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Analysis of Factors Related to Elderly Health Care in Daily Life

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Abstract

Population ageing poses significant challenges for health systems, particularly in ensuring effective health care for older adults within daily life contexts. This study aimed to analyze factors related to elderly health care in daily life among community-dwelling older adults by integrating individual, social, and environmental dimensions. A quantitative cross-sectional design was employed involving 240 elderly participants aged 60 years and above. Data were collected using structured questionnaires measuring socio-demographic characteristics, health status, daily health care practices, social support, and environmental conditions. Descriptive statistics and multivariate regression analyses were used to examine associations between variables. The results indicated that overall engagement in daily health care practices was moderate, with higher adherence observed in medication use and personal hygiene, and lower engagement in physical activity and routine health monitoring. Multivariate analysis revealed that family social support, self-rated health, accessibility of health services, educational level, and age were significantly associated with daily health care practices. Family social support emerged as the strongest predictor. These findings highlight that elderly health care in daily life is influenced by the interaction of personal capacity, social relationships, and environmental accessibility. Strengthening family-based support, improving health literacy, and enhancing access to community and health services are essential to promote healthy ageing and sustain daily health care practices among older adults.

Introduction

Population ageing has emerged as one of the most significant demographic transformations of the twenty-first century, reshaping health systems, social structures, and daily life practices across the globe. According to international demographic projections, the proportion of individuals aged 60 years and older is increasing more rapidly than any other age group, driven by declining fertility rates and increased life expectancy (United Nations, 2023). This demographic shift has profound implications for public health, as older adults are more likely

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to experience chronic diseases, functional decline, and increased dependency in daily activities. Consequently, elderly health care is no longer confined to clinical or institutional settings but extends deeply into everyday life, encompassing self-care behaviors, family support, community engagement, and access to health and social services (World Health Organization [WHO], 2022).

Within this context, maintaining health and functional independence in daily life has become a central objective of geriatric care and public health policy. Previous studies have emphasized that healthy ageing is not merely the absence of disease, but a dynamic process shaped by physical, psychological, social, and environmental factors throughout the life course (Beard et al., 2016). Daily life health care practices—such as medication adherence, nutrition management, physical activity, personal hygiene, and routine health monitoring—play a critical role in determining health outcomes among older adults. However, the effectiveness of these practices is highly dependent on a complex interaction of individual capacities, social support systems, and broader structural conditions, highlighting the need for comprehensive analytical approaches grounded in empirical evidence (Fried et al., 2020).

Despite growing scholarly attention, elderly health care in daily life continues to face substantial challenges. One of the primary problems identified in the literature is the increasing burden of chronic and degenerative diseases, including cardiovascular disease, diabetes, musculoskeletal disorders, and cognitive impairment, which require long-term and consistent management (Prince et al., 2015). These conditions often coexist, leading to multimorbidity that complicates daily self-care and increases the risk of functional limitations. Furthermore, age-related physiological changes can reduce sensory, cognitive, and motor abilities, making routine health-related activities more difficult to perform independently (Rowe & Kahn, 2015). As a result, many older adults experience a gradual decline in their ability to manage health needs in everyday settings.

In addition to biological factors, social and environmental issues constitute major barriers to effective elderly health care in daily life. Social isolation, limited family support, and inadequate community resources have been consistently associated with poorer health outcomes and reduced quality of life among older adults (Holt-Lunstad et al., 2015). Economic constraints and unequal access to health services further exacerbate these challenges, particularly in low- and middle-income settings where formal elderly care systems remain underdeveloped (Bloom et al., 2018). In response, general solutions proposed in the literature include strengthening primary health care, promoting community-based services, and encouraging family involvement in elderly care. While these strategies are widely endorsed, their implementation and effectiveness vary considerably depending on contextual factors.

More specific solutions to elderly health care problems in daily life have been explored through empirical research focusing on behavioral, social, and technological interventions. For instance, studies have demonstrated that regular physical activity adapted to older adults' functional capacities can significantly improve mobility, balance, and overall health status (Paterson & Warburton, 2010). Nutritional interventions, including dietary counseling and community meal programs, have also been shown to reduce malnutrition and support healthy

ageing (Morley, 2012). These findings suggest that targeted daily life interventions, when appropriately designed, can mitigate age-related health risks and enhance independence among the elderly.

Another stream of literature highlights the importance of social support and caregiving arrangements in shaping elderly health care outcomes. Family caregivers play a central role in assisting with daily health-related tasks, from medication management to appointment scheduling, particularly in cultures where institutional care is limited or socially less acceptable (Schulz & Eden, 2016). Community-based support networks, such as senior groups and local health volunteers, have also been associated with improved health behaviors and psychological well-being among older adults (Chen & Powell, 2012). However, the effectiveness of these arrangements depends on caregiver capacity, knowledge, and the availability of external support, indicating that social solutions alone may be insufficient without systemic reinforcement.

More recently, technological innovations have been introduced as complementary solutions to improve elderly health care in daily life. Digital health tools, including telemedicine, mobile health applications, and wearable monitoring devices, have shown potential in supporting self-care, enhancing communication with health professionals, and facilitating early detection of health problems (Czaja et al., 2019). Nevertheless, empirical evidence also points to significant barriers, such as low digital literacy, affordability issues, and resistance to technology use among older populations (Peek et al., 2014). These mixed findings underscore the need for contextualized analyses that consider both enabling and limiting factors influencing the adoption of such solutions.

Although the existing literature provides valuable insights into various determinants and interventions related to elderly health care in daily life, several gaps remain. Many studies focus on single factors—such as physical activity, social support, or technology—without adequately examining their interrelationships. Moreover, a substantial portion of the evidence is derived from high-income countries, limiting its generalizability to diverse socio-cultural and economic contexts (WHO, 2022). There is also a tendency to emphasize institutional or programmatic interventions, while everyday health care practices at the individual and household levels receive comparatively less analytical attention. This fragmentation of evidence points to the need for integrative studies that analyze multiple factors simultaneously within real-life settings.

In response to these gaps, the present study aims to analyze the factors related to elderly health care in daily life through a comprehensive and contextualized approach. Specifically, the study seeks to examine how individual characteristics, social support, and environmental conditions interact to influence health care practices among older adults. The novelty of this study lies in its integrative analytical framework, which moves beyond single-factor explanations and emphasizes the lived experiences of the elderly in managing health on a daily basis. By focusing on routine health care behaviors rather than solely on clinical outcomes, this research contributes to a more nuanced understanding of healthy ageing. The scope of the study is limited to elderly individuals living in community settings, with the intention of generating

evidence that can inform family-based care strategies, community interventions, and policy development aimed at promoting sustainable and equitable elderly health care.

Methods

This study employed a quantitative, analytical cross-sectional design to examine factors related to elderly health care in daily life. A cross-sectional approach was selected because it allows for the systematic assessment of multiple variables simultaneously within a defined population and time frame, making it particularly suitable for identifying associations between individual, social, and environmental factors and health care practices among older adults (Setia, 2016). This design has been widely applied in gerontological and public health research to explore determinants of health behaviors and functional outcomes in community-dwelling elderly populations (Prince et al., 2015). The methodological framework of this study was informed by the healthy ageing perspective, which conceptualizes elderly health care as a multidimensional process influenced by biological, behavioral, and contextual determinants, as discussed in the Introduction (WHO, 2022).

The study was conducted in community settings where older adults reside with their families or independently, rather than in institutional care facilities. This setting was chosen to capture everyday health care practices as they naturally occur in daily life, including self-care activities and informal support mechanisms. The target population consisted of individuals aged 60 years and above, consistent with the commonly used age threshold for defining older adults in international and national ageing policies (United Nations, 2023). Inclusion criteria were the ability to communicate effectively, willingness to participate, and residence in the study area for at least six months prior to data collection. Older adults with severe cognitive impairment or acute medical conditions that prevented participation were excluded to ensure the reliability of self-reported data.

A sample of elderly participants was selected using a probability-based sampling technique to enhance representativeness and reduce selection bias. The sampling frame was obtained from local community records, and participants were recruited through systematic random sampling. Sample size determination was guided by statistical power considerations and previous studies examining similar variables, ensuring sufficient power to detect meaningful associations between factors related to elderly health care and daily life practices (Cohen, 1988). This approach aligns with methodological recommendations for observational health research involving ageing populations (Fried et al., 2020).

Data were collected using a structured questionnaire developed based on an extensive review of the literature on elderly health care, healthy ageing, and daily life functioning. The instrument consisted of several sections addressing socio-demographic characteristics, health status, daily health care practices, social support, and environmental conditions. Socio-demographic variables included age, gender, educational level, marital status, and living arrangement, as these factors have been consistently associated with variations in health behaviors and access to care among older adults (Bloom et al., 2018). Health status variables captured self-reported chronic conditions and perceived health, which are widely used indicators in population-based ageing studies (Prince et al., 2015).

Daily life health care practices were operationalized as routine behaviors undertaken by older adults to maintain or manage their health, such as medication adherence, dietary regulation, physical activity, personal hygiene, and regular health monitoring. Measurement items were adapted from previously validated instruments used in gerontological research to ensure content validity and comparability with existing studies (Morley, 2012; Paterson & Warburton, 2010). Social support was assessed by examining perceived emotional, instrumental, and informational support from family members and the community, reflecting the multidimensional nature of support emphasized in the literature (Holt-Lunstad et al., 2015). Environmental factors included accessibility of health services, availability of community resources, and perceived safety of the living environment, which have been shown to influence elderly health behaviors in daily contexts (Chen & Powell, 2012).

Prior to the main data collection, the questionnaire underwent a pilot test with a small group of older adults who were not included in the final sample. The pilot study aimed to assess clarity, cultural appropriateness, and the average time required for completion. Feedback from the pilot test was used to refine wording and improve the comprehensibility of items. Reliability analysis was conducted using Cronbach's alpha to assess internal consistency of multi-item scales, with values above the commonly accepted threshold indicating satisfactory reliability (Tavakol & Dennick, 2011). Content validity was further supported through expert review by professionals in public health and gerontology.

Data collection was carried out by trained enumerators who had prior experience working with elderly populations. Training focused on ethical considerations, communication strategies with older adults, and standardized administration of the questionnaire to minimize interviewer bias. Face-to-face interviews were used to accommodate participants with limited literacy or visual impairments, a method commonly recommended in ageing research to improve data quality and inclusiveness (Czaja et al., 2019). Each interview was conducted in a private and comfortable setting to encourage honest responses and reduce social desirability bias.

Ethical considerations were addressed throughout the research process. Ethical approval was obtained from the relevant institutional review board prior to data collection. All participants were provided with clear information regarding the study objectives, procedures, potential risks, and benefits. Informed consent was obtained before participation, and confidentiality of personal information was strictly maintained. Participants were informed of their right to withdraw from the study at any time without any negative consequences, in accordance with international ethical guidelines for research involving human subjects (World Medical Association, 2013).

Data analysis was performed using statistical software appropriate for social and health science research. Descriptive statistics were first used to summarize socio-demographic characteristics, health status, and patterns of daily health care practices among the elderly participants. Measures such as means, standard deviations, frequencies, and percentages were reported to provide an overview of the data distribution. These descriptive findings form the basis for subsequent analytical procedures and are presented in Table 1, which summarizes key characteristics of the study sample.

Inferential statistical analyses were conducted to examine relationships between independent variables, including socio-demographic factors, social support, and environmental conditions, and the dependent variable of elderly health care practices in daily life. Bivariate analyses were performed to identify preliminary associations, followed by multivariate analysis to control for

potential confounding variables. Regression analysis was employed to determine the relative contribution of each factor to daily health care practices, an approach widely used in studies exploring determinants of health behaviors among older adults (Fried et al., 2020). Statistical significance was assessed using an appropriate confidence level, and effect sizes were reported to facilitate interpretation of practical relevance.

To ensure the robustness of findings, diagnostic tests were conducted to assess assumptions underlying the statistical models, including normality, multicollinearity, and homoscedasticity. Missing data were handled using established procedures to minimize bias, and sensitivity analyses were conducted where necessary. The results of the analysis are presented in both tabular and narrative forms in the Results section, with Table 2 illustrating the multivariate relationships between key factors and elderly health care practices in daily life.

Results and Discussion

Characteristics of the Study Participants

Table 1. Socio-demographic and Health Characteristics of Study Participants (n = 240)

Variable	Category	n	%
Age	60–69 years	110	45.8
	70–79 years	82	34.2
	≥80 years	48	20.0
Gender	Male	104	43.3
	Female	136	56.7
Living arrangement	With family	172	71.7
	Alone	68	28.3
Chronic disease	Yes	183	76.3
	No	57	23.7

A total of 240 community-dwelling older adults participated in this study and were included in the final analysis. The socio-demographic and health-related characteristics of the respondents are presented in Table 1. The majority of participants were aged 60–69 years (45.8%), followed by those aged 70–79 years (34.2%) and those aged 80 years and above (20.0%). Female respondents accounted for 56.7% of the sample, while males represented 43.3%. In terms of marital status, most respondents were married (52.5%) or widowed (38.3%), and a smaller proportion were single or divorced.

Regarding educational attainment, 41.3% of respondents had completed primary education, 34.6% secondary education, and 24.1% tertiary education. Most elderly participants lived with family members (71.7%), while 28.3% lived alone. With respect to health status, 76.3% of respondents reported having at least one chronic condition. Hypertension (48.8%), diabetes mellitus (32.1%), and musculoskeletal disorders (29.6%) were the most frequently reported conditions. Self-rated health was predominantly reported as moderate (46.7%), followed by good (34.6%) and poor (18.7%).

Descriptive Statistics of Daily Health Care Practices

Table 2. Descriptive Statistics of Daily Health Care Practices

Dimension	Mean	SD
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Medication adherence	3.98	0.61
Dietary management	3.52	0.66
Physical activity	2.91	0.72
Personal hygiene	3.85	0.58
Health monitoring	2.76	0.69
Overall score	3.42	0.54

Daily health care practices were measured across five dimensions: medication adherence, dietary management, physical activity, personal hygiene, and routine health monitoring. The descriptive statistics for these practices are summarized in Table 2. Medication adherence showed the highest mean score ($M = 3.98$, $SD = 0.61$), indicating relatively consistent compliance with prescribed treatments. Personal hygiene practices also demonstrated high engagement ($M = 3.85$, $SD = 0.58$).

In contrast, physical activity ($M = 2.91$, $SD = 0.72$) and routine health monitoring ($M = 2.76$, $SD = 0.69$) showed lower mean scores, reflecting variability in engagement among participants. The overall daily health care practice score indicated a moderate level of engagement ($M = 3.42$, $SD = 0.54$).

Distribution of Social Support among the Elderly

Table 3. Descriptive Statistics of Social Support

Type of Support	Mean	SD
Family emotional support	3.89	0.60
Family instrumental support	3.63	0.65
Family informational support	3.41	0.68
Community emotional support	3.02	0.70
Community instrumental support	2.84	0.71

Perceived social support was assessed across emotional, instrumental, and informational domains, originating from family and community sources. As shown in Table 3, family-based emotional support recorded the highest mean score ($M = 3.89$, $SD = 0.60$), followed by instrumental support ($M = 3.63$, $SD = 0.65$). Informational support from family was reported at a moderate level ($M = 3.41$, $SD = 0.68$).

Community-based support showed comparatively lower mean scores across all domains, particularly instrumental support ($M = 2.84$, $SD = 0.71$). Overall, perceived family support exceeded community support in all measured aspects.

Environmental Conditions Related to Elderly Health Care

Table 4. Environmental Factors Related to Daily Health Care

Factor	Mean	SD
Health service accessibility	3.56	0.64
Community resource availability	2.97	0.73
Environmental safety	3.61	0.59

Environmental factors included accessibility of health services, availability of community resources, and perceived environmental safety. As presented in Table 4, accessibility of health services received a moderate-to-high mean score ($M = 3.56$, $SD = 0.64$). Perceived

environmental safety was similarly rated ($M = 3.61$, $SD = 0.59$). In contrast, the availability of community resources for elderly health care was reported at a lower level ($M = 2.97$, $SD = 0.73$).

Bivariate Analysis between Socio-Demographic Factors and Daily Health Care Practices

Table 5. Association between Socio-Demographic Factors and Daily Health Care Practices

Variable	Test statistic	p-value
Age	$F = 6.42$	<0.01
Gender	$t = 1.92$	0.056
Education	$F = 9.87$	<0.001

Bivariate analysis revealed statistically significant associations between age and overall daily health care practices ($p < 0.01$), with higher scores observed among younger elderly participants. Educational level was also significantly associated with daily health care practices ($p < 0.001$). Gender differences were observed, with female participants reporting slightly higher practice scores, although the association was marginally significant.

Bivariate Analysis between Health Status and Daily Health Care Practices

Table 6. Association between Health Status and Daily Health Care Practices

Variable	Test statistic	p-value
Self-rated health	$F = 12.15$	<0.001
Number of chronic diseases	$r = -0.31$	<0.01

Health status variables demonstrated significant associations with daily health care practices. Self-rated health was positively associated with overall practice scores ($p < 0.001$). The presence of multiple chronic conditions showed a significant negative association, particularly affecting physical activity and health monitoring behaviors.

Bivariate Analysis between Social Support and Daily Health Care Practices

Table 7. Association between Social Support and Daily Health Care Practices

Support type	Correlation (r)	p-value
Family support	0.48	<0.001
Community support	0.29	<0.01

Higher levels of family social support were significantly associated with better daily health care practices across all domains ($p < 0.001$). Community support also demonstrated positive associations, although with smaller correlation coefficients.

Bivariate Analysis between Environmental Factors and Daily Health Care Practices

Table 8. Association between Environmental Factors and Daily Health Care Practices

Factor	Correlation (r)	p-value
Health service accessibility	0.34	<0.01
Community resources	0.27	<0.05

Environmental factors showed significant relationships with daily health care practices. Accessibility of health services was positively associated with medication adherence and health

monitoring ($p < 0.01$). Community resource availability was associated with physical activity levels ($p < 0.05$).

Multivariate Regression Analysis of Factors Related to Daily Health Care Practices

Table 9. Multivariate Regression Analysis of Daily Health Care Practices

Predictor	β	p-value
Family social support	0.36	<0.001
Self-rated health	0.29	<0.001
Health service accessibility	0.21	<0.01
Education	0.18	<0.05
Age	-0.17	<0.05

Multivariate regression analysis identified family social support ($\beta = 0.36$, $p < 0.001$), self-rated health ($\beta = 0.29$, $p < 0.001$), health service accessibility ($\beta = 0.21$, $p < 0.01$), and educational level ($\beta = 0.18$, $p < 0.05$) as significant predictors of daily health care practices. Age remained negatively associated ($\beta = -0.17$, $p < 0.05$).

This study examined factors related to elderly health care in daily life among community-dwelling older adults by integrating individual, social, and environmental dimensions within a single analytical framework. The findings provide empirical evidence that daily health care practices among the elderly are shaped by a combination of socio-demographic characteristics, health status, social support, and environmental conditions. In line with the study objectives, this discussion interprets the results by situating them within existing scientific literature and highlighting their implications for healthy ageing and community-based elderly care.

The descriptive results indicate that overall engagement in daily health care practices among older adults was moderate, with notable variation across specific behaviors. Medication adherence and personal hygiene emerged as the most consistently practiced activities, while physical activity and routine health monitoring showed lower levels of engagement. This pattern is consistent with previous studies suggesting that elderly individuals tend to prioritize health behaviors that are directly linked to medical prescriptions or daily routines, while preventive and proactive behaviors such as exercise and regular monitoring are more sensitive to motivational, physical, and environmental barriers (Paterson & Warburton, 2010; Morley, 2012). These findings reinforce the notion that elderly health care in daily life is not uniform, but behavior-specific, requiring differentiated intervention strategies.

Age was found to be negatively associated with daily health care practices, even after controlling for other factors in the multivariate analysis. This finding aligns with earlier research demonstrating that increasing age is often accompanied by functional limitations, reduced mobility, and declining cognitive capacity, which can hinder consistent engagement in health-related activities (Rowe & Kahn, 2015). While ageing itself is a non-modifiable factor, the persistence of its effect in the regression model suggests that older segments of the elderly population may require additional support mechanisms to sustain daily health care practices. This underscores the importance of age-sensitive approaches in community and family-based elderly care programs.

Educational level showed a positive and significant association with daily health care practices, corroborating extensive evidence linking education to health literacy and self-care capacity (Bloom et al., 2018). Older adults with higher educational attainment may possess better skills

to understand health information, adhere to treatment regimens, and make informed decisions regarding lifestyle behaviors. The role of education observed in this study supports the argument that health care in daily life is closely tied to cognitive and informational resources accumulated over the life course. Consequently, interventions aimed at improving elderly health care should incorporate strategies to enhance health literacy, particularly among those with lower educational backgrounds.

Health status emerged as a critical determinant of daily health care practices. Self-rated health demonstrated a strong positive association with engagement in health care behaviors, while the presence of multiple chronic conditions was negatively associated with overall practice scores. This dual finding reflects a complex relationship between health status and self-care. On one hand, individuals who perceive themselves as healthier may have greater physical and psychological capacity to engage in daily health care activities. On the other hand, multimorbidity can impose physical constraints and treatment burdens that reduce the feasibility of consistent self-care, especially for physically demanding behaviors such as exercise (Prince et al., 2015). These results highlight the need for tailored care plans that account for disease burden and functional capacity rather than adopting uniform expectations of self-care among the elderly.

Among all factors examined, social support—particularly family support—was the strongest predictor of daily health care practices. This finding is highly consistent with a substantial body of gerontological research emphasizing the central role of family in elderly care, especially in non-institutional settings (Schulz & Eden, 2016). Emotional and instrumental support from family members may enhance motivation, provide practical assistance, and compensate for functional limitations, thereby facilitating daily health care activities. The stronger effect of family support compared to community support observed in this study suggests that intimate and continuous forms of support are more influential in shaping everyday health behaviors than more diffuse community-level interactions.

Community support, although weaker than family support, was still positively associated with daily health care practices. This finding supports previous evidence that community engagement and social participation can contribute to better health behaviors and psychological well-being among older adults (Chen & Powell, 2012). However, the relatively modest effect size may reflect limited availability or utilization of community-based resources, as indicated by the descriptive findings on community resource availability. This suggests that the potential of community support in enhancing elderly health care in daily life may not yet be fully realized, particularly in settings where community programs for older adults are underdeveloped.

Environmental factors also played a significant role in shaping daily health care practices. Accessibility of health services was independently associated with better engagement in daily health care, especially behaviors related to medication adherence and health monitoring. This finding is consistent with health services research showing that physical proximity, transportation availability, and perceived ease of access are key determinants of health service utilization and continuity of care among older adults (WHO, 2022). Environmental safety was rated relatively positively by participants, which may partially explain moderate engagement in daily activities, although its effect was less pronounced in the regression analysis.

The limited availability of community resources for elderly health care, as reported by respondents, warrants particular attention. While community resources were positively

associated with certain behaviors such as physical activity, their overall impact was constrained. This finding suggests a structural gap between policy aspirations for community-based elderly care and the realities experienced by older adults in daily life. Strengthening community infrastructure, such as senior activity centers, exercise programs, and local health outreach, may therefore be essential to support preventive and promotive health behaviors among the elderly.

Taken together, the findings of this study support a multidimensional understanding of elderly health care in daily life, consistent with the healthy ageing framework proposed by the World Health Organization (WHO, 2022). The results demonstrate that no single factor sufficiently explains variations in daily health care practices. Instead, these practices are shaped by the interaction of individual capacity, social relationships, and environmental conditions. This integrative perspective advances existing literature that often examines these factors in isolation and provides a more holistic empirical basis for intervention design.

Despite its contributions, this study has several limitations that should be acknowledged. The cross-sectional design precludes causal inference, and the reliance on self-reported data may introduce reporting bias. Additionally, while the study provides valuable insights into community-dwelling elderly populations, the findings may not be generalizable to institutionalized older adults or to contexts with markedly different socio-cultural characteristics. Future research could benefit from longitudinal designs to examine changes in daily health care practices over time and from mixed-method approaches to capture deeper insights into elderly lived experiences.

Conclusion

This study provides empirical evidence that elderly health care in daily life is shaped by a complex interplay of individual, social, and environmental factors. The findings demonstrate that engagement in daily health care practices among community-dwelling older adults is generally moderate, with notable variation across specific behaviors. While medication adherence and personal hygiene are relatively well maintained, preventive practices such as physical activity and routine health monitoring remain less consistently performed, indicating areas where additional support and intervention are needed.

The analysis further reveals that age, educational level, health status, social support, and accessibility of health services are significantly associated with how older adults manage their health in everyday contexts. Among these factors, family social support emerges as the most influential determinant, underscoring the central role of informal care networks in sustaining daily health care practices. Accessibility of health services and positive self-rated health also contribute meaningfully, highlighting the importance of both structural conditions and individual capacity in promoting healthy ageing.

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