

The Influence of Family Support, Social Capital, Self Efficacy, Education, Employment, Income, and Residential Status on the Quality of Life among the Elderly in Salatiga, Central Java

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ABSTRACT

Background: Lengthening life expectancy of population worldwide has led to rapid growth of the elderly population. This change indicates good development progress. However, it also poses quality of life concern among the elderly. Since the elderly have limitation in many ways, their quality of life decreases, often requiring self-confidence, family support, as well as community awareness, to improve their quality of life. Quality of life is affected by physical, psychological, social and environmental conditions. This study aimed to determine the effects of self efficacy, education, employment status, income, family support, social capital, and residential status on the quality of life of the elderly.

Subjects dan Method: This was an analytic observational study using cross-sectional design. The study was conducted in 6 villages, in Sidorejo sub-district, Salatiga, Central Java, from March to April 2017. A total sample of 150 elderlies aged between 60 to 74 years old were selected for this study by stratified random sampling. The exogenous variables were education, social capital and residential status. The endogenous variables were family support, self efficacy, employment status, income, and the quality of life. The data were collected by a set of questionnaire and analyzed by path analysis.

Results: The quality of life of the elderly was directly affected by income ($b=0.06$; $SE= 1.16$; $p=0.005$), family support ($b=0.14$; $SE=0.22$; $p=0.003$), and self efficacy ($b=0.79$; $SE= 0.11$; $p<0.001$). Family support was affected by residence status ($b=0.54$; $SE=0.88$; $p<0,001$), income ($b=0.21$; $SE=0.40$; $p<0.001$), and social capital ($b=0.41$; $SE=0.02$; $p<0.001$). Self efficacy was affected by family support ($b=0.54$; $SE=0.10$; $p<0.001$), and social capital ($b=0.40$; $SE=0.04$; $p<0.001$). Employment status was affected by education ($b=0.16$; $SE=0.09$; $p=0.043$). Income was influenced by education ($b= 0.71$; $SE= 0.06$; $p<0.001$).

Conclusion: The quality of life of the elderly is directly affected by income, family support, and self efficacy. The quality of life is indirectly affected by education, employment status, social capital, and residential status.

Keywords: quality of life, influencing factor, elderly, path analysis

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BACKGROUND

The increase in the world's population occurs globally, including Indonesia. The most significant increase occurred in the elderly population group (elderly), so that Indonesia has entered an era of old structured population. The rapid growth of the elderly population has an impact on

(AHH) the life expectancy. Life expectancy is one indicator of the success of development, especially the development in the health sector. Challenge that occur in increasing life expectancy, which must be faced by the country is the dependency burden or elderly dependency ratio (Kemenkes RI, 2014). The aging stage in

the elderly has an impact on three aspects, namely biological, economic, and social. The decrease that occurs in the elderly, demanding the elderly can adjust to these conditions (Rohmah et al, 2012).

Quality of Life among the elderly is a functional condition that includes physical health, psychological health, social elderly, and environmental conditions in the elderly. The quality of human life is influenced by the level of independence, physical, psychological, social and environmental conditions. Elderly experience many limitations in life, so that the quality of life of the elderly has decreased, the elderly need support from families of elderly, couples, and the community to improve their quality of life. Neighboring environments have an important impact and contribute to overlapping physical and social environments. Places of residence give certain meaning which is interacting with one another such as levels of trust, reciprocal norms between individuals who enter social capital as an important component of a cohesive and productive community (WHOQOL in Yuliati et al, 2014; Shin et al, 2006).

Salatiga City is one of the cities in Central Java that has elderly people spread evenly in urban and rural areas. The population of Salatiga City in 2015 was 183,815 people, with the largest population in sidorejo sub-district amounting to 55,332 people. The proportion of the elderly population is 4,142. Salatiga City Life Expectancy (AHH) in 2015 amounted to 76.83 years, meaning that on average the population of Salatiga City will survive up to the age of 76.83 years (BPS Salatiga City, 2016; BKKBN, 2011).

Based on study by Nawi et al., (2010) in Purworejo, the elderly with unmarried /widowed /widower status, older age, low education status and low economic status have a relationship with low health status

in the elderly and are related to their quality of life. Another study showed the results of the initial survey of 10 elderly people found that 7 elderly people or 70% experienced a decrease in quality of life, mainly due to loneliness and lack of interaction between the elderly and family members (Dewianti et al., 2013).

This study aimed to analyze the effect of family support, social capital, self-efficacy, education, occupation, income, and status of residence on the quality of elderly life in Sidorejo Subdistrict, Salatiga City.

SUBJECTS AND METHOD

1. Study Design

This was an observational analytic with cross sectional approach. This study was carried out in 6 villages in the Sidorejo sub-district, Salatiga City, from March to April 2017.

2. Population and Samples

The target population in this study was all elderly people in Sidorejo Subdistrict, Salatiga City. The study sample consisted of 150 elderly people aged 60 to 74 years in 6 villages in the Sidorejo sub-district area, Salatiga City was chosen using stratified random sampling.

3. Study Variables

The dependent variable was the quality of life of the elderly. The independent variables in this study were family support, social capital, self-efficacy, education, employment, income, and residence status.

4. Operational Definition of Variables

Family support was defined as an attitude, action and various forms of propensity for support provided by elderly family members including emotional, information, instrumental, and assessment support.

Social capital was a characteristic of the community which included social organization, citizen participation, reciprocity

norms, and mutual trust between community members, which facilitated cooperation to achieve mutual benefit.

Self-efficacy was defined as a belief in someone's ability to regulate and do everything that will affect the course of their lives. Elderly education was defined as the last formal education achieved by the elderly to obtain a diploma.

Occupation was defined as an activity carried out by a study subject to make income. Income was all income or results received by each person in a certain period, resulting from work, business, and providing services. Residence status was the building or residence of the elderly, the status of living elderly with family, community, or choosing to live alone.

5. Study Instruments

The data were collected by questionnaire. Based on the results of the item-total correlation reliability test on the measurements made for family support variables, social

capital, and self-efficacy obtained r count itungo.20, and the results of Cronbach's Alpha ≥ 0.70 , so that all the questions in this study were declared as reliable.

6. Data Analysis

Univariate analysis was performed to display the characteristics of the study subjects and descriptive study variables. Bivariate analysis was conducted to analyze the effect of exogenous variables on endogenous variables by the chi-square test. Path analysis was conducted to analyze the effect of exogenous variables on endogenous variables through intermediate variables.

RESULTS

1. Characteristic of Study Subjects

Table 1 shows that of the 150 study subjects, the majority were <65 years old 71 study subjects (47.3%) and the lowest were the study subjects aged ≥ 70 years of 19 study subjects (12.7%).

Table 1. The Characteristics of study subjects

Characteristics	Frequency	Percent (%)
Age		
< 65	71	47.3
65-70	60	40
≥ 70	19	12.7
Education		
< SHS	120	80.0
\geq SHS	30	20.0
Occupation		
Not working	42	28.0
Working	108	72.0
Marital Status		
Single	24	16.0
Married	126	84.0
Living Status		
Alone	7	4.7
Family	143	95.3
Income		
<Minimum wage	104	69.3
\geq Minimum wage	46	30.7

Most of the last formal education taken was <SHS of 120 (80.0%) and a small portion of \geq SHS were 30 study subjects (20.0%). Most of those who worked were 108 (72.0%) and the others did not work amounting to 42 study subjects (28.0%). Most of the study subjects stayed with family (143, 95.3%) and other study subjects chose to live at home of 7 study subjects (4.7%). Most of the income was less than the minimum wage for about 104 study subjects (69.3%).

2. Univariate Analysis

Table 2 displays the data analysis performed to display the data size of the study subject

Table 2. The results of bivariate analysis

Variable	n	Mean	SD	Min.	Max.
Family support	150	25.03	3.50	12	31
Social Capital	150	23.44	7.65	11	30
Self-efficacy	150	35.90	6.84	20	43
Elderly quality life	150	92.71	16.15	52	109
Elderly education	150	0.20	0.40	0	1
Elderly occupation	150	0.72	0.45	0	1
Elderly living status	150	0.95	0.21	0	1
Elderly income	150	0.31	0.46	0	1

3. Bivariate Analysis

Table 3 shows that the quality of elderly life will be better if family support is given strong, social environment and community capital is high, self-efficacy of the elderly is strong, education is pursued by the elderly, work done by the elderly, income earned by the elderly, and the status living elderly with family.

Table 3. Bivariate analysis of factors related to the quality of life of the elderly

Variable	r	p
Family Support	0.74	<0.001
Social Capital	0.58	<0.001
Self-Efficacy	0.91	<0.001
Elderly Education	0.26	0.001
Elderly occupation	0.05	0.494
Living status	0.39	<0.001
Income	0.32	<0.001

characteristics and descriptive of each variable in the study. From table 2, it can be seen that the variable quality of life of the elderly has a mean of 92.71 with SD 16.152. The elderly self-efficacy variable has a mean of 35.90 with SD 6.844. Support variables of elderly families have a mean of 25.03 with SD 3.51.

The elderly social capital variable has a mean of 23.44 with SD 7.65. The elderly residence status variable has a mean of 0.95 with SD 0.212. The elderly job variable has a mean of 0.72 with SD 0.451. The elderly income variable has mean 0.31 with SD 0.463.

The results of bivariate relationships between these variables are then further analyzed using a path analysis model. The path analysis model in this study is specified based on two theories, namely the Hl.Blum theory and PRECEED PROCEDE shown in (Figure 1). The results of path analysis in this study are presented in Table 4.

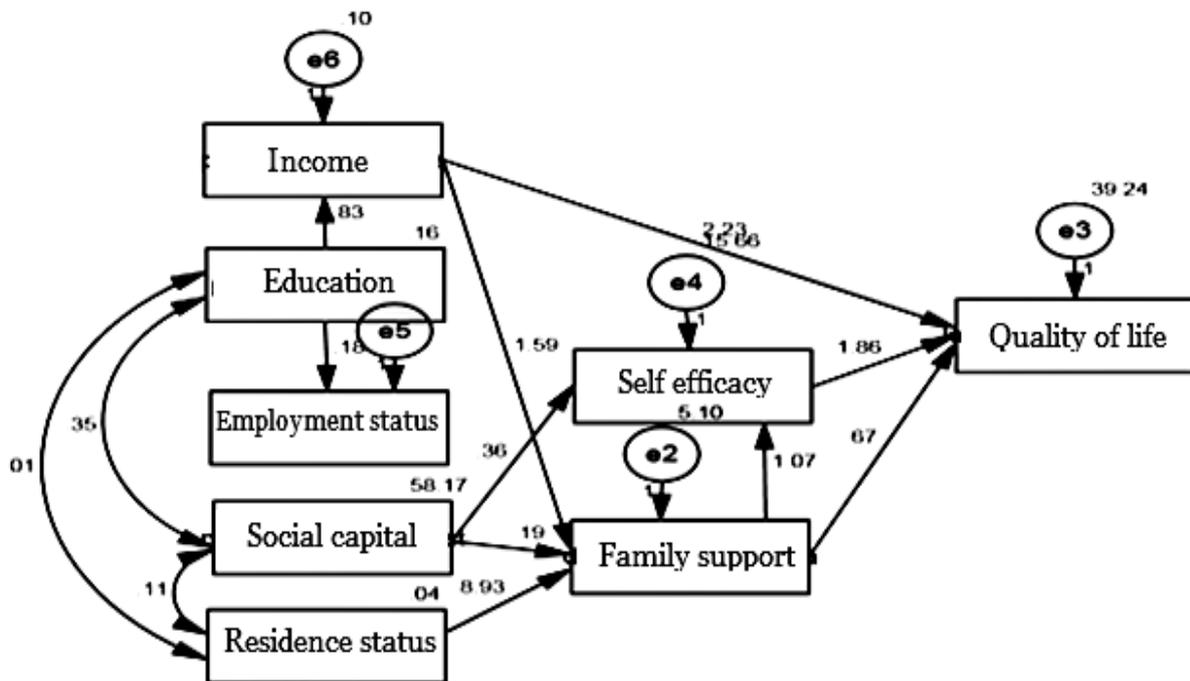


Figure 1. Path diagram the influence of family support, social capital, self efficacy, education, employment, income, and residential status on the quality of life among the elderly

Figure 1 shows that the structural model that has been estimated using IBM SPSS AMOS 20. The results indicator that shows the goodness of fit measure (suitability of the model) path analysis can be seen in table 4 which shows the model fit measurement that obtained the fit index (match index) CMIN is 9.39 with a value of $p = 0.856$; > 0.05 ; NFI (Normed Phot Index) = 0.98; > 0.90 ; CFI (Comparative fit index) = 1.00 > 0.90 ; RMSEA (Root Mean Square error of approximation) = 0.00 < 0.08 , which means that the empirical model meets the specified criteria and is stated in accordance with empirical data so that this study can be continued in the next stage.

Through Table 4, it is known that each increase in one unit of self-efficacy from the elderly will improve the quality of life of the elderly by 0.79 units ($b = 0.79$, $SE = 0.11$, $p < 0.001$). Each increase in one family support unit will improve the quality of life by 0.14 units ($b = 0.14$, $SE = 0.22$, $p = 0.003$).

Each increase in one unit of elderly income will improve the quality of life of the elderly by 0.06 units ($b = 0.06$, $SE = 1.16$, $p = 0.005$).

Each increase in one live status unit increases family support by 0.54 units ($b = 0.54$, $SE = 0.88$, $p < 0.001$). Every increase in one unit of elderly income increases family support by 0.21 units ($b = 0.21$, $SE = 0.40$, $p < 0.001$).

Each increase in one social capital unit increases the elderly family support by 0.41 units ($b = 0.41$, $SE = 0.02$, $p < 0.001$). Each increase in one family support unit increased elderly self-efficacy by 0.54 units ($b = 0.54$, $SE = 0.10$, $p < 0.001$). Each increase in one unit of social capital increases self-efficacy by 0.40 units ($b = 0.40$, $SE = 0.04$, $p < 0.001$). Every increase in one unit of elderly education increased the work by 0.16 units ($b = 0.16$, $SE = 0.09$, $p = 0.043$). Every increase of one elderly education unit increases income by 0.71 units ($b = 0.71$, $SE = 0.06$, $p < 0.001$).

Table 4. The results of pathway analysis of factors related to the quality of life of the elderly

Dependent Variable	Independent Variabel	b*	SE	p	β^{**}
Direct Effect					
Quality of life	← Self-Efficacy	0.79	0.11	<0.001	1.86
Quality of life	← Family Support	0.14	0.22	0.003	0.67
Quality of life	← Income	0.06	1.16	0.005	2.22
Indirect Effect					
Family Support	← Living status	0.54	0.88	<0.001	8.92
Family Support	← Income	0.21	0.40	<0.001	1.58
Family Support	← Social Capital	0.41	0.02	<0.001	0.18
Self-Efficacy	← Family Support	0.54	0.10	<0.001	1.06
Self-Efficacy	← Social Capital	0.40	0.04	<0.001	0.35
Occupation	← Education	0.16	0.09	0.043	0.18
Income	← Education	0.71	0.06	<0.001	0.82
N Observation = 150					
Model Fit:					
CMIN	= 9.39	p= 0.856 (≥ 0.05)			
NFI	= 0.98				
CFI	= 1.00				
RMSEA	= 0.00	< 0.08			

DISCUSSIONS

1. The Effect of Family Support on the Quality of Life among Elderly

Family support was the assistance provided by other family members in order to provide motivation and comfort. Family support was highly needed by the elderly in the process of improving their quality of life. Family supports need to be observed as a duty and obligation that must be done by all family members as the smallest social institution in the community. Based on the results of path analysis, this study showed that there was a direct effect of family support on the quality of life among elderly, and there was a positive and direct relationship between family support and the quality of life among elderly which was statistically significant, and the result was $b=0.14$, $SE= 0.22$, $p=0.003$. It can be concluded that family support received by the elderly would affect their quality of life.

The result of this study was in line with a study done by Wafroh Siti et al., (2016). The data analysis of this study by using Spearman Rank test obtained the score of $p = 0.001$, which mean that there was a significant relationship between family support and the quality of life of the elderly in Budi Sejahtera Nursing Home, Banjarbaru, with the score of $r=0,884$ which mean that the relationship was strong and it has a positive direction. Good support provided by the family to the elderly would improve the quality of life among elderly.

According to a study of Suardana et al., (2013) family support for elderly who have hypertension in Tampak Siring Village, Gianyar Bali, showed that there were 59 study subjects, and 27 people (45.8%) got good family support. According to individual theory of Friedman et al., (2010), people who got strong family support were more likely to have high quality of life.

The quality of life of the elderly was a complex component which include life expectancy, life satisfaction, psychological and mental health, cognitive function, health of physical functions, income and living conditions, and also support and social networks. Elderly people in Indonesia usually lived with their children, especially the elderly who did not have their own income (Nawi Ng et al, 2010).

2. The Effect of Social Capital on the Quality of Life among Elderly

Social capital was a community characteristic or resource that include social organization, citizen participation, reciprocity norms, and mutual trust between community members which facilitated the cooperation to achieve mutual benefits in the development of social determinants on health (Putnam, 2000 in Scrivens and Smith, 2013).

Based on the results of path analysis, this study showed that there was an indirect and positive effect between social capital on the quality of life among elderly which was statistically significant, through family support. While through self efficacy, the effect of social capital on the quality of life among elderly.

The relationship between social capital and health can be explained by psychosocial and neomaterialic theories. Psychosocial theory has suggested that low levels of trust and the problems in social cohesion would lead to negative emotions, then, through a mechanism called psychoneuroendocrine, it would lead to health problems. In addition, low levels of social capital could also induce stress and lead to unhealthy behavior, such as smoking habit (Pearce and Davey-Smith, 2003).

The result of this study was in line with a study done by Rantepadang (2012) in South Tomohon which stated that elderly people who lived in environmental commu-

nities with high social capital have a high quality of life ($p < 0.001$). This result was supported by a study of Miller et al., (2006) by analyzing the results of the 1993 and 1997 of the Indonesian Family Life Survey, which involved a sample of 10,000 adults. By controlling the effect of various socio-demographic and economic factors at the level of individuals, households, and communities, the study found that there was a positive relationship between social capital and a number of physical and mental health variables.

Social capital was positively related to self-reported health and activity daily living (ADL). Elderly who live in communities with high levels of social capital, reported that they were healthier than individuals who chose to live in communities with low levels of social capital.

Related to the quality of life, elderly people who have good self-adjustments, such as being able to interact socially with neighbors and surrounding communities, and participated in activities in the elderly area, then the reciprocity of social capital itself would also be good and affected the elderly life both in current situation and in the future.

3. The Effect of Self Efficacy on the Quality of Life among Elderly

Self-efficacy was the confidence to use our skills in certain circumstances (Snyder and Lopez, 2007; Redmond, 2016). The results of path analysis in this study showed that there was a direct and positive relationship between self efficacy and the quality of life among elderly which was statistically significant.

Self-efficacy was very influential in achieving someone's success. Human success and prosperity can be achieved with a sense of optimism if there were life challenges that must be faced such as misery, frustration, and injustice in social reality.

High self-efficacy would create resistance to barriers and setbacks from every difficulty, therefore, people would be able to do various efforts and exercise their self-controls (Rini, 2011).

The result of this study was supported by Rayyani et al., (2014) through the SF36 questionnaire, the quality of life of the study subjects (mean=45.82, SD=19.06), overall physical health (mean= 45.52, SD= 19.26), and overall mental health (mean= 46.27, SD= 19.72). Descriptive analysis showed that the elderly had sufficient self-efficacy to carry out self-care behaviors which related to the disease (mean= 2.94, SD= 0.69). The result showed that there was a positive correlation between quality of life among elderly and self-efficacy in selfcare.

The result of this study was also supported by a study done by Kusumastuti (2016), the results showed that study subjects with good self efficacy were 50.8% and good quality of life were 54%. The result showed that there was a positive relationship between self efficacy and and the quality of life of CKD patients who conducted hemodialysis which was statistically significant.

According to Coons and Kaplan in Chairani (2013), everyone has a different quality of life depending on each individual in addressing the problems that occur in him/herself. If the individuals faced it positively, it would improve their quality of life.

4. The Effect of Education on the Quality of Life Among Elderly

Education was a conscious and planned effort to create the learning atmosphere and learning process so that the students could actively develop their potential to have religious spiritual strength, self-control, personality, intelligence, noble character, and the skills needed by society,

nation, country, and themselves. The level of formal education including basic education, secondary education, and high education (Oktama, 2013).

The results of path analysis in this study showed that there was an indirect and positive relationship between education and quality of life through education, employment, and income. The result of this study was in line with a study done by Supraba (2015). In poor quality of life groups, 66.67% were in the risky group (low education), while 33.33% were in the good quality of life group. There were differences in these two groups. For the OR value, the quality of life in study subjects with high level of education was 1.69 times greater than those with low levels of education, and it was statistically insignificant ($p > 0.05$).

In this study, there were few numbers of study subjects with high level of education. This was in accordance with the theory which stated that the higher the level of education, the more likely people would be to have a good quality of life. Overall, the level of elderly education was generally low, and it was similar to the general educational condition of the Indonesian.

Such conditions were very understandable considering that most of the elderly when they were at school age lived in the colonial era or the war era, and perhaps, only a few of them had to go to war, and the education facilities were still very limited compared to the current condition. According to the PRECEDE-PROCEED theory, someone's behavior about health was determined by the level of education (Green dan Kurter, 2005).

5. The Effect of Employment on the Quality of Life among Elderly

Employment has an important role in the process of determining the quality of human life, employments limit the gap between health information and practices

that motivate a person to obtain information and did everything to avoid various health problems.

The results of path analysis in this study showed that there was no direct and indirect relationship between employment and the quality of life among elderly through other variables. This result was contrary to a study done by Supraba (2015) where the group of poor quality of life 69.57% were in the risky group (not working), while 30.43% were in the group of good quality of life who have employment. There were differences in both groups which seen from the OR value, good quality of life in the study subjects who worked was 2.81 times greater than the study subjects who did not work.

According to a study by Leonesio et al. (2012), elderly people who used to work in formal terms would generally get retirement benefits in the form of pension funds. Most elderly people who got old days insurance were the elderly with a high level of education. Elderly people with low level of education worked to fulfill their needs at that time, without any pension plan, thus when entering old age, the elderly did not have savings that could guarantee their old days.

Employment factors can support the degree of quality of life in the elderly, because employment was related to someone's actualization and affected the welfare of his/her life. People who have jobs tend to have a better quality of life than those who did not work, because by working, people's ability to carry out their role would increase as well.

6. The Effect of Income on the Quality of Life among Elderly

According to Sri Hastuti (2009), income was all income received by each person in a certain period. The way to earn the income was to work, with the existence of various

types of work, there would be some differences in the incomes which were used to fulfill daily needs. Income was a risk factor in determining a person's quality of life. This was related to the difficulty of fulfilling a person's basic or additional needs if the family income of the study subject was below the income line standard.

The results of path analysis in this study showed that there was a direct and positive relationship between income and the quality of life among elderly which was statistically significant. Monthly income would be one of the factors that played a role in the family life (Khalid et al., 2015) considering that at this moment, all basic needs become more expensive. Income was very important to sustain the family economy. Economically, those who have high income would certainly be easier to fulfill the needs of their families, whereas for those who have less income, it would be more difficult to fulfill the needs of their families and this would certainly affect the quality of life.

The result of this study was in line with a study done by Sulistyawati (2010), based on the results of the analysis by using the Chi-square test, the result was ($p=0.030$) it mean that there was a significant relationship between the income of study subjects and the activeness of elderly to visit the Community Health Center for elderly. The income of elderly people came from various sources. Beside from the efforts above, other elderly financial sources were profit, business, rent, investment, assistance from the government or the private sector, children, friends, and family.

This was in line with a theory which stated that high income was associated with a better standard of living. With enough income, the elderly tend to not be burdened with economic problems and could fulfill

their needs well, so that the quality of their lives would be good.

7. The Effect of Residential Status on the Quality of Life among Elderly

The residential status of the elderly was the condition/status of the elderly in living and occupying a house with their family, community or themselves. The quality of life could be seen from the environmental, social, and psychological factors experienced by the subjects.

The results of path analysis in this study showed that there was a positive and indirect relationship between residential status and the quality of life among elderly which was statistically significant. The effect of residential status through family income was $b=0.54$, $SE= 0.88$, $p<0.001$.

The result of a study done by Fitria (2011) through the environmental domain showed that the elderly in the nursing home have less quality of life (71.3%) while those who lived with their families have an adequate quality of life (82.5%). Further statistical tests showed that there were significant differences ($p < 0.001$) between residence and environment which were the important factors in the quality of life among elderly. Different neighborhoods lead to changes in the role of the elderly in adjusting themselves. For the elderly, changing roles in the family socioeconomic, and social community resulted in a lot of setbacks in adapting to the new environment and interacting with their social environment.

According to Nuryanti (2012), elderly who lived in the nursing home would experience exposure to the environment and new friends which required the elderly to adapt positively or negatively.

Elderly who were in an environment or community were influenced by the level of education and economy which played an important role in fulfilling the needs of a

decent and adequate environment, including the availability of clean and healthy residence, the availability of information, transportation, and affordability of health services. It was different from the elderly who have limitations on various factors that can improve the quality of their environment, in terms of information, transportation, and the provision of a clean and healthy environment (Setyoadi *et al.*, 2010).

This was in accordance with the theory which stated that elderly who lived in the community have the closeness to family members, and the family was a source of emotional support. Social support received from various parties would affect the quality of life among elderly (Setyoadi *et al.*, 2010).

Based on the results of this study, it can be concluded that the quality of life among elderly was affected by income, family support, and self efficacy. Family support was affected by residential status, income, and social capital. Self efficacy was affected by family support and social capital. Employment and income were affected by education.

REFERENCES

- Badan Pusat Statistik (2016). Jumlah Penduduk Kota Salatiga 2015. Salatiga.
- Badan pusat Statistik Susenas (2014). Hasil Survei sosial Ekonomi Nasional Statistik Penduduk Lanjut Usia. Jakarta.
- BKKBN (2011). Profil Hasil Pendataan Keluarga Tahun 2011. Badan Kependudukan dan Keluarga Berencana Nasional Direktorat Pelaporan dan Statistik. Jakarta.
- Kemenkes RI (2014). Profil Kesehatan Indonesia 2013. Jakarta.
- Dewianti AK (2013). Laporan Hasil Penelitian Fungsi Keluarga, Dukungan Sosial Dan Kualitas Hidup Lansia Di Wi-

- layah Kerja Puskesmas III Denpasar Selatan (Tesis). Universitas Udayana.
- Fitria (2011). Interaksi sosial dan Kualitas hidup Lansia di Panti Wredha UPT Pelayanan Sosial Lanjut Usia dan Anak Balita Binjai. Fakultas Ilmu Keperawatan, Universitas Padjadjaran.
- Friedman, Bowden, Jones (2010). Buku ajar keperawatan keluarga: Riset, teori dan praktik, EGC: Jakarta.
- Kusumastuti Herningtyas (2016). Hubungan antara Efikasi Diri dalam Perawatan Kesehatan Mandiri dengan Kualitas Hidup Pasien Penyakit Ginjal Kronik yang Menjalani Hemodialisis di RSUD Tugurejo Semarang.
- Liansyah TM (2014). Hubungan antara efikasi diri dan dukungan keluarga dengan kualitas hidup pasien asma. Surakarta. Universitas Sebelas Maret.
- Miller DL, Scheffler R, Lam S, Rosenberg S, Rupp A (2006). Social capital and health in Indonesia. *World Development* 34(6): 1084–1098.
- Nawi Ng, Hakimi M, Byass P, Wilopo S, Wall S (2010). Health and Quality of Life Among Older Rural People in Purworejo District Indonesia, *Journal Global Health Action*. <http://www.ncbi.nlm.nih.gov>. Diakses 15 Januari 2017.
- Nuryanti T (2012). Hubungan Perubahan Peran Diri dengan Tingkat Depresi Lansia yang Tinggal di UPT PSLU Pasuruan.
- Pearce, Davey Smith (2003). Is social capital the key to inequalities in health? *Am J Public Health*, 93(1): 122-29.
- Putnam, Robert (2000). *Bowling Alone: The Collapse and Revival of American Community* (New York: Simon and Schuster).
- Prasetyawati AE (2011). Ilmu Kesehatan Masyarakat untuk Kebidanan Holistik (Integrasi Community Oriented the Family Oriented). Yogyakarta. Nuha Medika.
- Rayyani (2014). Self-care self-efficacy among patients receiving hemodialysis in South-East of Iran. *Asian Journal Nursing Edu and Study*. 4(2): 165-171.
- Redmond BF (2016). Self-Efficacy and Social Cognitive Theories. <http://wikispaces.psu.edu>. Diakses pada 21 Januari 2017.
- Reuser, Bonneux, Willekens (2010). The Effect Of Risk Factors On The Duration Of Cognitive Impairment: A Multistate Life Table Analysis Of The U.S. Health And Retirement Survey. *Netspar Discussion Paper 01/2010-036*.
- Setyoadi, Noerhamdani, Ermawati (2010). Perbedaan Tingkat Kualitas hidup pada lansia wanita di komunitas dan panti. http://ejournal.umm.ac.id/index.php/keperawatan/article/viewFile/621/641ummscientific_journal.pdf. Diakses pada 11 Juni 2017.
- Shin, Clark, Mass (2006). Social Capital, Neighborhood Perception and Self-Rated Health: Evidence from the Los Angeles Family and Neighborhood Survey.
- Suardana IW, Saraswati NLGI, Wiratni M (2013). Dukungan keluarga dan kualitas hidup lansia hipertensi. Jurusan Keperawatan Politeknik Kesehatan. Denpasar.
- Sulistiyawati I (2010). Hubungan antara pekerjaan, pendapatan, pengetahuan sikap lansia dengan kunjungan posyandu lansia. Akademi Kebidanan Jember. Jember.
- Sutisna E (2014). Promosi Kesehatan: Teori dan Implementasi di Indonesia. Cetakan 1. Surakarta. UNS Press.
- Supraba (2015). Hubungan antara Aktifitas Sosial, Interaksi Sosial dan Fungsi Ke-

luarga dengan Kualitas Hidup di Wilayah Kerja Puskesmas I Denpasar Utara Kota Denpasar. Universitas Udayana, Badung.

Scriven, Smith (2013). Four Interpretations of Social Capital: An Agenda for Measurement.publishing. <http://dx.doi.org/10.1787/5jzbcx01owmten>.Diakses tanggal 13 januari 2017.

Undang-undang RI No.3 tahun 1986 tentang kesejahteraan lanjut usia. BAB I pasal 1 ayat 2.

Wafroh Siti (2016). dukungan Keluarga dengan Kualitas Hidup lansia di PTSW Budi Sejahtera Banjarbaru. Program Studi Ilmu Keperawatan Fakultas Kedokteran Universitas Lambung Mangkurat. Dunia Keperawatan 4(1): 60-64

Yuliati (2014). Perbedaan kualitas hidup lansia yang tinggal di Komunitas di Pelayanan Sosial.