleman Regency, DI Yogyakarta, Jogotirto Village, Sleman Regency, DI Yogyakarta, Sukun Village, Malang City, East Java, Bakalankrajan Village, Malang City, East Java, Wadung Village, Malang Regency, East Java. The study was conducted to identify the level of quality of life for the elderly using the WHO QoL BREF instrument.

The number of samples in this study amounted to 160 respondents selected by purposive sampling technique consisting of 80 elderly people who were beneficiaries and 80 elderly people who were non-beneficiaries. The statistical analysis used is the bivariate test with Mann-Whitney U to determine differences in the quality of life of the elderly who are beneficiaries and the elderly who are non-beneficiaries of the Desa Ramah Lansia program in Desa Berdaya.

The data used consists of primary and secondary data, primary data obtained from questionnaires and interviews with respondents, while secondary data comes from journals, books and online websites. Data collection techniques were carried out by interviewing and distributing questionnaires to elderly beneficiaries and non-beneficiaries of the Desa Ramah Lansia program in Desa Berdaya.

### **Findings and Discussion**

Based on the research results obtained from distributing questionnaire data to 160 elderly people consisting of 80 beneficiaries and 80 non-beneficiaries of the Desa Ramah Lansia program in Desa Berdaya, as follows.

Table 1. Characteristics of Beneficiaries and Non- Beneficiaries Respondents

Respondent Data	Beneficiaries		Non-Beneficiaries	
	n	%	n	%
<b>Gender</b>				
Male	20	25%	22	28%
Female	60	75%	58	73%
<b>Age</b>				
45 - 59 Year	15	19%	26	33%
60 - 75 Year	58	73%	49	61%
> 76 Year	7	9%	5	6%
<b>Last Education</b>				
No school	24	30%	7	9%
SD/MI/SR	33	41%	30	38%
SMP/MT's	5	6%	16	20%
SMA/SMK/MA	15	19%	23	29%
Diploma (I/II/III/IV)	3	4%	0	0%
Bachelor	0	0%	4	5%
<b>Marital Status</b>				
Not Married	1	1%	0	0%
Married	49	61%	45	56%
Widow	27	34%	31	39%
Widower	3	4%	4	5%
<b>Partner</b>				
Still alive	48	60%	46	58%
Died	31	39%	34	43%
Not Having a Partner	1	1%	0	0%
<b>Live with whom</b>				
Partner (Husband /Wife)	48	60%	46	58%
Child/Sister	28	35%	28	35%
Siblings /Niece/ Cousin	0	0%	2	3%
Alone	4	5%	4	5%
<b>Current Health Problems</b>				
Hypertension	27	34%	33	41%
Diabetes	2	3%	2	3%
Rheumatism	11	14%	3	4%
Strokes	1	1%	1	1%
Hearing Impairment	11	14%	2	3%
Vision Impairment	13	16%	12	15%
Heart	0	0%	2	3%
Osteoporosis (Bone loss)	8	10%	6	8%
Cholesterol	4	5%	8	10%
Vertigo	2	3%	5	6%
Mobility Impairment (Using a walker)	1	1%	5	6%
Other	0	0%	1	1%

Table 1 above provides an overview of the characteristics of respondents based on gender dominated by women, as many as 60 people (75%) were female respondents who were beneficiaries and 58 people (73%) were female respondents who were non-beneficiaries. Then respondents based on age were grouped into three categories, namely 45-59 years (pre-elderly),

60-75 years (elderly), more than 76 years (advanced elderly) and most of the respondents were at the age level of 60-75 years (elderly ) namely 58 people (73%) of beneficiaries respondents and 49 people (61%) of non-beneficiaries respondents. Based on the level of education, the majority of respondents with SD/MI/SR education, 33 people (41%) were beneficiaries and 30 people (38%) were non-beneficiaries. According to WHO quoted by (Putri et al., 2015) that quality of life can be influenced by several factors including; gender, age, education and status.

The characteristics of the respondents studied were based on marital status, the majority of whom were married, namely 49 people (61%) beneficiaries respondents and 45 people (56%) non-beneficiaries respondents and were dominated by living partners, so that most of the respondents still lived with their partners and Very few respondents live alone or with relatives. Based on health conditions, the majority of respondents had more than one disease, and the most respondents had complaints of hypertension/high blood pressure, as many as 27 people (34% of beneficiaries respondents and 33 people (41%) of non-beneficiaries respondents.

Based on the findings that in general the elderly who are married or whose partners are still alive have a higher average quality of life value compared to the elderly who are widows/widowers, this is because the elderly who still have partners can enjoy old age in peace. As Herry research results cited by (Amalia et al., 2014) that the elderly whose partner is complete or married status will affect the health condition of the elderly both physically and biologically. In addition, there is a close relationship between physical activity and hypertension. The better the physical activity, the normal the blood pressure, and vice versa, the worse the physical activity, the higher the blood pressure (Iswahyuni, 2017). From the health problem indicators of the respondents, it was seen that 33 people experienced hypertension the most, namely non-beneficiaries.

Table 2. Calculation of Quality of Life Score for the Elderly

Indicator	Beneficiaries			Non-Beneficiaries		
	Good	Sufficient	Less	Good	Sufficient	Less
Physical Domain	26%	64%	10%	25%	55%	20%
Psychological Domain	38%	60%	3%	26%	63%	11%
Social Relationship Domain	30%	63%	8%	19%	55%	26%
Environmental Domain	26%	73%	1%	19%	60%	21%
Average	30%	65%	5%	22%	58%	20%

Source: Author's Data, 2023

Based on table 2 above, it explains that the results of the analysis of the data obtained from calculating the scores of individual respondents who are beneficiaries and non-beneficiaries in Desa Berdaya. Previously the data obtained were grouped into three ordinal categories, namely if it had a value of < 50, the category was less, 50 - 75 categories were sufficient, 75 - 100 categories were good. In the physical domain, the elderly who are beneficiaries have a good quality of life (26%), while the elderly who are non-beneficiaries have a good quality of life (25%). In the psychological domain, the elderly who are beneficiaries have a good quality of life (38%), while the elderly who are non-beneficiaries have a good quality of life (26%).

In the domain of social relations, the elderly who are beneficiaries have a good quality of life (30%), while the elderly who are non-beneficiaries have a good quality of life (19%). Then in

the environmental domain, the elderly who are beneficiaries have a good quality of life (26%), while the elderly who are non-beneficiaries have a good quality of life (19%). Based on the average value in each domain, the quality of life for the elderly who are beneficiaries is better than the quality of life for the elderly who are non-beneficiaries. So that the interventions carried out for the elderly in Desa Berdaya have a positive impact on their quality of life.

Table 3. Mann-Whitney U Test Results Based on Domain

Indicator	Beneficiaries		Non- Beneficiaries		<i>p-value</i>
	n	Mean Rank	n	Mean Rank	
Physical Domain	80	86,88	80	74,13	0,081
Psychological Domain	80	88,78	80	72,22	0,023
Social Relationship Domain	80	94,08	80	66,93	0,000
Environmental Domain	80	95,22	80	65,78	0,000

Source: SPSS Data Processing, 2023

Table 3 above shows the results of the bivariate test analysis using the Mann-Whitney U test with the aim of seeing differences in the quality of life of the elderly who are beneficiaries and non-beneficiaries in each domain. The results of the Mann-Whitney U test analysis based on each domain illustrate that the average respondent who is a beneficiary tends to have a higher value than the quality of life of the elderly who are non-beneficiaries.

In the physical domain, beneficiaries have an average score of 86.88 while those who are non-beneficiaries have an average score of 74.13 with a p-value of  $0.081 > 0.05$ , meaning that there is no significant difference in quality of life among elderly beneficiaries. and the elderly are non-beneficiaries. Elderly who are beneficiaries of the Desa Ramah Lansia program are encouraged to always have good physical activities, such as getting elderly exercise facilities every week, health services and caring for a nutrition garden as a form of activity for the elderly and also providing opportunities to generate economic value. It's different from the elderly who are non-beneficiaries, they tend to only do their activities at home and don't really get good health services. Research result (Handayani et al., 2020) explained that elderly exercise can provide physical benefits, can improve physical fitness, body balance, breathing, and decrease blood pressure in elderly hypertension.

In the psychological domain, beneficiaries have an average score of 88.78 while those who are non-beneficiaries have an average score of 72.22 with a p-value of  $0.023 < 0.05$ , meaning that there is a significant difference in the quality of life for elderly beneficiaries and the elderly are non-beneficiaries. If a person is able to achieve good psychological well-being, it will affect the improvement of his quality of life (Hayulita et al., 2018). In addition, the elderly who are beneficiaries have different independence compared to the elderly who are non-beneficiaries. It can be seen that based on research findings in the field, elderly beneficiaries tend to carry out more individual activities independently than non-beneficiaries elderly, such as using their time to sell. According to the American Psychological Association found that one of the four dependent psychological needs that make humans happy is autonomy or independence, namely the feeling that what is done is a choice and is fought for by oneself. (Putri et al., 2015)

In the domain of social relations, beneficiaries have an average value of 94.08, while those who are non-beneficiaries have an average value of 66.93 with a p-value of  $0.000 < 0.05$ , meaning that there is a significant difference in quality of life for elderly beneficiaries and the elderly

are non-beneficiaries. The elderly are the beneficiaries of interactions not only with their families but also with the community, meaning that they carry out a lot of social activities because they are members of the elderly group in the Desa Ramah Lansia program, so that social activities with the community are getting closer. Unlike the elderly who are non-beneficiaries, they tend to interact only with their families. Support that comes from the closest people, both from children, family, relatives and the community is very much needed by the elderly in living the rest of their lives because it is a support system for the elderly to be able to continue to be active amidst the limitations they experience. (Arini et al., 2016). So that the support received from various parties will have a positive influence on the quality of life of the elderly.

Furthermore, in the environmental domain, beneficiaries have an average value of 95.22 while those who are non-beneficiaries have an average value of 65.78 with a p-value of  $0.000 < 0.05$ . This means that there is a significant difference in the quality of life of beneficiaries elderly and non-beneficiary elderly in the environmental domain. Quality of life is a multidimensional construct that can be influenced by internal factors and the surrounding environment, such as close relationships, family life, friendships, neighbors, health. (Rohmah et al., 2012). The findings of research in the field show that the elderly who are beneficiaries can interact well with their environment, not only in the family but can also make strong friends, because every week they meet and interact well with each other in the elderly group. In contrast to the elderly who are non-beneficiaries who tend to interact only in the family environment.

Table 4. Results of the Mann-Whitney U Test for Quality of Life in the Elderly

Variable	Beneficiaries		Non- Beneficiaries		<i>p-value</i>
	n	Mean Rank	n	Mean Rank	
Elderly Quality of Life	80	92,42	80	68,58	0,001

Source: SPSS Data Processing, 2023

Analysis of the difference test in this study is by using the Mann-Whitney U test, which is a test used to determine whether or not there is a difference between two independent samples and also the Mann-Whitney U test is a non-parametric test which is an alternative to the t-test (Sugiyono, 2019). Based on table 4 above, it can be seen that the results of data analysis show that the average quality of life for the elderly who are beneficiaries is higher, namely 92.42 compared to the quality of life for the elderly who are non-beneficiaries, namely 68.58, with a p-value  $0.001 < 0.05$ . So it can be said that the hypothesis  $H_a$  is accepted and there is a significant difference between the quality of life of elderly beneficiaries and non-beneficiaries. Support the results of his research (Elizabeth et al., 2020) that the elderly who had been intervened and received health services had a significant change in the total value of all domains between before (79.85) and after the intervention (85.71) with a p-value of  $0.000 < 0.05$ .

Quality of life is the extent to which a person can feel and enjoy the occurrence of all important events that occur in his life, so that his life becomes more prosperous. If a person can achieve a higher quality of life, then that life leads to a state of well-being, conversely if a person experiences a lower quality of life, then that person's quality of life leads to a state of ill-being. (Gultom et al., 2020). Changes in the social structure of society from forming extended families to nuclear families also bring changes to the elderly. If previously the elderly lived with their extended family, now they live separately from their children. If previously they were a

supporter of the family economy, now there are not a few elderly people who are considered a burden on the family. In fact, to enjoy old age and quality of life, family support is the most important thing for the elderly.

Based on the results of the study it was found that if the elderly get easy health services, a good environment, conducive social interaction, then the level of quality of life for the elderly will be better, compared to those who do not get this. Like the elderly who are beneficiaries who are members of the Desa Ramah Lansia program, the elderly carry out several activities to improve their physical and mental health, such as elderly classes, health checks, homecare, elderly gymnastics, cadre training, PMT for the elderly and health advocacy. the goal is that the elderly can interact well. So it can be seen that the elderly who are the majority beneficiaries tend to be very productive, and physically they are still very good, one of them is Ms. Dawami (83 years) a beneficiaries in the Madurejo Vilage, Sleman Regency. sell strong to cover a distance of 1 to 2 kilometers and do it every day.

### Conclusion

Based on the results and discussion of the research above regarding comparative study on the quality of life of the elderly, some conclusions are drawn as follows:

1. Based on data analysis for different tests using the Mann Whitney U test, it was found that the quality of life of the elderly beneficiaries was higher at 92.42 and the elderly were non-beneficiaries, namely 68.58, with a p-value of  $0.001 < 0.05$ . This means that there is a significant difference between the quality of life of beneficiaries elderly and non-beneficiaries elderly.
2. Based on the results of this study it was found that the elderly who were intervention experienced changes in their quality of life much better than the elderly who were not intervention. The most significant differences are in the psychological, social relations, and environmental domains which indicate that the Desa Ramah Lansia program intervention has a major effect on this domain, and is able to provide a better quality of life for the elderly. So that even distribution of intervention is very important for the elderly, because it is proven that the elderly who are intervention can improve their quality of life.

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