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Article

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Daily Activities, Spiritual Activity and Economic Activity and Self-Reliance of Karo Elderly Used Katz Index Rating and Barthel Index (Elderly Ethnographic Studies in Karo Culture)

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Abstract *Elderly becomes one of the crucial issues faced by many countries in the world today. The composition of the elderly population is growing rapidly both in developed and developing countries. The increasing number of elderly causing the need for the attention to the elderly, so that the elderly not only long-lived, but also can enjoy their old age happily and improve the quality of their life. In some areas, the large numbers of elderly people become burdensome if elderly have health problems that result in increased health care costs, decreased income, increased disability, lack of social support and elderly are not able to be independent. This statement is not entirely true, because there are elderly who are still able to be independent in filling his life to achieve life satisfaction. This research uses a qualitative approach to obtain a description of life and concepts related to elderly life. Emik view is the power used to analyze the elderly life of Karo ethnic. Data were collected by using participant observation and dept interview. It was performed on five elderly families and questionnaires for 100 respondents of Karo elderly family in Lingga Village. From the research results, it is found that the Karo elderly in the village of Lingga is a self-reliance elderly who is able to carry out daily activities without being assisted by others. Karo elderly economic activity is farming. The Karo elderly who are generally Protestant Christians perform religious activities every Sunday. After church services, they continue with biblical study, or called PA. Usually, the elderly go to the church by themselves at the hour of worship for the elderly. They do all these activities by themselves, whether using equipment or without equipment. The self-reliance of the elderly is strongly influenced by Karo culture which is the guideline of human life in society.*

Key words Katz Index Rating, Barthel Index, elderly, activity, culture

JEL Codes: H50, H53, H55, J14, J17

1. Introduction

Elderly is one of the crucial issues faced by many countries in the world today. The composition of the elderly population is growing rapidly both in developed and developing countries. Based on data from United Nations 2015, there has been an increase from 2000, 2015 and predicted in 2030 and 2050 the number of Elderly will continue to increase. For example, in the African region in 2000 the elderly was amounted to 42.4 million, then in 2015 has become 64.4 million and in 2030 the elderly is predicted will increase to 105.4 million and by 2050 is predicted to be 220.3 million. Furthermore, in Europe, there has been an increase of 147.3 million elderly in 2000, an increase of 176.5 million in 2015 and is predicted in 2030 will increase to 217.2 million and then in 2050 will reach 242.0 million. Then, in the Asian region in 2000 there was 319.5 million elderly and by 2015 has increased to 508.0 million elderly and is predicted in 2030 continues to increase to 844.5. million elderly and by 2050 to 1,293.7 million elderly. If it is viewed further, the increase in the number of elderly people from 2000 to 2015, the number of elderly has increased 51.9 percent in Africa, 19.8 percent in Europe and 59.0 percent in Asia (World Population Ageing, 2015).

Indonesia as the fourth most populous country in the world, after China, India and the United States, and the most in Southeast Asia of 10 countries joined in ASEAN, the result of population projection in 2010-2035, Indonesia will enter the period of aging, where 10 % of the population will be over 60 years old, by 2020. This number is predicted to increase by 2025 by 11.8 percent, by 2030 to 13.8 percent and then by 2035 to 15.8 percent of Indonesia's population (Infodatin, 2015).

The large number of elderly population in Indonesia in the future brings positive and negative impacts. It has the positive impact if the elderly are healthy, active and productive. On the other hand, the large number of elderly people becomes a burden if the elderly have health problems that result in increased health care costs, decreased income, and increased disability, lack of social and environmental support that is not friendly to the elderly.

The increased number of elderly population requires special attention and treatment in the implementation of development. There are two categories of elderly population namely the potential elderly and not potential elderly. In Government Regulation (PP) No. 43 of 2004, it is explained that the potential elderly is elderly who still have the ability to meet their own needs and usually do not depend on others. Meanwhile, the elderly that are not potential is the elderly who have no ability to meet their own needs and usually depend on others. The elderly population that is not the potential can be a burden of

development. Therefore, the various conditions of the elderly need to be studied so that the development program implemented can protect and empower the elderly.

In the Indonesian government's policy, the development of the elderly is set for the elderly to be developed through a family-based approach. This argument is presented in accordance with the paradigm of elderly empowerment which implies that the elderly is a family affair which is also in accordance with the culture of society and economically cheaper.

The elderly who live in the home can be calm and more secure (the function of protection), more free, more satisfied, more comfortable (the function of the welfare of the birth and the inner), can arrange and control the house because it belongs to the Elderly itself. Moreover by living in their own homes, they feel happier and are not bothering other people and/or children, and being comfortable (Barnaba, 2013).

In this research, the researchers interested to see how it is with the Karo ethnic. Karo Ethnic is an ethnic in North Sumatra that occupies its main area in Karo Regency. Based on BPS data of North Sumatera Province in 2015, it is known that the number of elderly population in SUMUT province is 6.78%, this number is still included free from old structured society. However, in the same year in Karo Regency the elderly population is 8.5%. This number belongs to an old structured society. Karo ethnic is interesting to note because Karo society is known to have strong kinship system which become the guidance of life in Karo society itself. This system is known as “Daliken Si Telu” or “Rakut Si Telu”. All aspects of Karo society life will not be separated from this system, they will always act by following the values and rule in Karo customs either in groups or individuals. It is similarly with their way of life in treating elderly.

2. Literature review

2.1. Activities Daily Living (ADL)

Activity Daily Living is a physical activity in the form of body movement produced by skeletal muscles as an energy expenditure that includes work, leisure time and daily activities. Physical activity requires a light, moderate or severe effort that can lead to health improvement when conducted regularly. The purpose of the ADL observation is to look at one's functional abilities. Especially in elderly, it can be observed from their ability to perform daily activities. Activities Daily Living (ADL) is a fundamental function of the client's self-reliance life that includes bathing, dressing, going to the bathroom, and eating. The elderly self-reliance in Activities Daily Living is defined as the independence of a person in performing activities and functions of daily life performed by humans on a regular basis and universal (Kane and Kane, 1981). The scales such as Katz Index, modified Bartel, and Functional Activities Quisioner (FAQ) are used to assess ADL (Gallo, 1998).

ADLs cover a very broad category and divided into sub-categories or domains such as dressing, drinking and eating, toileting/personal hygiene, bathing, dressing, transfer, mobility, communication, vocational, recreation, basic ADL instrumental, often called ADL only. ADL is the basic skills a person must have to care for he includes dressing, eating & drinking, toileting, bathing, make up. Others include defecation and urinary contents in this basic ADL category. In other literature, it is also included the ability of mobility (Sugiarto, 2005).

ADL assessment is important to determine the level of dependence or the amount of assistance needed in daily life. The measurement of ADL independence will be more easily rated and evaluated quantitatively with a scoring system that has been put forward by a number of basic ADL writers, often called ADLs, that is the basic skills a person must have to care for himself including dressing, eating & drinking, toileting, make up. Others include defecation and urinary contents in this basic ADL category. In other literature, it has also included the ability of mobility (Sugiarto, 2005).

In looking at the independence of these elderly by looking at ADL and usually there are some indexes used to score the independence of the elderly. The scoring used or the so-called familiar ADL index is the Kazt index and the Barthel index.

Index Katz includes clients' self-reliance to bath, dress, go to toilet, maintain the incontinence, and eat. The self-reliance means unattended, without direction, or active personal assistance. It is based on actual status and not on ability. Within thirty-five years since the instrument was developed, the instrument has been modified and simplified and developed, the instrument has been modified and simplified and different approaches to assess have been used. Consistently, this instrument is intended and used in evaluating the social status of the elderly in the population. Although there is no formal reporting reliability and validity found in literature, it is widely used to measure functional ability of the elderly in clinical and home environments (Wallace and Shekely, 2008).

This index establishes a framework to assess client's independent life or if any decrease in function, the focus point of improvement will be established. The scales set in the Katz index consist of seven scales, from A to G. The scales set by the Katz Index in ADL consist of two categories: high independence (Index A, B, C, D) and low independence (Index E, F, G) (Kobayashi, 2009).

Index Katz is an assessment instrument with a scoring system based on a person's ability to perform daily life activities independently. The determination of functional independence can identify the capabilities and limitations of clients to facilitate the selection of appropriate interventions (Maryam *et al.*, 2011).

Table 1. Katz Index Rating

Score	Criteria
A	Self-reliance in terms of eating, continental (DEFECATE or URINATION), move, to the bathroom, dress and bathe
B	Self-reliance in everything except one of the functions
C	Self-reliance in everything except bathing and an additional function
D	Self-reliance, in everything except bathing, dressing and an additional function
E	Self-reliance in everything except bathing, dressing, to the restroom and an additional function
F	Self-reliance in everything except bathing, dressing, to the restroom, shifting and an additional function
G	Dependency on the six functions

So later the elderly will be known their level of independence, i.e. from score A - G. Score A is a score that indicates the self-reliance of the elderly, meaning that the elderly do not need help to perform his/her daily activities. Score G is a form of dependence of the elderly on the six functions of daily activity, namely: eating, bathing, dressing, to the toilet, continental (ability to hold Defecate or Urination), and move. While Barthel index measures the functional independence in terms of self-care and mobility. Barthel Index may be used as criteria in assessing functional ability for patients with impaired balance, especially in post-stroke patients.

The Barthel Index

Bowels
0 = incontinent (or needs to be given enemata)
1 = occasional accident (once/week)
2 = continent
Patient's Score: _____

Bladder
0 = incontinent, or catheterized and unable to manage
1 = occasional accident (max. once per 24 hours)
2 = continent (for over 7 days)
Patient's Score: _____

Grooming
0 = needs help with personal care
1 = independent face/hair/teeth/shaving (implements provided)
Patient's Score: _____

Toilet use
0 = dependent
1 = needs some help, but can do something alone
2 = independent (on and off, dressing, wiping)
Patient's Score: _____

Feeding
0 = unable
1 = needs help cutting, spreading butter, etc.
2 = independent (food provided within reach)
Patient's Score: _____

Transfer
0 = unable – no sitting balance
1 = major help (one or two people, physical), can sit
2 = minor help (verbal or physical)
3 = independent
Patient's Score: _____

Mobility
0 = immobile
1 = wheelchair independent, including corners, etc.
2 = walks with help of one person (verbal or physical)
3 = independent (but may use any aid, e.g., stick)
Patient's Score: _____

Dressing
0 = dependent
1 = needs help, but can do about half unaided
2 = independent (including buttons, zips, laces, etc.)
Patient's Score: _____

Stairs
0 = unable
1 = needs help (verbal, physical, carrying aid)
2 = independent up and down
Patient's Score: _____

Bathing
0 = dependent
1 = independent (or in shower)
Patient's Score: _____

Total Score: _____

(Collin et al., 1988)

Figure 1. The Barthel Index

2.2. Definition of Self-Reliance in the elderly

From the opinion of some experts, Ruhidawati (2005) defines self-reliance as a situation where an individual has the willingness and ability to meet the demands of his life legally, reasonably, and responsible for everything he/she does, but it does not mean that the independent person has no connection with others. Mu'tadin (2002) also said that to be self-reliant one needs the opportunity, support and encouragement of the family and the environment around him/her, in order to achieve autonomy over oneself. In addition, independence according to Mu'tadin (2002) contains the understanding that a

state for the elderly can be seen from the quality of life. The quality of life of the elderly can be judged by the ability to perform daily activities of life where a person who has the desire to compete to advance for his good, able to make decisions and have initiatives to overcome the problems faced, have confidence in doing his duties, and responsible for what is done. Self-reliance means unattended, without direction or active personal assistance. An elderly person who refuses to perform a function is regarded as not performing a function, even though he is deemed capable (Maryam *et al.*, 2008). So in summary, self-reliance of elderly in this research is how ability of elderly perform their daily activities from they wake up until they sleep.

2.3. Factors Affecting Self-Reliance in the elderly

Factors affecting elderly are age, health condition, factor of economic condition, and social condition factor:

1. Age

Elderly who has been 70 years old, is a high risk elderly. Usually, the elderly will experience the decline in various things including the level of self-reliance in performing daily activities (Maryam *et al.*, 2008).

2. Health

It is generally agreed that health and fitness begin to decline in middle age. Degenerative diseases begin to manifest at this age (MOH and Welfare, 2001). At the old age, the elderly also experience decreased physical health, senses, intellectual potential and capacity. Thus, the elderly must adapt to the state of the decline. Physical decline can be seen with changes in body functions and organs. This change occurs due to reduced muscle mass that can cause the elderly become sluggish and less active, the decrease in brain cell function which causes short-term memory loss, slow process of information, difficulties in language and recognize objects, failure in performing the activity and disturbance in arranging plans that can cause difficulties in performing daily activities called dementia. So the complaints that occur is easily tired, easy to forget, disorders of the digestive tract, frequent urination, sensory function, and decreased concentration (MOH, 2003).

3. Social

In general, social relationships are conducted because they refer to social exchange. In the theory of social exchange, the source of human happiness comes from social relationships. This relationship brings satisfaction arising from the behavior of others. The work conducted by the elderly can lead to happiness as well as reading books, making artwork, and so forth because these experiences can be communicated with others (Suhartini, 2004).

4. Family Support

According to Marilyn M. Friedman (2003) who states that the family is a group of two or more people who live together with the rules and emotional attachment where individuals have their respective roles that are part of the family. The family is a group of people with marriage, birth and adoption attachment aimed at creating, maintaining culture, and improving the physical, mental, emotional, and social development of each family member (Ferry, 2009). Family support is a best preventive intervention strategy to help family members to access undisclosed social support for an aid strategy aimed at enhancing adequate family support. Family support refers to the support seen by family members as something being accessible for families such as support can or cannot be used, but family members see that supportive people are always ready to provide help and assistance if necessary (Friedman, 2003). Family support has been conceptualize support as family coping, both external and internal family support. Family support aims to share the burden, also provides informational support (Friedman, 2003). Family support as a process of relationships between family with their social environment, the three dimensions of family support interaction are reproxity (reciprocity or the nature and frequency of 12 reciprocal relationships), feedback (quality and quality of communication) and emotional involvement (depth of intimacy and trust) in social relations. Both the nuclear family and the extended family function as a support system for members of their family and are active actors in modifying and adapting the personal relations community to achieve changing circumstances (Friedman, 2003).

3. Methodology of research

This research is a qualitative research using qualitative ethnography approach. Qualitative research, rooted from a qualitative approach, which seeks to explain facts or social realities in depth, to understand the social realities as they are based on the native's point of view (Muda *et al*., 2014; Dallimunthe *et al*., 2015; Suriadi *et al*., 2015; Sihombing *et al*., 2015; Badaruddin *et al*., 2017 and Nurlina *et al*., 2017). It captures the *meanings* encountered in the events or subjects being studied, learning from the people, not just learning about the people. An important aspect of the extraction of the 'meaning of the structure of the subject experience' is what characterizes the qualitative research closely to the subject under study,

studying its natural context that seeks to understand or interpret the phenomena in terms of the meanings that human beings attach to them. Qualitative research includes the use of the subject studied and the collection of various empirical data-case studies, personal experiences, introspection, life journeys, interviews, observational, historical, interactional and visual texts-describing the daily and problematic moments and meanings in someone life. Correspondingly qualitative researchers apply various interrelated methods. He observes, engages in a subject-shared event (participatory) to give interpretation to it until he finds the meanings to the propositions (Creswell, 2009).

The subject of this research is elderly family in Lingga Village, whether the elderly who live with family, or elderly who do not live with family or is said to live alone. In determining the informants who will have in depth interview, the researcher uses purposive sampling, by trying to get a variant of the elderly. In addition to the informants interviewed, to obtain the description of elderly in Lingga Village, researchers also distributed questionnaires to 100 respondents. The distribution of this questionnaire is conducted from house to house that there are the elderly.

To collect data in this research, it is conducted by:

1. Questionnaire: by making closed and semi-open questions whose filling is guided by the researcher or enumerator. The purpose of using this questionnaire is to obtain the percentage of descriptions from the elderly at the research site. The distribution of questionnaires is as the first step in primary data collection. The questionnaires are distributed based on the number of samples that have been set as many as 100 respondents.

2. Observation: the data collection by observing directly to the activities occurred in the Lingga village so that this research obtained a description of the condition of the research object.

The expected data from this observation is to strengthen the results of the data obtained. By making observations, the researchers can see directly the elderly and elderly families' activities.

3. In-depth interviews, is an effort to obtain information by asking verbally. This interview was conducted to elderly and elderly families in order to better understand the meaning of visible activity.

4. Results and discussions

4.1. Results

4.1.1. Activity Daily Living (ADL) and Self-Reliance of Karo Elderly

In this research, elderly activity is seen in three categories. The categories are: *daily activities, spiritual activity* and *economic activity*. The first category is the elderly activity in daily activities. Early in the morning, when the weather is still cold, which is approximately at 6 o'clock the elderly are awake, go to the bathroom alone to defecate and sometimes take a shower. After bathing, the elderly change clothes with daily clothes. Then go to the kitchen to boil the water and make a drink. Elderly cook rice to eat by using rice cooker (rice cooking device using electric). So the rice is cooked only once for lunch and dinner and breakfast. While waiting for the water to be boiled, the elderly have started cleaning the house and around the house. There is no time for silence. All activities are conducted alone. Then the second category is religious activity. The Karo elderly who are generally Protestant Christians perform religious activities every Sunday. They went to church in clean and tidy clothes. After church services, they continue with biblical study, or so-called PA. Usually, these elderly go to their own church at the hour of the elderly service. There are elderly who come to the service at public time because they do not want to be categorized as elderly. Usually, the elderly aged 60 - 65 years old.

The third category is the economic activity of the elderly. Karo elderly economic activity is farming. They went to a field about a kilometer away. The activities in the fields include cleaning up the *huma* (cottage in the field), cleaning around the fields by sweeping, burning the garbage leaves, weeding plants, i.e. cleaning plants from grass or plants that disrupt basic crops. Then, they take the crops in the fields, such as fruit of chocolate, vegetables, fruits that are being fruitful. They do all of these activities by themselves, whether using equipment or without equipment. This research shows that Karo elderly still able to do physical activity well. Although in this research did not use Kart index and Barthel index. These data suggest the differences in research results conducted by Cashin, Thomson and Chi (2014) that examine the limitations of ADL's ability in elderly in Asia, America and the Pacific islands. This research shows that the prevalence of impaired ability of ADL elderly in Indian society is 4.7% as the lowest prevalence and South Korea at 18.8% as the highest prevalence. Group of countries includes China, Vietnam, Japan, and Philippines with a prevalence of about 8-10%. Another research was conducted by Cashin (2015) who examined the health status of elderly in India in 2014. This research concludes that there is an increased prevalence of elderly ADL dependence caused by factors of decline in elderly health. Nandakumar *et al.* (2008) examined perceptions of health status and ADL limitations in elderly in Egypt. This research shows that 6.5% of elderly people in Egypt have ADL limitations.

When associated with self-reliance, based on the definition of self-reliance from the opinions of some experts, Ruhidawati (2005) defines self-reliance as a situation where an individual has the willingness and ability to strive to meet the demands of his life legally, reasonably and responsible for everything he does. Nevertheless, it does not mean that self-reliance people are free to have nothing to do with other people. Meanwhile, Maryam said that self-reliance means unattended, without direction or active personal assistance. An elderly person who refuses to perform a function is regarded as not performing a function, although it is deemed capable (Maryam *et al.*, 2008).

So in summary, elderly self-reliance is how the ability of the elderly to do daily activities from wake up until they sleep. Based on the definition and research results show that Karo elderly are self-reliance elderly. They are still able to perform daily activities, spiritual activities and economic activities independently without the help of people.

4.1.2. Factors That Encourage Self-Reliance

There are various factors that affect the independence of the elderly as stated by Şahin (2015). He examined elderly people in Turkey. The results of his research published into the journal entitled Factors affecting the daily instrumental activities of the elderly. According to him, the factors that affect the elderly self-reliance are age, sex and educational. Because of the age that has been old, an elderly is not able to perform their own activities. Then, according to him male elderly are more independent than women elderly. Furthermore, education is a factor that determines one's self-reliance. Through knowledge, a person can act or move, but those who do not have education and knowledge do not know what to do, so they need help from others.

It is slightly different from the research conducted at Nursing Home, as conducted by Suhartini (2009) that factors influencing the elderly self-reliance are *health condition, social condition and economic condition.* The first factor is the health condition that affects the level of elderly self-reliance of in Tresna Wredha Senjarawi Social House. Those who are health can easily do physical activity, but those who are sick or experience difficulty in performing activities independently. The second factor is social conditions, the elderly in the orphanage already have a routine schedule to follow religious events or worship together. By attending religious events or holding events with visits from institutions or donors, then the elderly can improve socialization among them. The third factor is the economic condition; the whole elderly have less economic condition because they already have no source of finance (Tarmizi *et al*., 2016 & 2017; Lubis *et al*., 2017; Sirojuzilam *et al*., 2017 and Muda *et al*., 2018). Most of the elderly are no longer working and for the elderly who still have families just waiting for help from their children or relatives. For the elderly who have no family, they just waiting for help from the donor.

4.2. Discussions

There are many other researches that look at the factors that affect the elderly self-reliance. However, from some of these researches, it can be concluded that the factors that affect the self-reliance of an elderly are the factors mentioned above, namely: 1). Age, the older age of the elderly the decrease in the body resulting in elderly activity is also reduced. 2). Gender, although there is a difference of research results that found that elderly women are more independent than elderly men especially in Indonesia, while there are researchers who say that elderly men more independent than elderly women, especially for Turkey. Apart from these two views, we put the gender into factors that influence the elderly self-reliance as has been studied by Şahin. 3). Education, educational factors also affect the self-reliance of the elderly. The more educated the elderly, the more independent. 4). Health, is a factor that affects the self-reliance of the elderly. Elderly who is sick, then his activity will be disrupted, so they need help. Or even a sick person cannot perform activities at all so he needs help, it certainly affects his self-reliance. 5). Social conditions are one of the factors that affect the self-reliance of the elderly. Those with good social conditions will make them independent. Social conditions include family relationships. Family relationships are needed to treat the elderly to be more independent. 6). Economics, one of the factors of elderly self-reliance is influenced by economic factors (Muda *et al*., 2018). Those who have good income or economics tend to be independent because they are still able and not dependent economically to others.

These six factors are always present in various researches about the elderly self-reliance. There is no research puts culture as one of the factors that support self-reliance. As culture is the whole system of ideas, actions and the work of human beings in the framework of the society life that belongs to human self by learning (Muda and Rafiki, 2014). This explains that what humans do is a set of ideas and actions that are recognized by society as a guide for human life in society. On this basis then, what is conducted by family members in family life has been lined up in the culture that has occurred for generations (Koentjaraningrat, 1986).

The research results on Karo elderly in Lingga village, it is found that many of the elderly who live alone to be independent. After confirmed further, this is because there are factors of Karo culture that formed it. First there is a shame on Karo

culture. This shame dominates the elderly life. Elderly embarrassed to live with his children. Those who live with their children are considered not independent. Then, there is another Karo culture called Rebu culture. Rebu means taboo, prohibited, not allowed, and not justified to do something according to Karo custom. Whoever violates the custom, he is considered ignorant of custom, and once scorned by society. Rebu in Karo society, divided into three parties:

1. Between *mami* (mother in-law) with *kela* (son-in-law). In a narrow sense, *mami* is the mother of the ego's wife, in the broader sense, is the brothers' sisters from the mother's side or the ego's mother of the ego's wife). While *kela* in the narrow sense is the husband of the ego's daughter, in the broad sense is the son of the ego father's sister. Before marriage, it is called *bere-bere* or nephew/neice.

2. Between Bengkila (father in-law) with the *permain* (daughter-in-law). *Bengkila* in the narrow sense is the father of the husband of a woman, in the broad sense husband of the sister of the father of a woman. Meanwhile, *permain* in the narrow sense is the wife of the ego boys. In the broad sense are the daughters (including the men) of the ego wife's brother.

3. Between *turangku* with *turangku*. *Turangku* has two meanings, first, if the ego is a man, his *turangku* is and means the wife of his wife's brother (in-law); second if the ego is a woman, *turangku* means the husband of her husband's sister (in-law).

Things that are denied, prohibited, not allowed, not justified according to Karo custom are to (1) speak directly, (2) touch the limbs, (3) sit facing each other, (4) sit on a mat/seat. Manifestation of *rebu* this is not allowed in the Karo custom is forbidden to speak, forbidden to sit on the bench, for example with a different-gender in-laws with ego, forbidden to talk to husband-in-law or wife of who has different sex with ego. So in the Karo elderly, due to the culture embedded in his life, then force Karo elderly to be independent.

5. Conclusions

The Karo elderly in Lingga village is still able to carry out daily activities, bathing, cleaning and cooking. Due to the average elderly living in Lingga Village are Protestant Christians, their religious activity is conducted on Sunday and then followed by Bible Study (PA). Meanwhile, on the other days after doing their homework, they went to the fields to clean up the fields and to quote the result of fields such as vegetables and fruits. They do this activity by themselves. The average Karo elderly in Lingga Village lives alone in his home. They say more freely, more satisfied, better (the function of the well-being and inner welfare), can arrange and control the house because it belongs to the Elderly itself. At the same time, the Elderly can take care of the house, and even stay at their own home feel happier, do not bother other people and or children, and comfortable. This is also because those who live with their children are considered not independent. Then, there is Rebu culture in Karo community. *Rebu* means taboo, prohibited, not allowed, and not justified to do something according to Karo custom. So in the Karo elderly, due to the culture embedded in his life, then force Karo elderly to be independent.

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