



Analysis Of The Influence Of Life Value Factors On The Healthy Behavior Of The Elderly In Medono Village Pekalongan City

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Abstract

The ease of promoting healthy behaviour among the elderly hinges on factors such as access to healthcare facilities and positive role models, particularly within the family setting. This study, conducted in the Medono Pekalongan village in 2022, explored the influence of various factors on elderly healthy behaviour. Findings from a descriptive-analytic research design revealed that all independent variables, except gender,

significantly affected unhealthy behaviour. The most impactful variable was the life value category, emphasising the importance of instilling positive values in older people and their families to encourage healthy behaviour. In Indonesia, older people are a crucial source of advice and wisdom. The study recommends the establishment of an integrated health service center for the elderly known as POSYANDU, focusing on promotive and preventive efforts, including counselling on prevalent health issues such as hypertension, stroke, diabetes, and osteoporosis. Ongoing education and training for healthcare professionals involved in elderly health management are also suggested for continuous improvement.

Keywords: Elderly Health Behaviour, Elderly Health Service, Healthcare Facilities, Life Values, Positive Role Models

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Introduction

According to Indonesian Law No. 13 of 1998 on the Welfare of the Elderly, Article 1, paragraph 2 defines older people as individuals aged sixty years and above (Arwani et al., 2019). This legislative framework unequivocally designates individuals within this age bracket as elderly. The physiological challenges this demographic cohort encounters manifest primarily through the deterioration of physical conditions, leading to functional abnormalities and subsequent dependence on external assistance (He & Tang, 2021). Notably, disease muscle and bone weakness contribute to compromised mobility, while diminished auditory and visual acuity impedes social interactions.

A discernible decline in physical capabilities marks the social ramifications for older people, consequently diminishing their social roles (Supriyana et al., 2019). Advancing age corresponds to reduced social engagement, potentially resulting in social detachment and a consequential impact on spiritual well-being, engendering feelings of societal neglect (Pasion et al., 2020). Concurrently, psychological challenges, including anxiety, fear, confusion, and pessimism, become increasingly prevalent, particularly as individuals approach retirement and anticipate potential socioeconomic and dignity-related diminutions. An efficacious remedy for mitigating these psychological concerns involves the active engagement of older people in community-oriented activities, as research by Sayin Kasar & Karaman (2021) substantiates the positive impact of continued occupational involvement on the health and quality of life of older people.

In the ageing trajectory, it is imperative to accord the elderly attention, particularly (Yun et al., 2022), concerning their adherence to healthy living behaviours, thereby fostering adaptive lifestyles. Healthy behaviour, encompassing disease prevention, personal hygiene, environmental health consciousness, physical fitness maintenance through regular exercise, and judicious nutritional practices, constitutes an integral facet of geriatric well-being. Lawrence et al. (2019) framework posits that individual behaviour is contingent upon predisposing, enabling, and reinforcing factors, thus underscoring the multifaceted nature of determinants.



In essence, facilitating the adoption of healthy behaviours among older people necessitates a profound understanding of hygienic practices. Support mechanisms crucial to this end include access to healthcare facilities such as hospitals, health centres, and other healthcare practitioners. Moreover, familial influence is a pivotal factor in motivating older people towards healthful practices, emphasising the significance of domestic roles as exemplars and supporters (Wäsche et al., 2021). This familial centrality is corroborated by the findings of a study conducted by Schröders et al. (2021), which underscores the prevailing integration of older people with their families in Indonesia.

As of 2022, the elderly population in Pekalongan city comprises 30,678 individuals, constituting 9.68% of the total population, with an average life expectancy ranging from 70 to 75 years (Badan Pusat Statistik Kota Pekalongan, 2022.). The notable increase in life expectancy is attributable to advancements in older people's status. Recognising these demographic dynamics, public health policymakers must strategise interventions that address the physiological, social, and psychological dimensions of ageing and leverage familial support structures and healthcare resources to promote holistic well-being among the elderly population.

Economic growth, environmental improvement, advances in health science, and improved health services have improved population health quality. In 2022, the elderly in Medono Pekalongan urban village numbered 1,485 or 9.87% of the total population in Medono Pekalongan urban village, namely 15,032 people (Desa/Kelurahan Medono, Kecamatan Pekalongan Barat, Kota Pekalongan - unpand.ac.id, 2022.) In Pekalongan City, the elderly health program implemented is part of the family health program, where the activities carried out foster an elderly integrated health service centre or POSYANDU, an abbreviation of *Pos Pelayanan Terpadu*. Based on this background, the objective of this research is to analyse the influence of elderly life value factors on elderly healthy behaviour in Medono Village, Pekalongan City, Indonesia.

This study is crucial in Indonesia, particularly in Medono Pekalongan village, as it addresses the significant and growing population of elderly individuals, constituting 9.87% of the total population in 2022. Understanding the factors influencing elderly health behaviour is vital for



developing and implementing targeted health programs, especially given the cultural significance of older people in Indonesia as sources of advice and wisdom. The findings offer insights into tailoring interventions, such as the establishment of an elderly posyandu, to address prevalent health issues and improve overall well-being in this specific demographic.

Methods

This research, involving a carefully selected sample of 31 participants, adopts a descriptive-analytic research design with a quantitative approach (Kot & Rajiani, 2020) to delve into the nuanced dynamics influencing elderly healthy behaviour. The primary objective is to comprehensively examine the impact of various factors, including elderly characteristics, life values, independence, and family support, on the overall health behaviours exhibited by the elderly demographic. The research employs a cross-sectional approach, meaning that it conducts observations at a specific point in time, providing a snapshot of the variables under scrutiny.

A pivotal aspect of this investigation is the utilisation of the Chi-Square test and Fisher's Exact test available in Statistical Product and Service Solution 10 (SPSS 10) for data processing. The collected data undergoes meticulous tabulation and analysis through this statistical software, enabling a thorough exploration of relationships between independent and dependent variables, as articulated in the hypothesis statement (Juharsah et al., 2020). By leveraging SPSS 10, the study not only captures the intricate interplay between various elements but also enhances the reliability and precision of the findings, contributing to a more robust understanding of the factors influencing elderly healthy behaviour within the specific context of the sampled population. This methodological approach ensures a comprehensive exploration and interpretation of the data, thereby enriching the depth and significance of the study's outcomes.



Results and Discussion

The results of this study show that there is a tendency the older the age of the elderly, the lower the proportion of healthy behaviour in the excellent category. 63.0% of elderly individuals in the advanced age category predominantly exhibit good health behaviours, while 85.7% of elderly individuals in the very advanced age category demonstrate less favourable health behaviours. This suggests a notable disparity in health behaviours among different age groups within the elderly population. The findings emphasise the importance of considering age-related factors when addressing and promoting health behaviours among the elderly. Further exploration into the specific behaviours and factors contributing to these patterns could provide valuable insights for targeted interventions and support programs tailored to the distinct needs of various age groups within the elderly demographic.

The influence of gender on elderly health behaviour indicates a tendency where in the male elderly group, there is a higher proportion (56.5%) exhibiting good health behaviours compared to the female elderly group, which has a smaller proportion (48.6%) demonstrating good health behaviours. This observation suggests a gender-related distinction in the prevalence of positive health behaviours among the elderly, supporting a previous study (Yoon et al., 2021). Further examination of the specific behaviours and factors contributing to these patterns could provide valuable insights for tailoring health interventions to address the distinct needs of elderly individuals based on their gender. Understanding these nuances is crucial for developing effective and targeted strategies to promote healthy behaviours in the elderly population.

However, after being tested with a Chi-Square test at a significance level (α) of 0.05, the p-value is 0.553. This figure indicates that the influence of gender on the category of healthy behaviour is statistically insignificant. In other words, the observed proportion difference between male and female elderly individuals in terms of good health behaviour is not considered statistically meaningful based on the chosen significance level. This statistical insight suggests that any observed variations in health behaviour proportions between genders may occur due to random chance rather than a genuine association. It underscores the importance of rigorous statistical



analysis in drawing meaningful conclusions about the relationships between variables in research studies.

The influence of elderly education on health behaviour indicates differences in the proportions of good health behaviour across education levels (van Prooijen et al., 2021). Among highly educated elderly individuals, 100% exhibit good health behaviour. In comparison, those with a moderate level of education demonstrate good health behavior at a rate of 92.9%, and elderly individuals with a low level of education show good health behaviour at only 34.9%. Subsequent testing with Fisher's Exact test at a significance level (α) of 0.05 yields a p-value of 0.001. This result holds statistical significance, suggesting that the influence of educational levels on the category of healthy behaviour is meaningful. In other words, the observed variations in health behaviour proportions based on education levels are unlikely to occur by random chance, emphasising the importance of considering educational backgrounds when designing targeted interventions to promote healthy behaviours among the elderly.

The impact of the elderly's life values on health behaviour reveals noticeable differences in the proportions of good health behaviour across different categories of life values (Chen et al., 2021). The research findings indicate that among elderly individuals with excellent life values, 100% exhibit good health behaviour. In contrast, those with moderate life values demonstrate good health behaviour at a rate of 64.9%, while only 5.9% of elderly individuals with lower life values exhibit good health behaviour.

Upon testing these differences using Fisher's Exact test at a significance level (α) of 0.05, the resulting p-value is 0.001. This figure signifies that the influence of life values on the category of healthy behaviour is statistically significant. In essence, the observed variations in health behaviour proportions based on life values are unlikely to be attributed to random chance, emphasising the meaningful relationship between life values and healthy behaviour among the elderly. This insight underscores the importance of considering and addressing the values and perspectives of the elderly when devising interventions to promote positive health behaviours (Blain et al., 2023).



The research findings elucidate a comprehensive understanding of the intricate interplay between various demographic factors and health behaviour among the elderly population. The observed influence of independent variables, namely gender, age, education, and life values, has implications for designing and implementing targeted health management strategies in Indonesia's socioeconomic landscape.

In examining the impact of gender on health behaviour, it is noteworthy that, despite initial observations of differing proportions between male and female elderly individuals exhibiting good health behaviour, subsequent statistical analysis through the Chi-Square test yielded a non-significant p-value of 0.553. This indicates that gender within the studied population does not carry statistical significance in influencing healthy behaviour. This insight underscores the importance of considering other variables in the health management discourse.

The study highlights the substantial influence of life values on elderly health behaviour, with life values emerging as the most dominant factor. The socio-cultural context in Indonesia, where the elderly are revered as sources of wisdom and familial guidance, emphasises the significance of instilling positive values to foster healthy behaviour (Rajiani & Kot, 2020). This insight is crucial for policymakers developing culturally sensitive interventions that align with societal norms and values.

Moreover, the study reveals a notable correlation between educational levels and health behaviour among the elderly. The impact of education on health behaviour is statistically significant, suggesting that higher educational attainment correlates with a higher likelihood of exhibiting good health behaviour. This underscores the importance of implementing targeted health education programs for the elderly, particularly those with lower educational backgrounds, to enhance their understanding and motivation for adopting healthy lifestyles.

In Indonesia's socioeconomic conditions, where familial ties hold immense cultural importance (Rajiani & Normuslim, 2023), the preference for home-based elderly care is substantiated. The recommendation to prioritise home-based care aligns with the cultural



significance of familial bonds and continuous interaction with family members, creating a supportive environment for the elderly.

For policymakers, these findings have profound implications. Developing nuanced health management policies that integrate targeted health education programs and emphasise positive life values is imperative. Recognising the cultural significance of the elderly within familial structures, policymakers should prioritise initiatives that facilitate home-based elderly care while considering the socioeconomic realities of the population. By integrating these research insights into policy frameworks, policymakers can craft interventions that are not only effective in promoting healthy behaviour among the elderly but also culturally attuned to the socioeconomic fabric of Indonesia.

Conclusion and Recommendation

In summation, this research contributes nuanced insights into the intricate dynamics of demographic factors influencing the health behaviour of the elderly within the specific locale of Medono Pekalongan village, Indonesia. The findings underscore the pivotal roles played by gender, age, education, and life values as determinants of health behaviour among the elderly population. Particularly noteworthy is the discernment that life values exert a pronounced influence, emerging as the most dominant factor shaping positive health behaviour. Consequently, the implications of this research extend to the formulation of targeted health interventions that are attuned to the cultural and demographic specifics of the studied population.

To address the study's implications, tailored health education programs are recommended, acknowledging the varying educational backgrounds among the elderly. Such programs should integrate cultural values and emphasise positive life values, aligning interventions with the rich cultural tapestry of Indonesia. Furthermore, the advocacy for the concept of healthy ageing emerges as a strategic recommendation, emphasising adopting healthy behaviours early in life to mitigate the inevitable physiological declines associated with ageing.

In light of the socio-economic conditions prevailing in Indonesia and the cultural significance of familial bonds, the prioritisation of home-based elderly care initiatives is



underscored. This recommendation aligns with the cultural ethos of continuous familial interaction, fostering a supportive environment for the elderly.

However, it is imperative to acknowledge the study's limitations. The reliance on a relatively modest sample size and the specificity of the study population in Medono Pekalongan village may pose challenges in extrapolating the findings to broader demographic contexts. Additionally, the cross-sectional research design employed in this study inherently limits the establishment of causal relationships. Therefore, future research endeavours should consider longitudinal designs to elucidate temporal patterns in elderly health behaviour and delve into the intricate interplay of cultural factors across diverse Indonesian regions.

In charting the course for future research, there is merit in exploring specific cultural determinants shaping health behaviour among the elderly. Comparative studies across distinct socioeconomic contexts within Indonesia could offer valuable insights into the variabilities of the impact of demographic factors on elderly health behaviour, thus refining the development of targeted and context-specific policy recommendations. This broader academic exploration contributes to the ongoing discourse on elderly health management and informs evidence-based policy formulation to benefit Indonesia's ageing population.



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