

The Relationship Between Psychosocial Conditions With Less Nutritional Status At Elderly In Clinic Salomekko, Bone Regency, South Sulawesi, Indonesia

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ABSTRACT: Seniors are a part of the process of growing flowers. People do not suddenly become old, but growing from infants, children, adults and eventually grow old. Elderly is a natural process that is determined by God Almighty. Where is this person experiencing physical, mental deterioration and gradual social (Ma ' Rifatul Azizah, 2011). The purpose of this research is to know the relation between Psychosocial Conditions with Less Nutritional Status In elderly at Clinics Salomekko, Bone Regency. The design of this research uses descriptive analytic method with cross sectional design where researchers do the observation and measurement of variables only once at a time i.e. the time study data. The sample in this research is elderly community in the work of public health Salomekko Bone Regency as much as 42 people are assigned using the purposive sampling techniques. Data collection using the questionnaire sheet. Data that has been collected is treated using univariate Analysis spss program in the research to find the frequency distribution data and analysis bivariat to find relationships between variables with the chi square test. Bivariat analysis results obtained by the relationship between psychosocial conditions with less nutritional status in elderly ($p < \alpha$) namely $0,011 <$ in this research Conclusion .1 there is a relationship between psychosocial conditions with less nutritional status on the elderly.

Key words: psychosocial Conditions, nutritional status, elderly

INTRODUCTION

With the greater proportion of the population of elderly people (elderly) and its heterogeneity, complex experience of life, and the changing demographics in the population, it is important for the mental health professional to get ready access and handle elderly clients. Apart from a tendency to regard the elderly as a homogeneous population seen from the values, motives, status of psychological and social behaviour, research shows that elderly population is very diverse and heterogeneous (Jackson, Chatter, and Taylor, 1993; Lavizzo-Mourey, Williams, and Warren, 1994). They have a characteristic-the same characteristics and different from other age groups. In the conceptualizing of aging, a manifestation of the distinction is to distinguish between the young old and the oldest-old (Berger and Thompson, 1998). Oldest-old term referring to people aged over 85. But, some researchers worry if that distinction can be made pensetereotipan against the oldest-old (Binstock, 1992). This is an important point because of chronological age isn't the only factor that determines how people orient themselves towards aging. State of mind, habits related to health, and social and psychological views in General about life also determine adjustments against aging. In the U.S. population aged 65 years or older it is estimated will be increased from 35 million in 2000 into a 78 million in 2050, an increase in the highest number of comparison in other age groups. Worldwide the number of individuals aged over 65 years reached 750 million in 2050. According to Bernice Neugarten (1968) James c. Chalhoun (1995) old age is a time in which people can feel satisfied with his success. But for others, this is the beginning of a period of decline. Old age is seen as backsliding, the humane and social weaknesses very widespread nowadays. This view does not take into account that the elderly are not a homogenous group of people. Old age is experienced with different ways. There are older people who are able to see the significance of old age in the context of human existence, that of life that give them opportunities to grow and was determined to

serve. There are also elderly who looked at old age with attitudes ranging from passive acceptance and rebellion, rejection, and despair. This elderly into locked inside themselves and thus the sooner the process of physical and mental deterioration of their own. Seniors are a part of the process of growing flowers. People do not suddenly become old, but growing from infants, children, adults and eventually grow old. (Ma ' Rifatul Azizah, 2011). According to the World Health Organization (WHO) (1999) classify seniors based on chronological age/biological into 4 groups, the middle age (middle age) between the ages of 45 to 59 age among years, the elderly (elderly) between the ages of 60 and 74 years of age, advanced old age (old) age of 75-90 years, and the age of the very year (very old) over 90 years. While Nugroho (2000) conclude the Division of age based on the income of some experts, that which is called seniors are the ones that have been aged 65 years and over (Ma ' Rifatul Azizah, 2011). According to Dr. p. Koesmant, seniors in the group being young adulthood (elderly adulthood) 18 or 29-25 years, full adulthood (middle years) or its relative maturity, 25-60 years or 65 years, seniors (age generiatric) more than 65 years or 70 years in for the again with 70-75 years (young old), 75-80 years (old), more than 80 (very old) (Ma ' Rifatul Azizah, 2011). The number of elderly population growth by the year 2000, revolves around 15.8 million (7.6%) of the population in Indonesia, and in 2005, the number of seniors increased to 18.2 million (8.2%). In the year 2010, increased to 19.3 million (7.4%) of the total population, and in 2015, an estimated increase of approximately 24.4 million (10%). Whereas in 2020 is estimated to be increased approximately aged 29 million (11.4%) of the total population in Indonesia (Danang, Dwi, 2012). Data from the Central Bureau of statistics year 1998 showed that the Elderly population in Indonesia in 1980 only 7.9 million people (5.45%) with the age of life expectancy 52.2 years. In 1990 the population of the elderly about 11.3 million (6.29%) with UHH 59.8 years. While in the year 2000, the

amount increased to 7.18% (14.4 million) and UHH 64.5 years. In 2006 the number rose to over two-fold to more than 19 million (8.9%) with UHH 66.2 years, in 2010 amounted to 23.9 million (9.77%) with UHH 67.4 years and by the year 2020 it is estimated amounting to 28.8 million (11.34%) with 71, UHH 1 year. This amount includes the fourth largest after China, India and Japan (Central Bureau of statistics, 2010). (Indraswari, 2012). In South Sulawesi, the age of life expectancy from year to year. In the year 2007 amounted to 70.2 years be UHH 71.64 years in 2008 (Central Bureau of statistics, 2010). the number of elderly and have a life expectancy of 71.64 years in 2008. Based on data obtained from the Central Bureau of statistics the Bone, in the year 2010 the number of elderly (60-70 years) of 26,535 people (8.3%), and in the year 2011 reduced to 23,114 people (7.2%) (BPS Bone, 2011). According to data of clinics Salomekko Bone Regency 2011-2013 year number of elderly who at the age of 60-69 years of men as much as women and as many as 28 45 sufferers so total sufferers as many as 73. Based on cases that have occurred in the health salomekko Bone Regency there is an elderly (Ny. R) who lives with his younger brother (Mr. K). That also is an elderly and made informants in this study. NY. R experience nutrition less, while his brother Mr. K good nutrition experience. Both are taken care of by children from Mr. K who was the nephew of Ny. R. Upbringing in terms of food both the same, but less in terms of personal hygiene. The most striking of the two elderly are psychosocial life, where Ny. R more happy to eat alone, to be alone in a room and don't like to hang out with the local community. To understand the phenomena that occur in old age.

B. Formulation Of The Problem

How the relationship between Psychosocial Conditions with Less Nutritional Status In elderly at clinics Salomekko Bone Regency.

LITERATURE REVIEW

A. The Elderly

The period was a time of seniors the latest developments in human life which is characterized by a decline in physical function and changes associated with the aging process (Papalia, 2004). Seniors bring greater physical decline compared to the previous period – period. Seniors experience loss of a number of neurons in the brain and nervous system, sensory function, decreased lung capacity and the ability of sexuality (Santrock, 2002). The immune system of the elderly ever decrease, prone to disease, the ability of digesting food becomes sluggish, lost elasticity and flexibility of joints and bones started porous (Kuntjoro, 2005). Seniors have also undergone a change – change psychologically, i.e. changes to the psychic or psychological abuse of individuals. Seniors are often different in perceives something, less quickly in motor activity or do the response to stimulation, decreased intellectual, and changes in personality (Barrow, 1996). Changes in the elderly socially changes also occur. The existence of the elderly often are perceived negatively by society at large, that is often considered a powerless, sickly, unproductive and so on. Often seniors are treated as family burden, community to the State and are often obscured in nursing – nursing home

(Hutapea, 2005). At the time of seniors is also marked by retirement. Retirement is often considered an unpleasant reality so ahead of his time arrived some individuals already feel anxious because it does not know what kind of life that will be faced in the future. Because in this modern era of employment, job title, self esteem so often happens people are retiring could not enjoy a relaxing life with old age, otherwise even experiencing serious problems (Jacinta, 2001). These changes cause the elderly very brings stress and feel insecure, afraid, feel the disease always threatening, often confused, panic and depressive (Hutapea, 2005). The existence of the elderly have high life expectancy rates, therefore it needed efforts of the maintenance and improvement of health in order to achieve a healthy old age health, Sepik and productive. This effort has been undertaken by the Government with establishing Workhouses Tresna Werdha spread in Indonesia. In 2004 the number of PSTW as much as 235 units, with details; 2 units of Central Government-owned, Government-owned unit 70 regions and 163 units belonging to the public/private. Of the total is only able to serve PSTW 11,397 people with the support of STATE BUDGET funds and BUDGETS. It is therefore very necessary cooperation between Governments with community efforts in handling elderly outside parlors.

B. Policies and public services

Public policy decisions that are binding for the crowd at the strategic level or are outline made by holders of public authority. As a decision that binds the public then the policy the public must be made by political authorities, i.e. those who received a mandate from the public or crowd, generally through a selection process to act on behalf of the people of lot. Furthermore, public policy will be implemented by the State administration run by government bureaucracy. The main focus of public policy in the modern State is the public services, which are all forms of services, either in the form of public goods and service also in principle be the responsibility of and undertaken by the State to maintain or improve the quality of life of the people (Wikipedia, 2008). 2 in practice, public policy must be handed down in a series of guidelines and technical instructions applicable in internal bureaucracy. Whereas the community, what is important is the existence of a public service standard, which outlines what services that society be right, who can get it, what his stipulation, also how the shape of that service. To realize these desires and make those policies effective, then needed at least three things:

1. Existence of a legal system in the form of legislation so that it can be known to the public what has been decided;
2. This policy should be clear of the implementing structures and financing; and
3. The presence of the public, i.e. the control mechanism that lets the public know whether this policy in practice experiencing irregularities or not (Wikipedia, 2008).

In society authoritarian policies and public services often based solely on the desire of rulers of sheer. So the translation of three of the above does not run. But in democratic societies, which often becomes the question is how to absorb public opinion and build a policy that had the support of the public. The ability of political leaders to

communicate with the public in order to accommodate their wishes is important. But equally important is the ability of the leaders to explain to the public why a desire not to be met. It is naive to expect that there is a Government that can satisfy the whole community at any time. However, it is an authoritarian Government that does not pay attention to with earnest aspirations and tried to communicate the policy that runs or will run. The current global challenges the main challenge of nation-States around the world is no longer a cold war issues. But the increasing complexity of the poverty, ethnic conflicts, strengthening democracy, with all the risks, as well as economic globalization include changes to the roles and interaction between State, market and civil society. In addition, the aspirations and demands of the community are also increasing due to a growing openness of information and increasing awareness of the rights of citizens. These global changes have transformed the environment in which the Government operates, challenging the traditional role of the State, and introduced new actors in the development process and Governance (governance). A global transformation is also demanding reformulating the roles and responsibilities of public servants as managers of public resources and the mandate of the trust of the community. The escalation of global change also has raised moral issues such as abuse of power, corruption, crony capitalism, "sweet heart deal" privatization, and Government not professional behavior and other ethical (UNDESA, 2000). 3 studies showed that low quality and effectiveness of public services has given rise to the impact of multidimensional. Socio-political basis, bad public services raises the erosion of trust and cynicism of the citizens against the Government which in turn undermine public order and peace in the community. Economically, corruption and lack of accountability of institutions the public is not only have reduced the budget of the Ministry for the people of lot. But also has hampered the economy. Empirical evidence shows that in many countries corruption has a significant and negative impact on investment and trade. In contrast, low corruption spur investment and economic growth. Regression analysis conducted Paul Mauro (1998) suggests that a country that is able to fix the corruption index, for example, from 6 to 8 (0 is index corruption of the highest and lowest 10) increased 4 percent in the level of investment and a 0.5 its annual GDP growth in percent. A paradigm shift as part of a response to the global challenges in the above, there has been a paradigm shift in the public service. Three shifts below important note.

1. from problems-based services to rights-based services. Social services was given merely to respond to the problems or needs of the community, are now held to meet the community's social rights as mandated by the national Constitution and international conventions.
2. from the rules-based approach learning outcomes-oriented approaches. Approach the public service tends to be shifted from a purely based on normative regulations become oriented approach to results. Accountability, effectiveness and efficiency is becoming an increasingly important key words.
3. from the public management public governance. According to Bovaird and Löffler (2003), in the concept of public management, the community is considered as a client, customer or mere service users so that is part

of a market contract. Whereas in the concept of national public, society viewed as citizens who are part of the social contract.

However, this is not the means that a new paradigm to deny altogether the old paradigm. Although the new tend to paradigm of strengthened, there is always the critical interface between them and support each other. The situation of Indonesia public services in Indonesia are likely to have some fundamental problems. In addition to the effectiveness of public participation in organizing and conducting of services is still relatively low, the public service also does not yet have a complaints and dispute resolution mechanisms. As a result, the quality of the product service also has yet to satisfy its users. 4 in addition, the public service in Indonesia also has not been responsive to communities with special needs, including against vulnerable groups, the disabled, elderly and remote indigenous communities. For example, the fate of children in need special disabled or in Indonesia, is very alarming and far behind than in other Asian countries. Their fate is still marginalized in almost all sectors, education, employment, ranging up to the availability of a friendly public facilities (voice update, July 23, 2008). Admittedly, indeed there are already regulations on disability, i.e. the ACT of 4/1997 and reinforced again with 23/2002 about child protection ACT which regulated the question of disabled children. However, in reality this legal instrument has yet to be implemented effectively. A number of rules which require partiality on the disabled not followed, both by the public, private or Government circles themselves. Not long ago the Department of education's national education budgets slashed for children with disabilities. The education budget slashed the Government's policy for children with disabilities from Rp 300 billion in fiscal year 2007 to Rp 130 billion to the budget 2008, is clearly a discriminatory measures. For exceptional children in need of special services. They should have got special attention or at least equal to normal (normal) children in General in getting the right education. Children in need special have different purposes with normal children. To buy stationery for example, normal children simply issued around Rp 500 to Rp 1,000. For children who are blind (blind) expenditures for stationery Braille could reach Rp 15,000. In addition to the question of the existing ACT has not been implemented properly, so just be a mere document, members of the community also still many consider vulnerable groups in need of special and as a person who is not worthy of entry in space the public. His cynical attitude to the view that directly or indirectly eliminate people with disabilities or seniors from social life.

The Role Of The Depsos

Depsos is a government agency whose primary function is undertaking the development of social welfare. The development of social welfare at its core is a set of policies, programs and activities of the social services made through social rehabilitation approach, social protection and social empowerment in order to improve the quality of life, independence, and satisfy fundamental rights society (Suharto, 2008a). The main goal of social welfare development is weak groups and disadvantaged that are known by the term Disabilities social welfare Problem

(PMKS) or Pemerlu (MCC) social services (Suharto, 2008b). Five social issues the target Depsos include poverty, displaced, disability, alienation, and tuna social. 5 in the outline, the application of a policy of social services focused on five programs, namely:

1. Social welfare potential development programs, such as social organizations, nongovernmental organizations, and the business world in an attempt to expand the range of social services.
2. quality improvement Program management and professionalism of social services. Its main goal is increasing the quality and professionalism of social services through the development of alternatives to social work strategy, standardization and legislation of social services.
3. Program the development of public policy in the handling of the harmony of social problems. Its main goal is the attainment of coordination and networks that can be improve system social protection and resilience community so they are able to respond to the behavior and the impact of social change in the surroundings.
4. Development of information system of social welfare. The goal is to identify social welfare data and information necessary for the formulation of social policies, early warning mechanisms, institutional networking and coordination in controlling social problems.
5. The role of the Community Improvement Program and gender mainstreaming. The program aims to increase public participation and the role of the institutions of the empowerment of women.

Social services for the disabled and Data Center information (Maintenance) Depsos estimate the number of disabled people in the year 2006 is around 2,429,708 or 1.2 percent of the total population (of Suharto, 2007). A survey conducted in 2007 Depsos Maintenance showed that disabled population is approximately 3.11 percent of Indonesia's total population. If the population of 220 million was recorded, then the number of the disabled reached 7.8 million. Disability is the loss of teratology studies function or structure or anatomy, psychology as well as physiology. According to Law number 4 of the year 1997 concerning the disabled, the disabled are classified in three types of disability, namely physical disabilities, mental disabilities, as well as physical and mental defects known as "double disability". Disability causes a person experience limitations or disruptions that affect the current physical activity, self belief and price, as well as human relationships with the environment. The social problems arising from disability among other social, i.e. malfunctions are less disabled it cannot carry out its social roles are reasonable. The issue of disability will also be more weight when accompanied by other social welfare issues such as poverty, displaced and alienation. These conditions led to the right of the disabled to grow flower and get creative as the people who aren't handicapped could not be fulfilled. 6 problems still encountered in relation to social services for the disabled are:

1. Yet the availability of accurate and up-to-date data about the characteristics of the life and livelihood of many types of disabilities.

2. Not yet adequate the number and quality of specialists for various types of disability.
3. The limited means of social and health services and other services needed by persons with disabilities, including accessibility to public service that can simplify the lives of disabled people.
4. The limited employment for them (Depsos, 2003). Social services for the disabled conducted Depsos include:
 - a. social services at home (home care services) for counseling treatment in house situations, physical therapy, diagnosis and intermediaries for the placement in institutions, schools, social rehabilitation services referral, employment, service tools specially for the disabled and leisure activity.
 - b. rehabilitation and Support Services to carry out life independently, covering business guidance of physical, mental, motor and mobility, attitudes and behavior therapy.
 - c. guarantee of protection and accessibility to public services.
 - d. the working therapy Guidance, practice learning work as well as the granting of the aid effort economically productive group in a joint venture (KUBE) as well as the development of a culture of entrepreneurship.
 - e. Standardization of social services.
 - f. referral system development, advocacy and grant of a quota jobs, as well as the guidance of resocialization and channeling with leverage existing the mechanism of Social Service Unit Circumference (UPSK), Loka Bina Karya (LBK), community-based Rehabilitation (RBM) and Job skills training center for disabled people as well as other social services.
 - g. in addition, to improve the appreciation of society against the rights of the disabled do the extension and an increase in the of Community sensitivity towards life with disabilities, advocacy and improvement of curricula and educational institutions exercise (Depsos, 2003).

Social services for elderly rise in people's income, improving the nutritional and health status of the community, and the changing patterns of life has increased the age of life expectancy and ageing populations in Indonesia. Currently, Indonesia has entered the era of structured population ageing (ageing structured population). If in the year 1980, the average of the population who are over 60 years of "just" around 5.45 percent of the total population. Then in the year 1990 and 2000, the percentage of rose to 6.29 percent and 7.18 percent. In the years 2010 and 2020, the percentage of seniors increased it is estimated longer be 9.77 percent and 11.34 percent of the entire population of Indonesia (Depsos, 2008; Suharto,

RESEARCH METHODS

This type of qualitative research approach through Phenomenology This research is a research field that is implemented by using the methods of descriptive analytic with cross sectional design. To find out the condition of the psikosial relationship with nutritional status is less on the elderly. This research was carried out in the region of clinics Salomekko Bone Regency. The population was the subject (human, client) that meet the criteria in the set (Nursalam,

2013). The population in this research is all the elderly who suffered nutritional status is less the number of elderly who lack age as much as 73 people at Clinics Salomekko Bone Regency. This is done by sampling purposive sampling technique that is an engineering sample assignment among populations in accordance with the desired researchers so that the sample can represent a population the characteristics of the in the know before (Nursalam, 2013). the number of samples taken is 42 people, using the formula in the quote in the Nursalam (2013).

1) Inclusion Criteria

- a) willing to follow a detailed questionnaire
- b) Elderly who still have a family.

2 exclusion Criteria)

- a) did not exist at the time the study is carried out
- b) Elderly who are not willing to participate in research

Data collection

1. Primary Data

The data obtained from the results of researchers spread a questionnaire or observation directly on the respondent in accordance with the criteria of the researcher in the health Salomekko Bone Regency.

2. Secondary Data

Secondary data is data that is obtained from the relevant agencies with respect to research.

Data processing

1. Editing

Editing or editing data started at the time of research

2. Coding

Activities conducted in the form of the granting of the code in the form.

3. Scoring

Scoring is an activity awarding grades for each choice of answers given by the respondents.

4. Tabulate data

Tabulate the data coding is a continuation of the process of processing,

Data analysis

1. univariate Analysis

frequency distribution and presentation of univariate analysis of the variables of each of the variables used in the study was mainly to look at riabel.

bivariat Analysis 2.

3. This analysis is used to connect the free variables and bound by using statistical tests with a significance level of $\alpha = 0.1$ (Agus Rianto, 2011).

RESEARCH RESULTS

1. Univariate Analysis

Table 1 frequency distribution of respondents based on age groups in health center Salomekko Bone Regency

age	Frequency	Percentage (%)
67-70 year	11	26,2
71-75 year	27	64,3
>80 year	4	9,5
Total	42	100,0

Based on table 1 of the 42 respondents may be known to the highest number of respondents age was at the age of 71 years 75 – as many as 27 respondents (64.3%), then at the age of 65-70 years as many as 11 respondents (26.2%), and lowest at the age of 76-80 years > 4 respondents (9.5%).

Table 2 frequency distribution of respondents based on Gender in health center Salomekko Bone Regency

Sex	Frequency	Percentage (%)
Male	33	78,6
Female	9	21,4
Total	100	100,0

Based on table 2 of 42 respondents known the amount of sex that most respondents are men as much as 33 respondents (78.6%), then the least is male as much as 9 respondents (21.4%).

Table 3 distribution of Respondents based on Health education in Salomekko Bone Regency

Pendidikan	Frequency	Percentage (%)
SD	9	21,4
SMP	25	59,5
SMA	5	11,9
Undergraduate	3	7,9

Based on table 3 of the 42 respondents may be known to the respondent the highest level of education that is as much as 25 JUNIOR HIGH respondents (59.5%), primary as much as 9 respondents (21.4%), HIGH SCHOOL as much as 5 respondents (11.9%) and as many as 3 of the respondents (7.1%).

Table 4 frequency distribution of respondents based on Occupations in the health Salomekko Bone Regency

Job	Frequency	Percentage (%)
Retired	8	19,0
Entrepreneurial	6	14,3
Farmers	5	11,9
Not Working	23	54,8
Total	42	100,0

Based on Table 4 of 42 respondents may note that the work of the respondents, the highest that is not working as much as 23 respondents (54.8%), retired 8 respondents (19.0%), self-employment as 6 respondents (14.3%) and respondents (5 Farmers 11.9%).

Table 5 Frequency Distributions of respondents based on nutritional Status in the health Salomekko Bone Regency

Nutritional Status	Frequency	Percentage (%)
Less	23	54,8
Normal	19	45,2
Total	42	100,0

Based on table 5 above, from 42 respondents may note that most respondents have less nutritional status IE as much as 23 respondents (54.8%) and only a small proportion who have normal nutritional status IE as much as 19 respondents (45.2%).

Table 6 Frequency Distributions of respondents based on Psychosocial Conditions in Clinics Salomekko Bone Regency

Psychosocial Condition	Frequency	Percentage (%)
Good	25	59,5
Not Good	17	40,5
Total	42	100.0

Based on table 6 above, from 42 respondents may note that most respondents have a psychosocial condition i.e. as many as 25 respondents (59.5%) and only a fraction that has a good psychosocial condition i.e. as many as 17 respondents (40.5 %).

Bivariate Analysis 2.

Table 7 the relationship between psychosocial conditions with less nutritional status in elderly health centers in Salomekko Bone Regency

Psychosocial Condition	nutritional status in elderly				Total	
	Less		Good			
	n	%	n	%	n	%
Good	18	42,9	7	16,7	25	59,5
Less	5	11,9	12	28,6	17	40,5
Total	23	54,8	19	45,2	42	100,0
$p=0,001$						

Based on Table 7 can be known that out of the 42 respondents who have psychosocial conditions that are less good and less nutritional status as much as 18 respondents (42.9%) and respondents who have had good psychosocial conditions and less nutritional status as many as 5 respondents (11.9%), then the respondents who have psychosocial conditions that are less well and have a normal nutritional status as much as 7 respondents (16.7%) and respondents who have psychosocial conditions are good and the nutritional status of as many as 12 normal respondents (28.6%). Based on statistical test of Chi-Square test through Fisher's exact test p value obtained = 0.011. If the value of $p < \alpha$ ($0.011 < 0.1$) which means H_0 denied and H_a received interpretation finds no relationship between psychosocial conditions with nutritional status in elderly

DISCUSSION

The relationship between psychosocial conditions with less nutritional status in elderly health centers in Salomekko Bone Regency The results of the test statistic Chi-Square test through Fisher's exact test p value obtained = 0.011. If the value of $p < \alpha$ ($0.011 < 0.1$) which means H_0 denied

and H_a received interpretation finds no relationship between psychosocial conditions with nutritional status in elderly. The research is in line with the research of Isywar (2013) under the title the relationship care giver against nutritional status and quality of life of the elderly in the ethnic bugis and Frihandini (2009) with the title the relationship between psychosocial aspects with the intake of nutrients on the Group seniors [pepabri] anggora in gisik village, semarang barat subdistrict municipality drono semarang, that there is a meaningful relationship psychosocial conditions with less nutritional status on the elderly. With research results indicate that the nutritional status of less than various shelter elderly have significant results: $0.001 p$ or $p < \alpha$. Known as much as 19 per cent of the elderly live in nursing is suffering from malnutrition and 57% are suffering from nutritional status is less, and only 23% of its nutrition value status is normal, while the elderly who lived with the family in their own home only 2% suffering malnutrition, nutrition 14% less and the status of its nutrition value to normal as much as 83% so that the results of the above relations greatly affect nutritional status less with psychosocial conditions on the elderly.

CONCLUSION

Based on the results of research on psychosocial condition of relationship with nutritional status in elderly health centers on kuran Salomekko Bone Regency which was held on June 23, 2014 until July 12, 2014 with total sample as many as 42 people then can draw the conclusion that there is a relationship between psychosocial conditions with nutritional status in elderly health centers in Salomekko Bone Regency. The test results of the correlation between two variables research has been done showing the value of significance between the psychosocial conditions with less nutritional status in elderly i.e., 0.011 where $p < 0.1$.

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