

# Elderly Knowledge about Personal Hygiene

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**Abstract:** Increasing life expectancy in the elderly causes various health problems, one of which is the inability to maintain personal hygiene. The purpose of this study was to determine the picture of elderly knowledge about personal hygiene. The research design used is descriptive. The population in this study was the elderly, numbering 330 people. The sampling technique uses stratified random sampling with a sample of 100 respondents. Data collection using questionnaires and data analysis techniques using univariate analysis. Based on the results of the study, it was found that the majority of respondents had knowledge about personal hygiene with good categories (44.0%), knowledge with sufficient categories about personal hygiene (32%) and knowledge in the category less about personal hygiene (24%). Therefore, the results of the study indicate that the elderly have knowledge in the category of good personal hygiene.

**Keywords:** Knowledge, Elderly, Personal Hygiene

## I. Introduction

The World Health Organization estimates that 7.2% of the world's population is elderly, which is around 142 million people and that by 2050, this elderly population will have grown to 9.6% and by 2100 to 10.9%. In Indonesia, there are 23.4 elderly people, or 8.97% of the population; it is predicted that by 2035, there will be 48.2 million elderly people, out of a population of 15.8%. In East Java, the elderly population is as high as 7.19%; In Malang, as high as 75,403 (BPS Malang City, 2015); and in Landungsari Village, Dau District, Malang Regency, as high as 197. While the elderly make up up to 8.10% of the population in Aceh Province. Indonesia is one of the Asian regions that experienced an increase in the number of elderly by 0.89% in 2019.

The large number of elderly in Indonesia is one of the impacts of increasing the life expectancy of the Indonesian people. This is good for health policy in Indonesia today, but it must also be included with maximum health services. Aging in humans is a natural process that must be experienced. Old age is a phase of human biological dysfunction characterized by wrinkles on the skin, gray hair, missing teeth, and myopic eyes (Pereira et al., 2018).

During today's times, personal hygiene is considered very important for the elderly to improve and maintain the quality of their health. Personal hygiene can also be given to the elderly depending on their care needs to meet their comfort. Problems related to the elderly, especially in the maintenance of personal hygiene, which includes the cleanliness of hair, nails, mouth, and other organs. Decreased body functions in the elderly can affect and result in small changes that occur in the ability of the elderly, namely physical changes, mental changes, and psychosocial changes, so that it impacts or causes an increase in trust in the elderly, who experience a decline in their social roles, and results in internal disorders that cover the needs of life, especially personal hygiene needs (Nagoklan Simbolon, 2019).

The decline in body functions has a significant impact on the elderly's ability to meet physical, mental, and psychosocial needs. This results in a lack of self-confidence, deterioration of social roles, and disruption in meeting life's needs, particularly personal hygiene needs. The age level of people classified as elderly currently has low knowledge, and the elderly's knowledge and behavior regarding personal hygiene are still poor, which can be a major factor in the elderly's poor health and welfare (Erdhayanti & Kartinah, 2011). Furthermore, the elderly's lack of personal hygiene is due to a lack of knowledge and awareness about the importance of personal hygiene (Pra et al., 2022).

Due to discomfort and a lack of confidence, the elderly are more likely to be present in the room. When a person enters the elderly phase, they go through a number of changes. Changes in physiological, psychological, and socioeconomic status are among the changes experienced by the elderly. Gray and reduced hair, dry and wrinkled skin, and altered bone arrangements are all examples of physiological changes in the elderly. After the age of 60, humans become shorter, the heart does not react as quickly as it once did, blood circulation gradually becomes disrupted, and digestion suffers (Soleman et al., 2021).

Cleaning oneself to the fullest extent is not possible due to physical restrictions. Recognizing physical limits, it is necessary to give special consideration to the elderly, namely in protecting health, aiding, caring for and motivating the elderly to be able to maintain their health, especially in personal hygiene difficulties. Failing to practice personal hygiene may lead to skin issues,

problems with mucous membranes, infections of the eyes or ears, nail abnormalities, a lack of comfort and security, an inability to love and be loved, a lack of self-esteem, and a lack of self-actualization (Dian Fera & Arfah Husna, 2018). In addition, the lack of knowledge and information about the importance of personal hygiene makes the elderly not think too much about the impact that personal hygiene will have on them (Utami et al., 2021). Based on the above problems, researchers are interested in researching about "Elderly Knowledge about Personal Hygiene".

**II. Method**

This study used a descriptive method. The descriptive method is intended to describe existing phenomena, both scientific and engineering, that pay more attention to the characteristics, quality, and relationship between activities (Dian Fera & Arfah Husna, 2018). The descriptive research design is used to describe or discover how the elderly's knowledge of personal hygiene differs. The population in this study was the elderly, amounting to 330 elderly. The sample in this study amounted to 100 elderly people. Sampling using a proportional stratified random sampling technique, namely sampling by paying attention to a level.

**III. Result and Discussion**

**3.1. Univariate Analysis**

**3.1.1 Demographic Characteristics of Respondents**

Table 1. Frequency Distribution of Demographic Data of the elderly (n=100).

No	Characteristics of Respondents	Frequency (F)	Percentage (%)
1	Age		
	60-74	100	100
	Total	100	100
2	Gender		
	Man	46	46
	Woman	54	54
	Total	100	100
3	Final Education		
	Primary school	21	21
	Secondary School	25	25
	High School	38	38
	College	16	16
	Total	100	100

Based on Table 1 above, it can be seen that from the 100 respondents studied, the highest frequency distribution of respondents aged 60-74 years is as many as 100 respondents (100.0%), the majority of whom are women, as many as 54 respondents (54.0%), and the majority of respondents with a high school education level as 38 respondents (38.0%).

**3.1.2 Knowledge**

Table 2. Frequency Distribution Overview of the Level of Knowledge of the Elderly about Personal Hygiene (n=100).

Knowledge of the Elderly about Personal Hygiene	Frequency (F)	Percentages (%)
Good	43	43
Enough	34	34
Less	23	23
Total	100	100

Based on Table 2 above, it can be seen that of the 100 respondents studied, the majority of respondents have good knowledge about personal hygiene, as many as 43 respondents (43%), enough knowledge about personal hygiene, as many as 34 respondents (34%), and less knowledge about personal hygiene, as many as 23 respondents (23%).

## 3.2. Discussion

### 3.2.1 Characteristics of Respondents

Based on the results of the data analysis, it was determined that the age characteristics of the elderly in the UPTD Dewantara Health Center Working Area were in the age range of 60–74 years (100%). The elderly age group of 60–74 years is an age group at risk of experiencing various problems in personal hygiene. This is because of the occurrence of this age range and the aging process, which results in anatomical, physiological, and biochemical changes of the body and has an impact on decreasing various body functions and memories about good and correct personal hygiene. As a person gets older, there are many social and behavioral changes related to how the elderly fulfill their personal hygiene in everyday life (Soleman et al., 2021).

This is in line with research conducted by Pereira et al. (2018), which found that the majority of elderly who experience personal hygiene problems are in the age range of 60–74 years (45%), with personal hygiene applications in the bad category for 21 people (45.7%). This means that people aged 60–74 have a higher risk of experiencing personal hygiene problems, both because of problems with decline in physical, psychological, social, and cognitive conditions.

Based on the assumptions of researchers, the age range of 60–74 years is one of the risk factors for personal hygiene problems associated with the aging process and degenerative processes of the body that cause changes and decreases in function, as well as various body health conditions that have an impact on decreasing the ability to fulfill personal hygiene in daily life and can provide good benefits to the elderly.

Based on the results of the data analysis obtained, the characteristics of the elderly are mostly female (54%). Women are more able to maintain and take care of themselves by applying good and correct personal hygiene. Women also usually try harder to have knowledge about personal hygiene, making them try to find information about personal hygiene from various media (Utami et al., 2021).

According to gender, doing personal hygiene is closely related to habits, where the male gender does not care too much and is indifferent to personal hygiene practices compared to the female gender who tends to be more concerned and more concerned about body hygiene so that they can apply better and correct personal hygiene behaviors (Akbar et al., 2021).

The results of research by Chairil and Hardiana (1930) showed that the characteristics of the ability to fulfill personal hygiene were 72.6% higher in women than men, and good personal hygiene practices tended to be more common in women (62.5%) than in men (37.5%). According to the researchers' assumptions, women are more likely to be knowledgeable and behave well in personal hygiene than men because women are more confident in seeking information and absorbing the information provided and are more concerned about body hygiene, which can be implied by applying good personal hygiene.

Based on the results of the data analysis, we obtained the characteristics of the elderly with a high school education level of 38%. The level of education affects health. Individuals who have a high level of education usually have a lot of knowledge about their health to create good awareness and motivation for their health. The education will affect a person's knowledge of his health, and he will be aware of how to maintain his health based on the knowledge he has in carrying out his practice, such as applying knowledge in personal hygiene practices (Pra et al., 2022).

The elderly tend to have health problems, especially related to personal hygiene, caused by factors such as reduced physical strength and social interaction with other communities. To improve personal hygiene behavior, sufficient knowledge is needed to understand the process and management of personal hygiene properly and correctly. The level of ability of elderly individuals to understand personal hygiene behavior is strongly influenced by their knowledge (Pereira et al., 2018).

This is in line with Jacob's opinion (2021), which states that the elderly with a higher level of education have better knowledge in personal hygiene, such as knowing how to apply good personal hygiene, including bathing, nail hygiene, mouth and teeth, neatness of hair, and how to dress to cause positive perceptions in the application to have an impact on personal hygiene and improve health status.

Based on the results of research conducted by Erdhayanti, S. (2011), it was found that the elderly with high school education amounted to 25% with good personal hygiene behavior (40.0%) compared to those with elementary school education (44%) with bad personal hygiene behavior (44%). Researchers assume that education is a benchmark for assessing a person's knowledge of personal hygiene. This relates to the absorption of information on how to behave in personal hygiene. Individuals with higher

education are easier to receive and absorb information so that they behave under the information received in the management and application of personal hygiene in everyday life.

### 3.2.2 Overview of Elderly Knowledge about Personal Hygiene

Based on the results of the data analysis, it was determined that the characteristics of the elderly with knowledge of personal hygiene fell into the good category (44%). The highest distribution of respondents' correct answers about knowledge is found in item 2 about personal hygiene, which aims at improving the degree of health and maintaining one's hygiene (92%) and item 1 about personal hygiene is a way of caring for a person to maintain both physiological and psychological health (90.0%). Question item 3 about personal hygiene can prevent a person from illness by 86.0%, and question item 13 about washing hair is maintaining head hygiene and can prevent infection by 76%.

Based on the results of research conducted by Soleman et al. (2021), it was explained that knowledge results from knowing, and this happens after people sense certain objects, and most of the knowledge is obtained through the senses of sight and hearing. Knowledge plays an important role in determining behavior because knowledge will form beliefs that then form perceptions in reality, provide a basis for decision making, and determine behavior towards certain objects, and one's actions are strongly influenced by knowledge of health problems (Chairil & Hardiana, 2017).

The main reason for the practice of personal hygiene by individuals is to minimize disease, cure disease, improve health, be socially accepted, and prevent the spread of disease. Religion also exerts a huge influence on the behavior of maintaining hand hygiene (Zivich et al., 2018).

This is in line with Dian Fera & Arfah Husna (2018) opinion about the level of knowledge that the elderly have about personal hygiene, which includes knowing, understanding, application, synthesis, analysis, and evaluation. Where the lowest level of knowledge is knowing (only limited to knowing about personal hygiene) and the highest level of knowledge is evaluation (individuals can assess the information obtained).

Low literacy skills among parents who come from low-income groups greatly affect their ability to apply self-care independently without support from nurses in surrounding health centers (Allegranzi et al., 2009). The inability to absorb knowledge about self-care is caused by conditions of literacy inability and difficult economics (Mariani et al., 2021). The elderly's knowledge about personal hygiene includes knowing, understanding, application, synthesis, analysis and evaluation (Novianty et al., 2021). Where the lowest level is knowing (only limited to knowing about personal hygiene) and the highest level of knowledge is evaluation (individuals can provide an assessment of the information obtained) (Zivich et al., 2018).

Knowledge of personal hygiene is very important to master in order to take the right and accurate action on the application of personal hygiene (Safir et al., 2021). According to Dian Fera & Arfah Husna (2018), the better a person's level of knowledge about personal hygiene, the better its management and application in everyday life will be. Vice versa, the less knowledge a person has about personal hygiene, the less effective and efficient the management will be. This research was supported by research conducted by Dian Fera & Arfah Husna (2018) in Krasa Hamlet, it was found that the majority of respondents had good knowledge about personal hygiene, as much as (40.0%) higher than respondents who had less knowledge about personal hygiene, as much as (28.0%).

The results of this study are in line with Pereira et al. (2018) at the Werdhi Agung Health Center, where the majority of respondents had good knowledge about personal hygiene, 19 respondents (59.4%), and less knowledge, 13 respondents (40.6%). This study used an analytical observational research design, a sample number of 32 respondents, and purposive sampling techniques. This study used different designs, samples, and sample inclusion criteria from research conducted at the UPTD Dewantara Health Center.

According to Soleman et al.'s research, Desa Lestari respondents had impressive knowledge of personal hygiene with a rate of 82.7%, far exceeding those with less knowledge at 17.3%. This study was comprised of 75 participants and applied purposive sampling methods. It employed data collection tools, such as questionnaires, and data processing procedures, such as editing, coding, entry, tabulating, and research design using analytics in cross-sectional studies.

According to the assumption of researchers, good knowledge about personal hygiene is the first step to maintaining body hygiene to avoid various diseases. Good knowledge leads someone to be good in its management because it is applied as recommended. Good management will certainly provide benefits for the elderly by maintaining body cleanliness to improve health.

## IV. Conclusion

Based on the results of research conducted with a sample of 100 respondents in the elderly category about the description of the level of knowledge of the elderly about personal hygiene, it can be concluded that the picture of respondents who have good

knowledge about personal hygiene is 44 respondents (44%), that of respondents who have sufficient knowledge about personal hygiene is 32 respondents (32%), and that of respondents who have less knowledge about personal hygiene is 24 respondents (24%).

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