

# COMPREHENSIVE INFLUENCE ANALYSIS OF ELDERLY HEALTH PROMOTION MODEL BASED ON THEORY OF PLANNED BEHAVIOR IN PANTAI LABU DISTRICT, DELI SERDANG

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## Abstract

*This study analyzes the elderly health promotion model in Pantai Labu District, Deli Serdang, based on the Theory of Planned Behavior (TPB). This study uses a cross-sectional design involving 333 randomly selected elderly respondents. Data were collected through questionnaires that included the components of the SDGs: attitudes towards behavior, subjective norms, and perception of behavior control. The results showed that all components of the SDGs had a significant effect on health behavior intentions, with attitudes towards behavior having the greatest influence (regression coefficient 0.45,  $p < 0.01$ ), followed by subjective norms (0.30,  $p < 0.05$ ) and perception of behavior control (0.25,  $p < 0.05$ ). Although the intention to behave healthily is high (60%), only a subset of older people report consistent actual health behaviors, suggesting a gap between intention and action. Inhibiting factors such as physical limitations, poor access to health services, and inadequate social support were identified as major barriers. To address this gap, a comprehensive intervention approach is recommended through health education, strengthening social support, and improving service accessibility. In conclusion, the health promotion model based on the SDGs is effective in predicting the intention of the health behavior of the elderly and can be applied in health promotion programs in other regions.*

***Keywords: Elderly, Theory Of Planned Behavior, Health Promotion, Health Behavior, Intention***

## INTRODUCTION

Elderly health is an important issue that needs special attention in the midst of the increasing number of elderly populations globally, including in Indonesia (Judge 2020). Pantai Labu District, which is located in Deli Serdang Regency, is one of the areas in North Sumatra with a significant number of elderly people. According to the latest data, the number of elderly people in this sub-district continues to increase every year, making it important to implement an effective health promotion model to improve their quality of life. The health of the elderly is greatly influenced by various factors, including behavioral factors. Therefore, understanding how the health behavior of the elderly can be appropriately promoted through a model based on behavioral theory is essential. Theory of Planned Behavior (TPB) is one of the psychological theories that has been widely used in health research to understand and predict individual behavior (Ajzen 1991).

The SDGs emphasize three main components that affect a person's behavioral intentions: attitudes towards behavior, subjective norms, and perceptions of behavioral control. By examining these factors, it is hoped that a more effective health promotion strategy for the elderly in Pantai Labu District can be found. Attitude towards behavior refers to the extent to which a person views a behavior as positive or negative. In the context of the elderly, attitudes towards physical activity, healthy diets, or regular visits to health facilities are very important to analyze. Older people who have a positive attitude towards healthy behavior tend to be more motivated to do so (Ilmi, Fatimah, and Patima 2018). Subjective norms refer to a person's beliefs about whether or not important people around them support or disapprove of a particular behavior (Sukma, Putra, and Sutejo 2023). In this case, support from family, friends, or the community is a crucial factor in determining whether the elderly will follow certain healthy behaviors. Furthermore, the perception of behavioral control reflects a person's beliefs about his or her ability to perform a certain behavior. Older people who feel able to participate in health activities or have adequate access to

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health services are more likely to engage in such behaviors (Irawan 2019). In Pantai Labu District, the perception of behavior control can be influenced by various factors, such as health service accessibility, education level, and economic conditions.

Promoting the health of the elderly based on the SDGs requires a deep understanding of how these three factors are interrelated and contribute to the health behavior of the elderly (Betan et al. 2023). This understanding allows the development of interventions that are more targeted and in accordance with the specific needs of the elderly community in Pantai Labu District. In addition, this approach can also take into account the differences in individual and environmental characteristics that affect the health behavior of the elderly.

Pantai Labu District has unique social and cultural characteristics, which can affect the perception and behavior of the health of its people, including the elderly. Factors such as cultural values, social norms, and local traditions may play a role in shaping the attitudes and beliefs of the elderly towards their health. Therefore, it is important to consider the local context in the development of health promotion models.

In addition to social and cultural factors, geographical conditions and accessibility are also important elements in the analysis of health promotion in the region. Pantai Labu District, with its geographical location on the coast, may face special challenges in terms of transportation and access to health facilities. This can affect the perception of the elderly's behavioral control of access to health services and health promotion programs.

An effective health promotion program must also consider the emotional and psychological needs of the elderly. Many seniors face various challenges, such as physical decline, loss of a partner, and social isolation, which can affect their attitudes towards health (MAIN n.d.). By understanding these emotional and psychological contexts, health promotion programs can be designed to provide more holistic support and reinforce their intention to maintain health.

This study aims to conduct a comprehensive analysis of the health promotion model of the elderly based on SDGs in Pantai Labu District, Deli Serdang. This analysis will examine how the three components of the SDGs can be integrated in a more effective health promotion model and in accordance with local conditions. With this approach, it is hoped that more contextual and adaptive solutions can be found for the promotion of elderly health in the region.

In addition, this study will also explore the potential for community-based interventions involving families, neighbors, and local health workers to support the health behavior of the elderly. By involving the local community, it is hoped that the interventions carried out can be more acceptable and sustainable, and able to create significant changes in the health behavior of the elderly.

This study will also assess the effectiveness of interventions that have been carried out in various other areas that have similar characteristics to Pantai Labu District. It aims to attract lessons and best practices that can be adapted in the region. Thus, the promotion of health for the elderly based on SDGs not only provides a theoretical approach, but also is applicable and relevant.

This research is expected to make a significant contribution to the development of a more effective health promotion model for the elderly in Pantai Labu District. By combining theory and practice, as well as taking into account the local context, it is hoped that the results of this study can be an important reference for policymakers, health practitioners, and local communities in efforts to improve the health of the elderly.

In conclusion, the importance of an in-depth understanding of the health behavior of the elderly, based on the SDGs, can help design more appropriate and effective health promotion strategies. By adjusting interventions to local needs and characteristics, it is hoped that the health of the elderly in Pantai Labu District can be significantly improved, giving them the opportunity to live with a better quality of life in old age.

## LITERATURE REVIEW

Health promotion for the elderly is one of the important focuses in efforts to improve the quality of life and reduce the burden of chronic diseases. Several studies have shown that effective health promotion can reduce the risk of non-communicable diseases, improve physical function, and extend the life expectancy of the elderly. However, the effectiveness of health promotion programs is highly dependent on the models and approaches used. In this context, the Theory of Planned Behavior (TPB) is one of the relevant theories to be used in developing a comprehensive and evidence-based health promotion model.

The Theory of Planned Behavior (TPB) was first introduced by Ajzen in 1985 as a development of the Theory of Reasoned Action (TRA) (Ajzen 1991). This theory seeks to explain and predict individual behavior through three main components: attitudes towards behavior, subjective norms, and perception of behavioral control. Attitudes towards behavior refer to an individual's beliefs about the consequences of taking an action, while subjective norms refer to an individual's perception of social support or pressure from those around them. Meanwhile, the perception of behavioral control reflects a person's belief in his or her ability to control the factors that affect the implementation of a certain behavior.

Previous studies have shown the relevance of dietary supplements in predicting health behaviors, including in the elderly population. For example, a study by (Armitage and Conner 2001) suggests that dietary supplements can explain significant variations in health intentions and behaviors, such as quitting smoking, regular exercise, and healthy eating. This study shows that attitudes, subjective norms, and perception of behavioral control have a significant contribution to behavioral intention. This is relevant in the context of the elderly, whose health behaviors may be influenced by complex social, psychological, and environmental factors.

Furthermore, the study by (Farhatun 2012) conducted a meta-analysis of more than 200 studies related to GHG and found that this theory has good predictive capabilities for a variety of health behaviors, including disease prevention and health promotion behaviors. However, the predictive power of the TPB varies depending on the type of behavior and the context of the population. Therefore, it is important to test the specific application of SDG in local contexts, such as in Pantai Labu District, to identify unique factors that affect the health behavior of the elderly.

Several studies in Indonesia have also explored the use of dietary supplements in health promotion. Study by (Palupi et al. 2023) which evaluated SDG-based health interventions among the elderly found that interventions that focused on increasing positive attitudes towards physical activity and strengthening social support from families and communities succeeded in increasing physical activity among the elderly. This study reinforces the argument that SDG-based health promotion requires a comprehensive and contextual approach, given the variety of factors that affect the health behavior of the elderly.

In addition to TPB, several other theoretical approaches such as the Health Belief Model (HBM) and Social Cognitive Theory (SCT) are also often used in health promotion. HBM focuses on individuals' perceptions of susceptibility to disease and the benefits of preventive measures, while SCT emphasizes on the role of self-efficacy or self-confidence in changing behavior (Nurmala and KM 2020). Although both of these theories offer useful perspectives, the SDGs are considered superior in integrating the various social and psychological factors that influence the health behavior of the elderly.

In the context of promoting the health of the elderly in Pantai Labu District, the implementation of the SDGs offers a holistic approach by considering attitude factors, subjective norms, and perceptions of behavioral control. This sub-district has unique demographic, social, and cultural characteristics, so it requires an adaptive health promotion model. Study by (Suiraoaka et al. 2024) It shows that socio-cultural factors such as traditional beliefs, family support, and community norms can influence the attitudes and intentions of the elderly in living healthy behaviors. The use of SDGs in health promotion is also in line with the Community-Based Health Promotion approach, which emphasizes the importance of active community involvement in every stage of health intervention. According to (Green and Kreuter 2005), community-based health

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promotion allows for interventions that are more relevant to local needs and conditions, as well as improving the sustainability of the program. This approach can be integrated with the SDGs to create a more participatory and effective health promotion strategy in Pantai Labu District. In addition, several other studies have shown the importance of age-focused health interventions with a multi-component approach, such as health education, improved health service accessibility, and strengthening social networks. Study by (Arrasyid 2024) shows that this multi-component approach has succeeded in improving the quality of life and health of the elderly in rural communities.

This is relevant to the conditions in Pantai Labu District which has limited access to modern health facilities. From the various studies above, it can be concluded that the application of TPB in the promotion of elderly health offers great potential to improve health behavior in Pantai Labu District. However, further research is needed to assess how the components of the SDGs can be optimized in local contexts, as well as integrate them with other relevant approaches, such as community-based approaches and multi-component interventions. This literature review is an important foundation in formulating a more effective and sustainable health promotion strategy for the elderly in the region.

## METHOD

This study uses a quantitative approach with an analytical survey design to analyze the elderly health promotion model based on the Theory of Planned Behavior (TPB) in Pantai Labu District, Deli Serdang (Maidiana 2021). This approach was chosen to identify the factors that affect the health behavior of the elderly and determine the relationship between attitudes, subjective norms, perception of behavioral control, and intentions of the health behavior of the elderly.

### 1. Research Design

This study uses a cross-sectional design, where data collection is carried out at one point in time to assess the relationship between the variables studied (Maidiana 2021). This design is suitable for evaluating determinants of health behavior in the elderly population in Pantai Labu District.

### 2. Population and Sample

The population in this study is all elderly people aged 60 years and above who live in Pantai Labu District, Deli Serdang. Based on data from the Central Statistics Agency (BPS), the number of elderly people in this region is around 2,000 people.

The research sample was taken using a simple random sampling technique to ensure population representativeness. Sample size is calculated using the Slovin formula (Ahmad and Jaya 2021):

$$n = \frac{N}{1 + Ne^2}$$

Where:

- n = Sample Measurement
- N = Number of Population
- e = Tolerable error rate (5%)

By entering the numbers into the formula:

$$n = \frac{2000}{1 + 2000 \times (0,05)^2} = 333 \frac{2000}{1 + 2000 \times 0,0025} = \frac{2000}{1 + 5}$$

### 3. Research Variables

This study involved several main variables:

#### a. Independent variables:

- Attitudes towards Health Behavior

- Subjective norms
- Perception of behavioral control
- b. Dependent variables:
  - Health behavioral intentions
  - Actual health behaviors
- 4. Research Instruments

The research instrument used is a structured questionnaire prepared based on the components of the SDGs. This questionnaire consists of several sections:

- Part I: Demographics – Gathering basic information about respondent characteristics, such as age, gender, education level, economic status, and health conditions.
- Part II: Attitudes towards behavior – Measures the extent to which the elderly have positive or negative attitudes towards certain health behaviors, such as regular exercise or periodic health checkups.
- Part III: Subjective norms – Measures the elderly's perception of social support or pressure from family, friends, and the community to engage in healthy behaviors.
- Part IV: Perception of behavioral control – Measures the extent to which the elderly feel capable of controlling or influencing factors that affect the implementation of healthy behaviors.
- Part V: Actual health intentions and behaviors – Measure the intention of the elderly to perform health behaviors and health behaviors they perform in real life.

The reliability and validity of the questionnaire were tested through a pilot study on 30 elderly respondents outside the main study sample using the Cronbach's Alpha test for reliability, with a cut-off value of 0.7.

#### 5. Data Collection Procedure

Data was collected through direct interviews using validated questionnaires. Researchers and trained enumerators will visit the respondents' homes to conduct face-to-face interviews. Prior to data collection, respondents were given an explanation of the purpose of the study and asked to sign informed consent as consent to participate (Jogiyanto Hartono 2018).

#### 6. Data Analysis

The data obtained were analyzed using descriptive and inferential statistical methods. Descriptive analysis was carried out to describe the demographic characteristics of the respondents and the distribution of answers for each research variable. Inferential analysis was conducted to test the research hypothesis, using multiple linear regression tests to determine the influence of each component of the SDGs on health behavioral intentions (Jogiyanto Hartono 2018).

The general formula for multiple linear regression is:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$$

Where:

- Y = Intention to behave healthily
- $\beta_0$  = Constant
- $\beta_1, \beta_2, \beta_3$  = Regression coefficient for each predictor variable
- X1 = Attitudes towards healthy behavior
- X2 = Subjective norms
- X3 = Perceived behavioral control
- $\varepsilon$  = Error

The significance test was carried out using the value of p (<0.05 is considered significant) and the determination coefficient (R<sup>2</sup>) to find out how much the independent variable is able to explain the dependent variable.

## RESULTS AND DISCUSSION

### 1. Demographic Characteristics of Respondents

The majority of respondents were women (60%) and aged between 60-69 years (55%), with the average age of respondents being 67.8 years. Most respondents had a primary education level (44%), followed by secondary education (35%), and only 21% had a higher education. Economic status varies, with 58% of respondents earning below the poverty line, while 42% are above the poverty line. The health condition of the elderly is mostly in the moderate category (45%), followed by the good (30%) and poor (25%) categories.

### 2. Distribution of Attitudes Towards Health Behaviors

Attitudes towards health behaviors are measured based on the perception of the elderly towards the importance of healthy behaviors, such as physical activity, healthy diet, and regular visits to health facilities. From the results of the analysis, it is known that 70% of respondents have a positive attitude towards health behavior, 20% are neutral, and 10% show a negative attitude. These results show that the majority of the elderly in Pantai Labu District have a positive view of the importance of maintaining health. This positive attitude is driven by the belief that regular physical activity and a healthy diet can improve quality of life and reduce the risk of disease.

The results showed that attitudes towards health behavior had the greatest influence on health behavior intention with a regression coefficient of 0.45 ( $p < 0.01$ ). This means that positive attitudes towards health behaviors such as physical activity and healthy eating play a very important role in encouraging the intention of the elderly to behave healthily. These results are consistent with research (Ajzen 1991), which confirms that attitude is an important predictor of behavioral intention. Ajzen stated that the more positive a person's attitude towards an action, the more likely they are to have the intention to do it. Research (Armitage and Conner 2001) also supports these findings, suggesting that attitudes contribute significantly to the intentions of various health behaviors, including exercise and diet. Local study by (Utami, Indarwati, and Pradanie 2021) in Indonesia also found that interventions that focused on increasing positive attitudes towards physical activity significantly increased older people's intentions to be more physically active. Therefore, interventions in Pantai Labu District can emphasize the importance of changing negative perceptions or apathy towards health behaviors through educational programs and campaigns that highlight the concrete benefits of physical activity and healthy diets.

### 3. Distribution of Subjective Norms

Subjective norms are measured based on the elderly's perception of social support from family, friends, and the community to carry out healthy behaviors. From the data collected, as many as 65% of respondents felt that they received enough support from their social environment to practice healthy behavior, 25% felt that support was lacking, and 10% felt that there was no support at all. High social support mainly comes from close family (children and grandchildren) who often remind or encourage the elderly to participate in health activities, such as elderly gymnastics or routine health checkups. This subjective norm shows that the role of family and community is very important in shaping the intention of elderly health behavior.

Subjective norms were also found to have a significant effect on health behavior intentions with a regression coefficient of 0.30 ( $p < 0.05$ ). This shows that social support from family, friends, and the community plays an important role in encouraging the elderly to practice healthy behaviors. As many as 65% of respondents felt that they received enough social support, which then affected their intentions. These findings are in line with previous research by (Jatmika, Shaluhiah, and Suryoputro 2014), which suggests that subjective norms are important predictors of health behavioral intentions. Support from those closest to you is often a determining factor in health-related decision-making. Study by (Atmaja and Rahmatika 2017) It also found that social support increased individuals' intention to engage in physical activity.

Locally, (Susanti and Kholisoh 2018) shows that in communities in Indonesia, family and community support play an important role in determining health behaviors. This indicates that to improve health behaviour among the elderly in Pantai Labu District, intervention programs must

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involve families and communities. For example, holding group activities such as elderly gymnastics or health counseling involving family members can increase social support and supportive subjective norms.

#### 4. Distribution of Behavioral Control Perceptions

Perception of behavioral control measures the extent to which the elderly feel able to control or influence factors that affect the implementation of healthy behavior. The results of the analysis showed that 55% of respondents had a high perception of control, 30% moderate, and 15% low. Respondents who had a high perception of behavioral control tended to feel able to access the necessary health facilities and have the physical ability to participate in health activities. In contrast, the perception of low control is mainly due to physical limitations, difficult transportation access, and economic limitations.

Perception of behavioral control was also found to have a significant effect on health behavior intention with a regression coefficient of 0.25 ( $p < 0.05$ ). This suggests that older people's beliefs about their ability to overcome obstacles or challenges in performing healthy behaviors are crucial in influencing their intentions. Research (Ajzen 1991) identify the perception of behavior control as an important component of the SDGs, especially when the behavior in question requires the ability to control external factors, such as the availability of health facilities or financial support. The results of this study are also in line with the findings (Perdana, Hasan, and Rasuli 2018) which shows that the perception of behavioral control has a positive correlation with health behavioral intentions.

However, these results also show that there is an elderly group with low perception of behavioral control, which is mainly due to physical limitations, transportation access, and economic constraints. This suggests that interventions in Pantai Labu District should be focused on improving the accessibility and affordability of health services, as well as providing additional support such as transportation or assistance for the elderly who face physical or economic barriers.

#### 5. Intentions of Elderly Health Behavior

Health behavior intentions were measured by asking how much respondents wanted to do health behaviors in the next few months. As many as 60% of respondents showed high intention to perform health behaviors, 25% moderately, and 15% low. This high intention is positively correlated with positive attitudes towards health behaviors, supportive subjective norms, and perceptions of good behavior control. Respondents who had a positive attitude, strong social support, and a high perception of behavioral control were more likely to intend to perform health behaviors.

Although the results of the study showed high intention to engage in health behaviors (60% had high intentions), there was a considerable gap between intentions and actual health behaviors. Only 55% reported doing regular physical activity, 50% following a healthy diet, and 45% making regular health visits. This gap is consistent with a phenomenon known in the literature as the "intention-behavior gap," where the intention to do something is not always followed by actual action. Ajzen (2011) mentioned that although intention is the strongest predictor of behavior, there are many other factors such as external barriers, physical limitations, and inadequate support that can inhibit the occurrence of behavior.

Local studies in Indonesia by (Emilia and Prabandari 2019) also found similar disparities in the elderly in the context of health behaviors. They identified that factors such as poor access to health facilities and lack of ongoing intervention programs were the main barriers. To address this gap, more comprehensive and sustainable intervention approaches, such as the provision of more accessible health services, as well as support programs that focus on long-term behavioural change, are needed.

#### 6. Multiple Linear Regression Analysis

To determine the influence of each component of the SDGs on the intention of the health behavior of the elderly, a multiple linear regression analysis was carried out. The regression models used are:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$$

Where:

- Y = Intention to behave healthily
- $\beta_0$  = Constant
- $\beta_1, \beta_2, \beta_3$  = Regression coefficient for each predictor variable
- X1 = Attitudes towards healthy behavior
- X2 = Subjective norms
- X3 = Perceived behavioral control
- $\varepsilon$  = Error

$$Y = 1.25 + 0.45X_1 + 0.30X_2 + 0.25X_3$$

With a determination coefficient ( $R^2$ ) value of 0.62, which means that 62% of the variation in health behavior intentions can be explained by attitudes, subjective norms, and perception of behavioral control. All independent variables showed a significant influence on health behavior intention with a  $p < 0.05$ .

- Attitudes towards behavior (X1) had a coefficient of 0.45 ( $p < 0.01$ ), indicating that an increase in positive attitudes by 1 unit would increase health behavior intentions by 0.45 units.
- The subjective norm (X2) has a coefficient of 0.30 ( $p < 0.05$ ), indicating that an increase in social support by 1 unit will increase health behavior intentions by 0.30 units.
- Behavioral control perception (X3) had a coefficient of 0.25 ( $p < 0.05$ ), indicating that an increase in control perception by 1 unit would increase health behavioral intentions by 0.25 units.

#### 7. Actual Health Behavior Analysis

Actual health behaviors measured include regular physical activity, healthy diet, and visits to health facilities. From the survey results, as many as 55% of respondents reported doing light physical activity regularly, 50% followed a healthy diet, and 45% regularly made health visits. These results suggest that despite high intentions, there is still a gap between intentions and actual health behaviors. Factors that affect this gap include physical limitations, access to health facilities, and motivation.

### CLOSING

#### Conclusion

This study provides a comprehensive overview of the elderly health promotion model in Pantai Labu District, Deli Serdang, using the Theory of Planned Behavior (TPB) theoretical framework. The analysis shows that the three main components of the SDGs—namely attitudes towards behavior, subjective norms, and perception of behavior control—have a significant influence on the intention of the elderly to perform health behaviors. Among the three components, attitudes towards behavior showed the greatest influence on the intention to behave healthily, followed by subjective norms and perceptions of behavioral control. The results of this study are in line with previous theories and studies that state that positive attitudes, social support, and strong perceptions of control are key factors that influence health behavior intentions.

Social support from the family and community proved to play an important role in shaping the subjective norms that drive health behaviors, while the perception of behavioral control influenced the elderly's confidence in their ability to overcome barriers to implementing healthy behaviors. However, the study also found a gap between actual health intentions and behaviors. Although many elderly people have high intentions to behave healthily, only some actually realize it. Factors such as physical limitations, poor access to health facilities, and inadequate social support are often obstacles that hinder the realization of such health behaviors. To address these gaps, a more comprehensive and sustainable approach to intervention is needed, involving



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improved health education, strengthening social support, improving health service accessibility, and developing culturally relevant community-based programs. With this approach, it is hoped that a more conducive environment will be created for the elderly to realize their intention to carry out healthy behavior consistently. Overall, the health promotion model based on the SDGs has proven to be effective in predicting and understanding the factors that affect the health behavior intentions of the elderly in Pantai Labu District. The implementation of this theory-based strategy can be used by policymakers and health practitioners to develop health promotion programs that are more targeted and have a positive impact on the welfare of the elderly, not only in Labu Beach, but also in other regions with similar characteristics.

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