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Physiological and Psychosocial Change and the Need of Health Intervention Model for Elderly: Tabanan Regency, Bali Province in 2018 Diah Pradnya Paramita a, IGP Adiatmika b, Tuty Kuswardhani c, I Wayan Mustika d Article history: Received 14 March 2018, Accepted in revised form 20 July 2018, Approved 8 August 2018, Available online 13 August 2018 Correspondence Author a Abstract Elderly was the final stage of the human life cycle.

The humans would surely experience change physically and mentally. The physiological needs were a very primary need and absolutely ought to be fulfilled to maintain biological homeostasis and survival for each human being. The research was intended to explore physiological and psychosocial changes occurred in the elderly and the health intervention model.

It was most likely to be received by the elderly in Tabanan Regency, Bali Province. A qualitative method was applied in the present study based on the phenomenological design approach. The sample in the present study was taken a maximum variation. The research subject displayed many variations, data collection was obtained from in-depth interviewed, focused group discussions and observation.

The results of the study indicated that the respondents had experienced physiological change. The more age cause of the ability and distrust of others towards the expressed diseases. The research was expected to improve the quality of the old life, depending on health aspects.

It, therefore, was very **important to develop an** elderly health intervention program. It was designed to their needs and desires. The program would be easily accepted if they really thought was important. Keywords Elderly; Human Life; Physiological; Psychosocial Change; Health Intervention Model; e-ISSN: 2550-696X, p-ISSN: 2550-6978 ©Copyright 2018. The Author.

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Introduction The growth of population has been rapid, especially, in developing countries of the first Millennium decade. The elderly population currently in Indonesia has experienced an increase from the previous about 24 million and in 2020 was expected increasing to about 30-40 million people (Komnaslansia, 2011). Elderly was the final stage of the human life cycle.

The humans would surely experience change physically and mentally (Setiati et al, 2000). According to the Department of Health in 1998, there was 7.2% of the elderly population more than 60 years old for cases of dementia. It was approximately 5% of the elderly aged 65-70 years old suffer from dementia and would double every five years to reach more than 45% at the age of over 85 years old (Nugroho, 2008). According to Abraham Maslow (1991), an individual could be optimally healthy if their basic needs could be met.

It was included physical needs, safety, and comfort, love, and affection, self-esteem and self-actualization (Sumijatun et al, 2005). A physiological need was a very primary and absolutely ought to be fulfilled to maintain biological homeostasis and the survival of life for each human (Asmadi, 2008). Nutrition in the elderly needed to be considered. Due to the elderly usually, forget to eat. It, therefore, nutritional intakes would be reduced.

Elderly people who experienced a lack of protein could their hair loss, resistance to decreased disease, or easily infected (Depkes, 2000). According to Dewi (2005), stated that was found the need to love and mastering elderly who attended Posyandu (Integrated Health Service Post) for the elderly in Jatirejoyoso Kepanjen Village. There was fulfilled due to the elderly thought that they got the needs of their families and children.

They thus did not feel ostracized by the family and the closest people. The self-esteem was an evaluation for their self positively or negatively. The evaluation showed how individuals assess themselves and acknowledged or not the abilities and successes they obtained (Widodo, 2004). According to Suhartini (2012), Indonesian elderly generally still felt comfortable.

Due to their children or other relatives were still a good guarantee for their parents. Mustika & Harini (2017), the children were obliged to support parents who cannot take care of their own. 2. Research Method The qualitative research was applied in the present research. The phenomenological approach was designed.

The research subjects were elderly between the ages of 65 to 70 years old. Wirawan

(2018), the types of the data collected were primary and secondary data. Data collection techniques used was in-depth interviewed, focused group discussions, and observation. Research focus The study was intended to explore physiological and psychosocial change occurred for elderly as well as the health intervention model that was most likely to be received of elderly in Tabanan Regency, Bali Province.

This research was expected to provide an explanation of the physiological and psychosocial change IJHS e-ISSN: 2550-696X ? p-ISSN: 2550-6978 Paramita, D. P., Adiatmika, I., Kuswardhani, T., & Mustika, I. W. (2018). Physiological and psychosocial change and the need of health intervention model for elderly. *International Journal of Health Sciences*, 2(2), 61-67. <https://doi.org/10.29332/ijhs.v2n2.160> 63 problem experienced elderly.

In order to explore the efforts that could be conducted by improving the quality of elderly life. 3. Results and Analysis Elderly was people over than 56 years old. They did not have income, helpless to survive to live for basic needs for their daily lives (Prayitno in Aryo, 2002). Saparinah (1983) argued that the age of 55 to 65 years old was an age group that reached the prenatal stage at the stage would experience a variety of the body resistance/health and various psychological stresses. Thus, their life would be changed. The respondents stated simple words about health conditions.

It was almost close to a healthy concept according to the Health Regulation No. 36 in 2009, namely, health covers four aspects, i.e., physical (body), mental (soul), social, and economic. Some respondents in focused group discussions stated that the condition was healthy if their body was healthy and able to carry out daily activities.

It illustrated the condition of being physically fit. It was likewise revealed by the respondents that were healthy in the condition. There was no worry in their minds (healthy mental condition) as well as able to play a role in their environment and help. If they were still needed (socially healthy), still able to earn income by working independently, even though, was not as productive as before (economically healthy).

The elderly generally experienced physiological decreased and other body functions. It is characterized by a complaint of illness or other symptoms. The complaints that have been experienced the respondents included platelets increased, glaucoma, nephrolithiasis, and lumbago. Other respondents stated that had high blood pressure and heart disease.

It decreased physical ability and the appearance of other diseases was also revealed for other respondents unlike, ulcer and diabetes mellitus. There were also respondents who

stated that had appendicitis and gallstones. They, therefore, did not dare to force themselves to work as before. The respondents stated that they were sentenced to minor strokes. Regarding complaints were weak on the left arm and still feels thick (numb) and tingling.

According to the doctor, there was no problem, until finally examined by a psychologist/psychiatrist by the family. Due to it was seen physically healthy but often complained. According to the family it was considered to be there and is considered stressful. Health factors include the physical condition and the elderly psychic state. The physical state was a major factor of the human anxiety.

Physical strength, five senses, potential, and intellectual capacity begin to decrease on the certain stages (Prasetyo, 1998). Thus, the elderly ought to adjust themselves more to their helplessness. Physical deterioration was characterized by several attacks e.g., disorders of blood circulation, joints, respiratory system, neurological, metabolic, neoplastic, and mental.

The complaint therefore often occurred was easily tired, easy to forget, digestive tract disorders, urinary tract, sensory function, and decreased concentration. It was in accordance with Joseph J. Gallo (1998), stated that to assess physical condition in the elderly should be considered its existence unlike, decreased hearing, vision, limited movement, and slow response. A respondent stated that had ever fallen and had bone loss.

Decreasing joint mobility, slow reaction time, decreased vision, decreased hearing, decreased muscle strength, and endurance as well as was able to cause of the injury for the elderly. Due to the aging process, uneven, and slippery floor surface was a dangerous area was a potential cause of falling. It, therefore, needs help from others, especially the family, to help the elderly not to fall (Tamher, 2009).

According to (Lee & Yeo, 2009), the research stated that injury was a significant problem experienced by the elderly. The most injuries of the elderly occurred due to falling at home. Several strategies were needed to prevent injury to the elderly. Another complaint was cataract and eye surgery. As the time goes due to aging, then, a person would also experience disruption or deterioration of body functions.

It would be caused by limited functions of physical, psychological, and social. The elderly therefore desperately needed a support, attention, and motivation of their family as well as close families. The most respondents in the present research were still lived with their children.

Although not all of them were as common in Bali, the woman/man was married who live at home together. Due to they were related to the fulfillment of traditional obligations. There were also respondents who did not have children but lived with their nieces who had been considered as their own children.

However, there were respondents who merely live with their partners. Due to their children wander as well as their children come with their parents. In his e-ISSN: 2550-696X ? p-ISSN: 2550-6978 IJHS Vol. 2 No. 2, August 2018, pages: 61~67 64 The results showed of fulfilling the physiological needs of the elderly could still be fulfilled well unlike the previous age.

There were no striking changes when they got an elderly. A respondent stated that still eat three times a day. Likewise, those who have coffee drinking habits remain as before. Physiological needs were very primary needs and absolutely ought to be fulfilled to maintain biological homeostasis and the survival of life for each human (Asmadi, 2008). Nutrition of the elderly needs to be considered, due to usually the elderly forgot to eat, therefore, the nutritional intake of the elderly would decrease.

Elderly people who experienced a protein deficiency could be caused by loss of their hair, the resistance decreased to disease or easily infected (Depkes RI, 2000). Koswara (1991), stated the same concept of elderly needs that human needs included (1) physiological needs were physical or biological needs such as food, clothing, housing, sex, etc. (2) Safety needs was a sense of security and tranquility, both outwardly and inwardly such as the need for old age, freedom, independence, etc.

(3) Social needs was a need for society or communicating with humans others through social groups, professional organizations, arts, sports, common hobbies, etc. (4) Esteem needs was a need for self-esteem to be recognized for its existence, and (5) Self-actualization needs was for a need for physical expression, spiritual, and thinking abilities based on their own experiences, eager to live, and play a role in life. The basic needs represent the need for the elderly health program.

The proposals for those who should be in the elderly health program were the desire for the elderly health program was based on the desire to live a healthy life and get advice on how to live a healthy life, according to respondents there should be other activities adjusted to their abilities. A respondent suggested yoga exercise in an elderly health program. Due to yoga could create a good mind, light, they currently felt their body was heavy to move.

The other respondents also stated the need to be taught about reflexology or healthy massage could help them to alleviate diseases or complaints experienced the elderly. Elderly health programs should also provide opportunities for them to socialize. It was also a good idea for a program not only health and sports examinations but also a refreshing vehicle.

The refresher activity could be conducted with the art group activities among elderly groups. 4. Conclusion The respondents stated that they had physiological change experienced in accordance with their age. The psychic changed was also experienced elderly respondents due to decreased ability and mistrust of other people who expressed diseases.

The social role experienced them did not experience much change. Due to they were still involved in social activities in the family or the environment, health complaints experienced the elderly include falls, pain in joints and bones, ulcers, diabetes mellitus, heart, bile, stroke, sleep difficulties and also cataracts.

The intervention models in the form of an elderly health program were desired for elderly health program based on the desire to live a healthy life and get advice on how to live a healthy life. The activities were adjusted to their abilities, such as yoga exercises, the need to be taught about reflexology or healthy of massage, and refreshing vehicles.

It could be conducted of art groups among elderly. The study was expected to remember the quality of elderly life depending on the health aspect. It, therefore, was very important in developing an elderly health intervention program. The forms of intervention should be adjusted to their needs and desires. It meant that was indeed desired, the program would certainly be easily accepted and guaranteed for their sustainability.

Conflict of interest statement and funding sources The authors declared that they have no competing interest. The study was financed by personal funding. Statement of authorship The authors have a responsibility for the conception and design of the study. The authors have approved the final article. Acknowledgments The authors would like to thank the reviewer and editor of the IJHS for their support, valuable time, and advice.

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& Ooi, S. B. S. (2009). A review of elderly injuries seen in a Singapore emergency department. Singapore medical journal, 50(3), 278. View in (Google Scholar) IJHS e-ISSN: 2550-696X ? p-ISSN: 2550-6978 Paramita, D. P., Adiatmika, I., Kuswardhani, T., & Mustika, I. W. (2018). Physiological and psychosocial change and the need of health intervention model for elderly. International Journal of Health Sciences, 2(2), 61-67. <https://doi.org/10.29332/ijhs.v2n2.160> 67 Biography of Authors Dr. dr. Dyah Pradnyaparamita Duarsa, M.Si. was born in Yogyakarta, July 4th, 1958.

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