



EMPOWERING THE ELDERLY THROUGH A HOLISTIC APPROACH: INTEGRATING HEALTH EDUCATION AND PROGRESSIVE ISLAMIC VALUES IN THE 'AISYIYAH COMMUNITY

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Abstrak

Program bertujuan meningkatkan literasi kesehatan, mendorong perilaku pencegahan penyakit degeneratif, serta memperkuat internalisasi nilai Islam berkemajuan. Metode yang digunakan meliputi edukasi kesehatan interaktif, pemeriksaan kesehatan dasar, dan kajian spiritual yang dirancang secara partisipatif bersama mitra. Evaluasi program dilakukan menggunakan desain pre-post-test pengetahuan kesehatan, analisis deskriptif hasil pemeriksaan kesehatan, serta observasi partisipatif terhadap perubahan sikap dan keterlibatan peserta. Hasil evaluasi menunjukkan peningkatan rerata skor pengetahuan kesehatan peserta dari 56,2 pada pre-test menjadi 74,5 pada post-test, atau meningkat sebesar 32,6%. Pemeriksaan kesehatan terhadap 30 peserta mengidentifikasi 55% peserta mengalami hipertensi, 15% terdeteksi diabetes, serta 45% berada pada kategori overweight dan obesitas. Selain peningkatan aspek fisik, peserta menunjukkan peningkatan kesadaran spiritual dalam memaknai kesehatan sebagai bagian dari ibadah. Program ini juga menghasilkan pembentukan kelompok peer support Islami sebagai pranata sosial baru yang berperan dalam menjaga keberlanjutan kegiatan. Pengabdian ini berkontribusi dengan menghadirkan model pemberdayaan lansia berbasis komunitas yang mengintegrasikan evaluasi terukur, pendekatan promotif-preventif kesehatan, spiritualitas Islam berkemajuan, dan pembentukan struktur sosial pendukung. Model ini memperkaya praktik dan literatur pengabdian masyarakat di Indonesia, khususnya dalam pengembangan pendekatan holistik-partisipatif bagi pemberdayaan perempuan lansia.

Kata kunci: Pemberdayaan Lansia; Literasi Kesehatan; Penyakit Degeneratif; Islam Berkemajuan; Pengabdian Masyarakat Berbasis Komunitas.

Abstract

The program is purposed to improve health literacy, promote preventive behavior against degenerative diseases, and strengthen the internalization of progressive Islamic values. The methods included interactive health education, basic health screening, and spiritual sessions designed through a participatory approach with community partners. Program evaluation employed a pre-post knowledge test, descriptive analysis of health screening results, and participatory observation to assess changes in participants' attitudes and engagement. The evaluation results showed an increase in the mean health knowledge score from 56.2 in the pre-test to 74.5 in the post-test, representing a 32.6% improvement. Health screening of 30 participants identified 55% with hypertension, 15% with diabetes, and 45% classified as overweight or obese. In addition to physical health outcomes, participants demonstrated increased spiritual awareness in understanding health as part of religious practice. The program also resulted in the establishment of an Islamic peer support group as a new social structure to ensure program sustainability. This community engagement contributes to a measurable, replicable community-based empowerment

model that integrates promotive–preventive health strategies, progressive Islamic spirituality, and the formation of supportive social structures. The findings enrich community engagement practices and the literature in Indonesia by demonstrating that a holistic, participatory approach effectively enhances the physical, psychosocial, and spiritual capacities of elderly women.

Keywords: Elderly Empowerment; Health Literacy; Degenerative Diseases; Progressive Islamic Values; Community-Based Engagement.

INTRODUCTION

Increasing life expectancy is a global phenomenon that affects demographic structures and public health challenges. As they age, groups of late adult and elderly women face complex health and social transitions, including an increased risk of degenerative diseases, decreased physical function, and limited access to adequate health services (Scheipner, 2022), (De Wit et al., 2017). In Indonesia, this issue is becoming increasingly relevant, considering that the proportion of the elderly population is projected to reach almost 20% by 2045, thus requiring a public health intervention approach that is not only curative, but also promotive-preventive and sustainable (BPS, 2021). This condition underscores that empowering older adults, particularly women, who are often more socially and economically vulnerable, is an essential priority for improving community quality of life and social resilience.

However, health literacy, disease prevention behavior, and social support have been proven to improve the ability of the elderly to manage their health independently (Diatri et al., 2025), (Kim et al., 2018). However, various studies indicate a gap between theory and on-the-ground conditions. At the population level, many elderly people in Indonesia still have low health literacy, rarely undergo routine health check-ups, and have not been reached by measurably evaluated community-based promotive-preventive interventions (Wilyagripin & Hadi, 2026), (Sudrajat et al., 2025). On the other hand, religious activities that are an essential part of the lives of the elderly have generally not been integrated with health education, although religiosity has been shown to play a significant role in shaping psychological well-being and healthy living behaviors (Coelho-júnior et al., 2022), (Uin et al., 2025). This indicates that the implementation of the elderly empowerment approach in Indonesia remains suboptimal and not fully integrated.

Numerous empirical studies confirm that a community-based approach and active participation are effective strategies for increasing the capacity of older adults. Participatory health promotion has been shown to improve the physical, psychological, and social well-being of older adults in Southeast Asia (De Wit et al., 2017). Social support and religiosity are also reported to have a positive relationship with the well-being and quality of life of the elderly (Bélanger et al., 2016), (Nurliah et al., 2020). In Islamic contexts, a progressive perspective emphasizes the importance of women's role in remaining healthy, productive, and empowered in social life, including in old age (Ibrahim & Zaghamir, 2025). These findings provide

a theoretical and empirical basis for developing a holistic, participatory model of elderly empowerment.

However, community service practices in Indonesia still exhibit several gaps. Elderly empowerment programs generally focus on physical health aspects or religious activities separately, without integrating health education, early detection of degenerative diseases, and internalization of progressive Islamic values in a single, systematically evaluated intervention framework (Wahyuni et al., 2023) (Hutahaean, 2024). In addition, there are still limited programs that build social institutions based on peer support and involve community cadres in a participatory manner as a sustainability strategy (Lisa et al., 2025). This gap underscores the need to develop a community service model that can address the health, spiritual, and social needs of older adults in an integrated manner.

Based on this description, this service activity aims to improve health literacy, strengthen degenerative disease prevention behavior, internalize progressive Islamic values, and form an Islamic peer support group as a support institution for the sustainability of the program for women of late adulthood and the elderly at PR 'Aisyiyah Tegaltirto, Berbah, Sleman.

METHODS

The implementation of activities is designed using a community-based participatory approach that positions partners as active participants throughout the service process (Scheipner, 2022). This approach includes four main components: (1) Interactive health education, (2) basic health check-ups, (3) internalization of progressive Islamic values through thematic studies, and (4) the formation of social institutions in the form of Islamic peer support groups as a sustainability strategy. Health education is delivered through interactive lectures, small-group discussions, demonstrations, and question-and-answer sessions. Health checks include blood pressure measurement, blood sugar levels, and Body Mass Index (BMI). Meanwhile, the internalization of progressive Islamic values was addressed through a thematic study that linked Islamic teachings to a healthy lifestyle, psychological resilience, and women's empowerment [3]. Program evaluation is conducted using pre- and post-tests, behavioral observations, and participant feedback.

The location of the activity was centered at PR 'Aisyiyah Tegaltirto, Berbah, Sleman. The area was selected because this community is active in socio-religious activities but lacks an integrated program that integrates health education with advanced Islamic-based spiritual guidance. In addition, based on the internal report of PR 'Aisyiyah, most of its members are women of late adult age and the elderly who have limited access to routine health check-ups, so this location is relevant and requires promotive-preventive interventions (Diatri et al., 2025).

The participants of the activity amounted to 30 women of late adult age (50-59 years) and the elderly (≥ 60 years) who were active members of PR 'Aisyiyah



Tegaltirto. The selection of participants was carried out using purposive sampling by considering three main reasons: (1) this group has a high risk of degenerative diseases, (2) the participants' health literacy is still low based on partner data, and (3) participants have strong socio-religious involvement so that they have the potential to run follow-up programs through Islamic peer support groups.

The planning process begins with coordination and needs assessment through interviews with community administrators and cadres. Needs data were used to compile educational modules and health examination formats. The implementation of activities is carried out in three stages: preparation, core implementation, and sustainability evaluation as described in Figure 1.

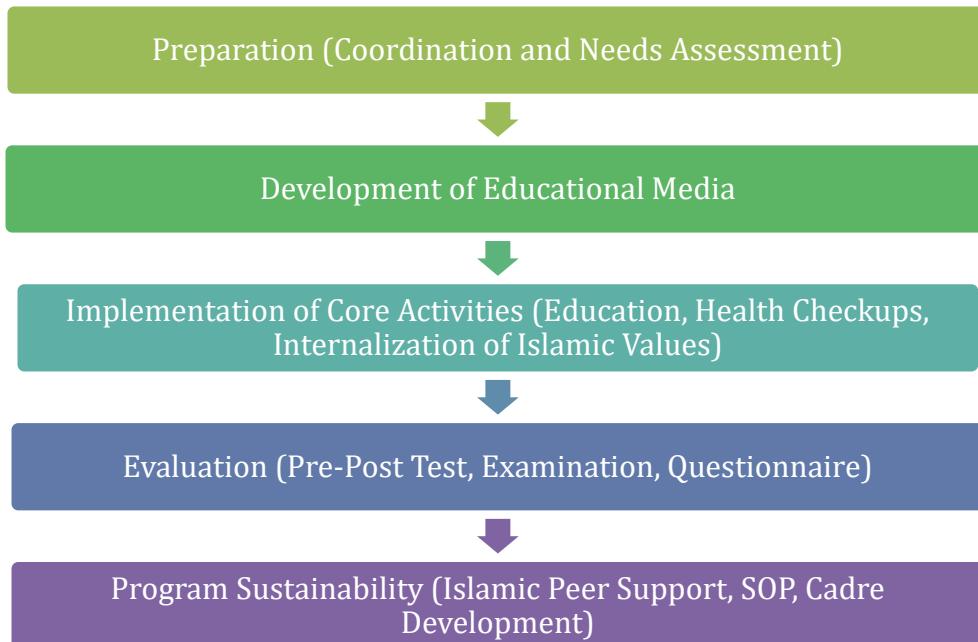


Figure 1. Flow Diagram of the Service Implementation Process

This diagram illustrates the implementation flow of participatory health promotion-based implementation, which has been used in various community interventions (Scheipner, 2022), (Wu *et al.*, 2024). The data was analyzed using quantitative and qualitative approaches. Quantitative data comes from the results of the pre-post test of knowledge and the results of the participants' health checks. The analysis was carried out by calculating changes in the average score of knowledge, the percentage of health categories (blood pressure, blood sugar, and nutritional status), and the distribution of risk factors for degenerative diseases. This approach is in line with the evaluation methods of community-based programs in the elderly population (Diatri *et al.*, 2025), (Wu *et al.*, 2024).

Qualitative data were obtained from observations, small group discussions, and informal interviews with cadres and participants. Qualitative analysis was carried out through thematic categorization to assess behavioral changes, spiritual motivation, and the effectiveness of participatory processes (Bélanger *et al.*, 2016), (Nurliah *et al.*, 2020). The results of the two are integrated to provide a

comprehensive picture of the impact of the program, both physically, psychosocially, and spiritually.

RESULTS AND DISCUSSION

Results

The community service activity will be carried out in August 2025 by involving as many as 30 women of late adult age and the elderly who are active members of the 'Aisyiyah community. The program is designed and implemented through four main series, namely interactive health education, basic health check-ups, spiritual value strengthening, and community-based social support formation. The entire series of activities is conducted in a participatory manner, positioning participants as active subjects, so that the learning process is not only one-way but also encourages emotional and reflective engagement. This approach aims to ensure that the health information provided is understandable, acceptable, and applicable in daily life, in accordance with the participants' social and cultural contexts.

Health education was delivered in two interactive sessions, which included balanced nutrition for older adults, prevention and control of hypertension and diabetes mellitus, mental health in older adults, and the importance of safe, age-appropriate physical activity. The delivery method combines short lectures, small-group discussions, and question-and-answer sessions based on participants' experiences. During the session, participants appeared enthusiastic about participating in the debate and actively shared their personal experiences related to their health complaints. This condition indicates that a communicative and contextual educational approach can create a comfortable learning environment and increase participants' openness to discussing health issues that were previously considered sensitive or trivial.

The results of the quantitative evaluation through the pre-post test showed a significant increase in health knowledge after educational activities. The average knowledge score of participants increased from 56.2 before education to 74.5 after schooling, representing a 32.6% increase, as shown in Table 1. This improvement indicates that the materials and methods employed are effective in strengthening participants' health literacy, particularly in understanding the risk of degenerative diseases and the importance of early prevention. The data on knowledge increases indicate that community-based health education plays a strategic role in enhancing the cognitive capacity of older adults and provides an essential foundation for sustainable changes in healthy living attitudes and behaviors.

Table 1. Results of Pre-Post Test for Elderly Health Knowledge

No	Average Knowledge Score	Value (%)
1	Before education	56,2
2	After education	74,5



Qualitatively, observations during the activity indicated a change in the dynamics of participant participation, characterized by increased activity in group discussions and the emergence of critical questions regarding the implementation of a healthy diet and age-appropriate physical activity. Some participants reported that, to date, they have not understood the relationship between daily consumption patterns and the risk of hypertension and diabetes; therefore, the education provided has helped to generate new insights into the importance of lifestyle management. The atmosphere of the interactive and collaborative group discussions, which reflects that the educational process not only transfers knowledge, but also builds collective awareness and mutual support between participants in maintaining health in old age is described in Figure 1.



Figure 1. Participants Participate in Health Education with the Group Discussion Method

Basic health checks are conducted as an integral part of community service activities twice: at the beginning of the activity to assess participants' initial health status, and at the end to monitor changes in health. The examination includes measurement of blood pressure, current blood glucose levels, and nutritional status based on Body Mass Index (BMI). The entire examination process is conducted by trained personnel and accompanying students, using standard tools and sterile procedures to ensure participant accuracy and safety. This examination not only aims to obtain objective health data but also serves as an educational tool to help participants understand their health conditions objectively and quantitatively.

The blood pressure test results showed that only 45% of participants were in the normal blood pressure category, whereas the remainder had hypertension of varying severity. As many as 30% of participants were identified as having mild hypertension, 20% moderate hypertension, and 5% severe hypertension. These findings indicate that more than half of the participants are at high risk of cardiovascular complications if blood pressure is not optimally controlled. The high prevalence of hypertension in women of late adulthood and the elderly suggests that degenerative diseases are still a significant health problem at the community level and often go undetected due to the lack of routine check-ups.

Blood glucose levels were assessed, and 65% of participants were in the normal range, 20% were prediabetic, and 15% had diabetes. This data shows that there is a group of participants who are in the transition phase to diabetes mellitus, which has the potential to be prevented through lifestyle change interventions if done early. In addition, BMI-based nutritional status measurements indicated that 45% of participants were in the normal category, 30% were overweight, and 15% were obese. These conditions of overweight and obesity contribute to an increased risk of hypertension and diabetes, thus reinforcing the finding that lifestyle factors play an essential role in participants' health profiles. The results of the health examination are shown in Table 2.

Table 2. Participant's Basic Health Examination Results

Parameter	Category	Quantity (n)	Percentage (%)
Blood pressure	Normal	10	45
	Mild hypertension	14	30
	Moderate hypertension	4	20
	Severe hypertension	2	5
Blood Glucose	Normal	20	65
	Prediabetes	6	20
	Diabetes	4	15
Nutritional status (IMT)	Normal	15	45
	Overweight	10	30
	Obesity	5	15

The blood pressure check process is conducted directly by community cadres, with accompanying students, for elderly participants. The examination was performed using a standard blood pressure monitor in a systematic, sequential manner. Participants appeared to be seated in a relaxed position, in accordance with examination standards, while the officer provided a brief explanation of the purpose and interpretation of the measurement results. This activity serves not only as a health screening but also as a practical educational tool to help participants understand the importance of regular blood pressure monitoring. The active involvement of cadres and accompanying students in this process reflects collaboration between universities and communities in community-based health promotion and prevention efforts. The activities of the blood pressure check process are described in Figure 2.





Figure 2. Blood Pressure Check Activities by Cadres and Accompanying Students

The implementation of measuring participants' blood glucose levels using a glucometer adheres to the principles of safety and sterility. Officers use disposable gloves, sterile needles, and calibrated measuring instruments to ensure accurate and safe measurement results for participants. Participants were cooperative throughout the examination process, and the officer explained the measurement results and their implications for the participants' health conditions. Blood glucose monitoring activities not only aim to detect early diabetes but also serve as a direct medium for participants to learn about the importance of controlling blood sugar levels as part of efforts to prevent degenerative diseases in old age. The implementation of blood sugar measurement is explained in Figure 3.



Figure 3. Blood Sugar Measurement Using a Glucometer with a Sterile Procedure

The internalization of progressive Islamic values was carried out through two thematic study sessions designed to integrate religious understanding with physical and mental health issues in women of late adulthood and the elderly. The study material emphasizes that maintaining health is part of the mandate of worship, a form of effort, and spiritual responsibility that must be carried out

throughout the life cycle. This approach is carried out to build a deeper meaning of the concept of health, so that participants not only understand the medical aspect, but also the religious and moral dimensions that accompany it. During the study implementation, participants showed high enthusiasm and active involvement in discussions, especially when the material was associated with their daily experiences in living the role of mothers, grandmothers, and community members.

The results of the evaluation showed that the internalization of progressive Islamic values had a positive impact on the psychological condition of the participants. As many as 90% of participants stated that they felt calmer, more accepting of the aging process, and more motivated to live a productive and meaningful old age. Participants revealed that understanding health as part of worship helps reduce anxiety about illnesses and physical limitations experienced. When health is positioned as a means to continue worship and social contribution, participants tend to show a more optimistic and resilient attitude in the face of changes in body conditions in old age.

This activity also encourages changes in spiritual behavior that have implications for health. As many as 82.5% of participants began to get used to the practice of dhikr and prayer as part of their daily health routine. This spiritual practice is not only understood as a ritual worship, but also as a means of maintaining inner peace, managing stress, and improving emotional balance. The results of interviews with participants showed that the habits of dhikr and prayer helped them to be more patient, more regular in carrying out daily activities, and more consistent in implementing the health recommendations that had been given in the previous education session.

Participants said that associating healthy living behaviors with the value of worship made it easier and more sincere for them to carry it out. Some participants stated that previously they felt it was difficult to change their diet or regularly do physical activity, but after understanding that these efforts are part of an effort to maintain the body's trust, the motivation to behave healthily becomes stronger. These findings suggest that a progressive Islamic approach not only strengthens the spiritual dimension, but also acts as a driving factor for sustainable health behavior change. Thus, the integration of Islamic values in community service activities has proven to be effective in improving psychosocial welfare and building healthy living behaviors in women of late adulthood and the elderly.

The establishment of Islamic peer support groups is one of the strategic outputs of this community service activity and is an important indicator of the sustainability of community-based programs. This group consists of five elderly people who were selected participatively based on their level of activity, communication skills, and readiness to be a driving force in the branch environment. The formation of the group was carried out through deliberation with the cadres of the 'Aisyiyah Branch Leadership, so that the elected members gained social



legitimacy and support from the community. One of the peer support members said that their involvement was not only as participants, but also as changemakers, stating,

"We feel trusted, not only invited to participate in activities, but also invited to take responsibility for inviting others to stay healthy and active."

Functionally, Islamic peer support groups serve as agents of health information dissemination, mobilizers of older adults for physical activity, and facilitators of routine studies that integrate progressive Islamic values with healthy living practices. The presence of this peer group facilitates communication and mentoring, as health messages are conveyed by fellow elders who share similar life experiences and social backgrounds. The interview results indicate that this approach is perceived as more effective and less patronizing. One of the participants said,

"If you remind your friends that it tastes better, don't hesitate. So we remind each other to exercise and take care of eating."

This statement indicates that peer support functions as a social control mechanism that is persuasive and grounded in emotional closeness. From a psychosocial perspective, the formation of Islamic peer support also contributes to increased confidence and a sense of meaning in life among the elderly. Group members reported that active involvement in community activities made them feel needed and gave them a clear social role. One of the peer support members revealed,

"At an age like this, it can still be useful for others, and it feels happy. So it's not just about thinking about the pain."

These findings show that peer support not only contributes to physical health but also strengthens the mental health and emotional well-being of older adults by increasing a sense of purpose and social connectedness. The documentation of the declaration of the Islamic peer support group, shown in Figure 4, shows the process of inaugurating the group with the cadres of the 'Aisyiyah Branch Leadership as a form of collective commitment. Cadres said that the existence of this group is an important social capital to maintain the continuity of the program after the service activities are completed. One of the cadres stated, "With this group, we are not worried that activities will stop. Someone is already moving from within." Thus, the establishment of Islamic peer support is not only symbolic but is a fundamental strategy in building supportive social institutions that strengthen the empowerment of the elderly, increase community cohesion, and ensure the sustainability of the impact of community service programs.



Figure 4. Declaration of the Islamic Peer Support Group with Cadres of Branches of 'Aisyiyah Leadership

Discussion

The results of the service activities showed that participatory-based health education significantly increased the health literacy of women in late adulthood and older adults, as reflected in a 32.6% increase in knowledge scores. These findings are in line with various studies that confirm that interactive and contextual educational approaches are more effective than one-way methods in improving health understanding in the elderly group (Diatri et al., 2025), (Sudrajat et al., 2025). Older people tend to more easily understand and accept health information when the material is linked to everyday experiences and conveyed through a two-way dialogue (Ibrahim & Zaghamir, 2025). In addition, improving health literacy is an essential prerequisite in encouraging self-care behaviors and adherence to chronic disease prevention efforts, especially in populations at high risk of degenerative diseases (Kim et al., 2018) (Wilyagripin & Hadi, 2025).

The findings of basic health checks showing a high prevalence of hypertension, diabetes, as well as overweight and obesity, reinforce the picture of the burden of degenerative diseases in the elderly at the community level. These results are consistent with national and global reports that hypertension and diabetes are major health problems in older age groups in developing countries, including Indonesia (Central Statistics Agency, 2021) (Sudrajat et al., 2025). Early detection through community-based health screening has proven to be a cost-effective strategy in preventing complications of chronic diseases and lowering the burden of curative health services (De Wit et al., 2017). Therefore, the integration of health checks into community service activities not only serves as a technical intervention but also as a means of increasing the elderly's awareness and self-control of their health conditions (Diatri et al., 2025; Wu et al., 2024).

The internalization of Islamic values through community service activities makes an essential contribution to improving participants' psychological well-being and motivation to adopt healthy behaviors. The finding that 90% of participants felt calmer and motivated and 82.5% began to practice dhikr and prayer as part of a



health routine, is in line with the results of research showing a positive relationship between religiosity, mental health, and quality of life for the elderly (Bélanger et al., 2016) (Nurliah et al., 2020). Spiritual approaches have been shown to increase resilience, reduce anxiety, and strengthen the sense of meaning in life among older adults (Suwandi et al., 2024). In the context of progressive Islam, health is understood as a mandate and a capital to sustain social contributions, thereby encouraging the internalization of religious values as the foundation for more sustainable health behavior change (Prihanti et al., 2022).

The establishment of Islamic peer support groups as a new social institution is an important finding that demonstrates the success of community-based empowerment models (Strugala et al., 2016). The existence of peer support strengthens social support, increases the sense of ownership of the program, and becomes an effective mechanism in maintaining the sustainability of activities after the primary intervention is completed (Nuraeni et al., 2022). These findings are in line with various studies that confirm that peer support plays a significant role in improving healthy behavioral adherence, emotional well-being, and social participation of the elderly (Tampubolon et al., 2025) (Akbar, et al., 2024). Islamic peer support also has contextual advantages because it integrates emotional closeness, similarity of life experiences, and religious values, making health messages easier to receive and implement (Hanifati et al., 2025).

Overall, the results of these service activities reinforce evidence that a participatory, holistic approach that integrates health education, early detection of degenerative diseases, progressive Islamic spirituality, and the formation of supportive social structures is an effective model for empowering women in late adulthood and the elderly. This model is in line with the community-based healthy aging framework that emphasizes synergy between physical, psychosocial, and spiritual aspects in improving the quality of life of the elderly (Nida' et al., 2023); (Fitriasari et al., 2025); (Jannah et al., 2023). Thus, this activity not only increases individual participants' capacity but also enriches community service practices and the literature in Indonesia by developing contextual, sustainable, and value-based models of elderly empowerment.

CONCLUSIONS AND SUGGESTIONS

This community service activity demonstrates that a holistic, participatory approach is efficacious in improving health literacy, preventing degenerative diseases, and enhancing spiritual awareness among women in late adulthood and older adults. The increase in health knowledge score by 32.6%, the findings of early detection of hypertension, diabetes, and overweight, and the formation of Islamic peer support groups confirm that the integration of health education, basic health checks, and the internalization of progressive Islamic values can simultaneously strengthen the physical, psychosocial, and spiritual capacity of the elderly. These

findings imply that senior empowerment programs at the community level need to be designed in an integrative and participatory manner, involving primary health services, women's organizations, and religious institutions. The Islamic peer support model that has been developed also demonstrates potential as a community-based program sustainability strategy that can be replicated in various regions with local contextual adjustments.

This activity contributes to the enrichment of community service literature by presenting a community-based model of elderly empowerment that integrates promotive and preventive approaches and progressive Islamic spirituality. This topic remains relatively underexplored, particularly within elderly women's groups in Indonesia. However, these activities have limitations, including small participant numbers within a single community and evaluations that do not capture long-term impacts on behavioral change or advanced clinical indicators. Therefore, further dedication and research are recommended to provide more comprehensive coverage of the area, as well as to design longitudinal evaluations to strengthen evidence of this model's effectiveness.

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