



STIKES  
HANG TUAH  
SURABAYA



# PROCEEDING BOOK

The 2<sup>nd</sup> International Nursing Conference

**STIKES HANG TUAH SURABAYA**

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*"Developing Cross-Cultural Understanding  
and Behavior in Nursing Care Services"*

The Proceeding Book 2<sup>nd</sup> International Nursing Conference

Developing Cross-Cultural Understanding and Behavior in Nursing Care Services

**STIKES Hang Tuah Surabaya**



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## **Relation of Life Style Profile and Health Perception Elderly In City Seaboard Surabaya**

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### **ABSTRACT**

Being old is a natural phenomenon as a result of the aging process. A person stays healthy until old age, since young people need to get used to a healthy life style. Healthy life style this should have been done at a young age so that when entering the elderly person can live his life happy, avoid many health problems that eventually can lead a life with health optimal. This study aims to describe the life style and perception of health of the elderly in the coastal area of Surabaya. study design Using descriptive ecor relative, which aims to identify the relationship between life style with advanced perception of the health of the elderly in the coastal area of Surabaya. Number of samples 89 and to determine the relationship between the independent and dependent variables used data analysis with univariate and bivariate. The result showed that the life style profile of elderly in the coastal area of Surabaya more than half (55%) had a poor life style. Health perception of elderly people in the coastal area of Surabaya more than half (58%) have a perception of good health. Statistical analysis states here is a relationship between profiles life style and perception of health of the elderly in the coastal area of Surabaya with a P value of 0.00 values. Implications of the findings that they are expected to manage a good life style actively in outreach activities to be undertaken by the Department of Health of Surabaya. Health Department Surabaya City in order to create a policy to increase counseling related to life style and the importance of elderly health coaching program to implement communication, information and education related to those programs.

**Keywords: Lifestyle, Perception, Elderly**

### **Introduction**

Become old is a natural phenomenon as a consequence of aging process. This phenomenon is not a disease, but an universal and fair situation. Aging process has the character of regressive and covers process organobiology, psychology and social-cultural. Become old determined in genetic and influenced by someone life style (Tamher, 2009). According to Bustan (2007),

in general condition of someone physical that has entered a period of advantage in years experience of degradation. This condition can be seen from some changes: (1) appearance change at face part, hand, and skin, (2) change of body interior like nerve system: brain, innards; bowels: spleen, liver, (3) pentameter change: eyesight, hearing, smelling, sensuous, and (4) change motorik for example its

dwindling strength, speed in moves. Changes is referred [as] in general direction at decline physical health and psychical that in general will have an in with daily file activity (Watson, 2003; Nugroho, 2008).

Someone in order to remain to be healthy till old, when but a boy must accustom healthy life style. Healthy Life style can be conducted by consume well-balanced and nutritious food, conduct physical activity/sport in correctness and arranged and not cigarette. This healthy Life style should had been conducted since has been young so as enter a period of lansia (elderly) one can experiences life its with happy ducked out much health problems. During the things of with wrong ones life style can influence health for example less drink white water, less motion, consume food that have the calorie of high, not regular rest habit and cigarette habit (Sediaoetama, 2004; Santoso, 2004; Darmojo, 1999). According to Syumanda (2009), pass by bad life style can generate various of diseases. Life style Change like fast food consumption, pattern eats bad, cigarette habit and lack of physical activity, physical activity all practical is one of pemicu for incidence of malignancy like Diabetes Mellitus, High blood pressure (hypertension), Heart sickness and Stroke.

In individual of process influence aging generates various of problems. One of related to problems resident lansia (elderly) is health problems, because disease journey at lansia (elderly) have separate feature that is have the character of chronic, growing weight and often recurrence. Health Problem highly

varied lansia (elderly), besides sliver its bearing with degeneratif also in progressive body will lose durability to infection, despite that also with increasing age emerges psychological problem. In line with increasing age, lansia (elderly) has been productive next, physical ability and also mental start downhill, unable to again conduct heavier jobs, enter a period of pension, remained die couple, stress faces death, depression, appearance of many disease and others (Darmojo, 1999; Maryam, 2008).

To produce healthy advantage in years resident is not young and need the parties compromy, for example: lansia (elderly) it self, family, society, government, organization and prosperity observer and profession dibidang more important health is active role from lansia (elderly) by it self and family in executing healthy life style. Along with growing of population lansia (elderly), government has formulated various of policies. Health care mount society are Posyandu lansia (elderly), health care lansia (elderly) base level is Puskesmas (community Health centers), and health care of continuation level is Hospital (Watson, 2003; Wirakusumah, 2002).

### **Literature review**

Health Status is situation of individual health periodically, report on the status of health can be in the form of dread, depression, or acute pain, until depict individual problem in general. Health Status also can depict special things, like frequency artery and body temperature (Koizer, 2010). Old age needs adjustment



matching with various of penyesuains life need. Some needs at elderly for example is : Need Nutrisi at Elderly, Rest Need, Need activities physical, Sport for elderly, Sport for elderly.

Sufficiency nutrient at elderly same as sufficiency nutrient at younger resident group its age. The only one exemption is degradation of energy the need for that follow age accretion. Rest Need elderly must enough if insufficient rest need then body will weaken and is not enthusiastic. This condition in accordance with opinion Santoso (2009), tell that rest that enough very required our body. Many people that sleep become weaken, there is no spirit of, hottempered and stress. Research of Result experts in Chicago in 2008 prove, 3 day experience of less sleep, body ability in glucose process will be downhill drastically, so it's can improve risk ail diabetes. Selanjunya according to them, sleep not well-sleep for 3 day successively will degrade body tolerance to glucose, specially at elderly (Bustan, 2007).

Of vital importance physical Activity its role especially for elderly. By undertaking physical activity, then elderly are referred as can maintain even improve its health degree. Nevertheless, because physical limitation that the of consequence of age accretion and change and physiological function degradation, then elderly needs some adjustments in conducting everyday physical activity.

port is verb that interpreted sport in order to healthy, whereas according to sport expert, sport is a human activity that bent on to reach

prosperity (secure and prosperous bodily and secure and prosperous spirit) human it self. In sport activity of course there is positive and negative aspect its.

According to Notoatmojo (2007) health behavior can be classified become 3 groups, as follows:

1. Behavior of health maintenance (Health maintenance)

Is behavior or someone efforts to maintain or keep in good health it in order not to pain and effort for healing when pain. In consequence, maintenance behavior consists of 3 aspects that are:

- a. Behavior of disease prevention, and disease healing if pain, and convalescence when quite better from pain.
- b. Behavior of health improvement, if in one healthy situation insider.
- c. Behavior nutrient (food) and beverage.

2. Seeking Behavior the usage of system or health care facility.

Behavior this is the concerning strived or someone action when suffer from or accident. This Action or behavior are started from cure own self (self-treatment) till medication searching out country.

3. Behavior of environment health  
How someone response environment, either physical environment or culture social, and etc, until environment is referred as not influence its health.

With other word, how someone manage its environment until not bother its

health by itself, family, or society for example, how process faces dismissal, drinking water, garbage place of exile, waste dismissal, etc.

### Methodology

Design that wears at research this is the observation with technique correctional. Population in research this is the roof elderly area coastal Surabaya city in span of month September up to December 2015. Population in research a number of 89 people elderly in city Surabaya. Variable at this research there is two that is life profile elderly as the independent variable and perception elderly in city Surabaya as variable dependent. Of both this variable will be connected to know relation/link between variable one and other.

### Result and Discussion

#### 1. Life style elderly

No	Life style	n	%
1	unfavourable	49	55.1
2	Good	40	44.9
	Totalize	89	100.0

In general research result about roof life style elderly in city seaboard Surabaya can be half its is pertained have unfavorable life style (49 %). Research Finding this is the as the picture that society elderly have not yet show healthy life style.

Pattern eats must paid attention because pattern eats bad will generate some diseases. In this case pattern eats at elderly a large part of entered bad. According to result interview with elderly that pattern makannya either they tell that in

puskesmas (community Health centers) they often get information hit pattern ate that either for example food may not too salty or too sweet, eat must arranged its pattern and well-balanced, they also once – multiply get side dish like green peanut mush, milk and egg. This condition are agreed by health officer that exist in Puskesmas (community Health centers). Data this is the sebageian from incoming elderly to puskesmas (community Health centers), but for the man who not cure then information about life style very minimize. In fact Pada program puskesmas (community Health centers) has been conducted health counselling that related to health elderly pattern eats that good to elderly. elderly that pattern their bad makannya tells eat two-time one day or if they feel hungry them eat if not feel hungry them not eat although up for to eat. Very often they not appetite eats, sometime because menu eats lose looks because not vary, just make them tire of and finally not eat. This condition can be related to existence elderly that it is true more its education is pertained low until knowledge will well-balanced nutrient in body become decrease. Very often in the morning bad blood they breakfast or breakfast, they prefer to consume sweet tea or just copy awaits lunch. In other hand range from to elderly are referred as there are that its tooth hiatus until they bad blood vegetable consumption are added next their bad blood drink milk.

Bad blood Elderly drinks their milk tells it is true already when but a boy first they never drink milk, they prefer to drink cofee. In

accordance with well-balanced guidance of menu formation from Puskesmas (community Health centers), that ought to elderly drinks milk 1x/day. Despite that physical examination also has been conducted every visit elderly gunanya to monitor health elderly, Sugar-content inspection Blood (KGD) and cholesterol inspection, inspection of blood-vessel acid is adapted for need elderly and inspection osteoporosis once in six-month. Thus can be interpreted theoretically that health status elderly in region of city seaboard surabaya of level if pattern eat good elderly. Pattern eats owned by elderly have an effect on to health status, for that must improved approach was to elderly that must concerned about pattern ate everyday elderly pass by counselling by health officer that orientation at well-balanced and nutritious food election. Must existence of understanding by elderly about pattern eat well-balanced and nutritious elderly to support and improve health status. That Counselling have not yet of course can change attitude or view elderly about pattern eat, in consequence, must formulated a better approach, for example by entangle child or next of kin to socialize pattern eats well-balanced and nutritious at elderly.

In line with that told Depkes that Life style at this modern era has pushed people alter its life style like eat food ready to dish, canned goods, chilli botolan, can beverage, fruit and vegetable that wear preservative, rich food fat, rich food cholesterol. Life style like this bad for body and health because our body go bads because eats indisposed until body

becomes flabby and susceptible disease (Depkes RI, 2008). And so it is with opinion Nugroho, 2008 that tell that uneven food pattern between consumption and need either amount or its food type, like eat high food fat, less consume vegetable, fruit etc also eat food that exceed body need can cause obesitas or fatness. Pattern eating is someone way or a group of one who selects and consumes food as the comments to physiology influence, psychology, culture and social. Pattern eats everyday is pattern eats related to someone habit eats every its day (Sediaoetama, 2000). Occurence of infection disease and dystrophy can be degraded if pattern eats well-balanced on the contrary disease degeneratif and cancerous level if pattern eat uneven (Mien, 1998; Darmojo, 1999; Depkes RI, 2008).

Research Result about sub point physical activity for example execute activity light physical till (like move along continue for 30-40 minute 5 at least 5 times within a week) found sometime 42 people (47,2%), the rest never 33 people (37,1 %), often 11 people (12,4 %) and routine only 3 people (3,37 %). Some researchs express that physical activity has an effect on to health status elderly, until elderly ought to free time for beractivity. Some interview results that elderly that often this beractivity in the reality is roof elderly that it is true young time its like do physical exercise and elderly that never this beractivity it is true condition is not so healthy until often only rest dirumah [only]. Physical Activity insufficient elderly will generate some diseases, nevertheless still must become

attention that to create burning healthy everything that we conduct may not abundant because that rather than better but on the contrary will make matters worse. Thus better elderly conducts physical activity to the needs of.

Result interview with roof elderly that related to physical activity got that there is elderly that its job a large part of fishermans, some of pedicab workers, builder, until exhaustible they. Meanwhile there is elderly that already pension and they only live in house, its they oppositely/also physical activity less because their time used up/finished only live in house, there is no conduct activity because all house activities have been conducted by its wife or its child or other family member. To roof elderly that its physical activity less, expected in order to diligent follow activity that exist in Puskesmas (community Health centers) for example follow gymnastic elderly or other activity down alley.

Physical Activity owned by by elderly have an effect on to health status, for that must approach to elderly that must concerned about its physical activity everyday. Puskesmas (community Health centers) must conduct counselling that related to physical activity compatible elderly and in accordance with ability. Embolden return gymnastic which during the time elderly is seldom followed by elderly. Must approach at elderly in order to they will follow gymnastic elderly to fulfill its need of physical activity. Physical Practice regularly at elderly must conducted in everyday activity to prevent some

diseases for example prevent the happening of hypertension and heart sickness. Analysis Result elderly that conduct activity physical that have the character of recreation when luang (like swim, dance, and cycle) found 26 people (29,2%) never, 43 people (48,3) sometime, 16 people (18 %) often and 4 people (4,49%) routine.

During with told Depkes, life style also can influence physical susceptibility especially because lack of physical activity as a consequence arises disease that often suffered for example diabetes melitus or diabetes, heart sickness, hypertension, cancer or ferocity and others. Life style at this modern-day has pushed people alter its life style like seldom move because everything or job can be easier conducted with existence of modern technology like clean with washing machine, floor broom with machine vacuum dust, travel with vehicle walupun its distance near and can be conducted by means of foot/feet. Life style like that bad for our health because body become indulge, because less move, until body becomes flabby and susceptible disease. To create healthy burning everything that we conduct may not abundant because that rather than preponderat good but on the contrary will make matters worse. Thus expected to roof elderly in order to conduct or do a matter to the needs of (Depkes RI, 2008).

Research Result about variable of rest habit with everyday free time to relax found 16 people (18 %) never, 36 people (40,4 %) sometime, 35 people (39,3 %) often and 2 people (2,25 %) routine. Theoretically that growing enough

rest elderly then of level of health status. Rest Habit must paid attention because rest habit that enough will help body returns normal after used for beractivity. Result interview with elderly that its rest less they tell, not because of less bedtime, they much times to sleep but easy woke up what/wheter because wish to mand room i to urinate or because will awake and if have been woke up difficult to next sleep till morning. This condition happens because elderly less concerned about and understand of sleep need every day that required and effect of process elderly that more and more difficult sleep referring to aging process. This Situation is needed an approach to elderly and its relatives, that elderly that still less rest better more improves its attention to of vital importance rest habit for health maintenance, because useful sleep to keep energy and improve body immunity. Thus rest and sleep that quite of vital importance for health. At elderly that less in rest or that often woke up when sleep expected can use time as good as maybe for rileks to take a rest not only sleep makes rest enough by relax nor conduct origami that make mind rileks also can fulfill rest need. that health status elderly of level far better if rest habit elderly enough.

Rest Need elderly must enough if insufficient rest need then body will weaken and is not enthusiastic. This condition in accordance with opinion Santoso (2009), tell that rest that enough very required our body. Many people that sleep become weaken, there is no spirit of, hottempered and stress. Research of Result experts in Chicago in 2008

prove, 3 day experience of less sleep, body ability in glucose process will be downhill drastically, so it's can improve risk ail diabetes. Selanjunya according to them, sleep not well-sleep for 3 day successively will degrade body tolerance to glucose, specially at elderly (Bustan, 2007). Change of sleep pattern can be in the form of will never sleep all night long and often woke up nocturnal. Sleep too old, will tend to bother health. As the same manner as explained above, when sleep even also body butuh nutrition. If sleep too old, body will experience of catabolic. As a consequence, will growing feel slack, languidly, and spend time. Less sleep can lessen someone ability to remember complete or complex information. Research in de University Lille, Prancis, indicates that brain needs sleep to maintain complicated information memory ability. Generally human can sleep in hour 6-8 one day. But there is one who can sleep dibawah 6 hour. Less sleep negating the our body like less concentration, quick angry, drawn, fatigue (Maryam, 2008). Rest that enough very required our body. Many people that sleep become weaken, there is no spirit of, hottempered and stress. Research of Result experts in Chicago proves, 3 day experience of less sleep, body ability in glucose process will be downhill drastically, so it's can improve risk ail diabetes. Selanjunya according to them, sleep not well-sleep for 3 day successively will degrade body tolerance to glucose, specially at elderly (Santoso, 2009).

## **2. Health Perception elderly**

No	Health Perception	Frequency	Percent
1	Negative	37	41.6
2	Good	52	58.4
	Totalize	89	100.0

In general research result about roof life style elderly in city seaboard Surabaya more than half its is pertained have which are positive health perception 58 people (58,4%), and the rest 37 people (41,6%) have negative health perception. Research Finding this is the as the picture that society elderly in the area coastal area Surabaya city still a lot have which are positive health perception.

Life Quality is concept of health multidimensi especially show symptom subyektif that influence someone feeling and function daily. Life Quality covers some important areas like someone feeling, getting tasks done disability, and physical function, psychological, and social. There is things that influence life quality, for example; recognize ownself, adaptation, feel others grief, love feeling and darling, behave optimism, develop empathy attitude (Ghozally, 2005). Some datas that obtained/got condition elderly felt peace and peaceful by answered always 0 people (0%), often 7 people (7,9 %), rather often 16 people (18 %), sometime 17 people (19%), not often 30 people (34 %) and never 19 people (21%). There is things that influence life quality, for example recognize ownself, adaptation, feel others grief, love feeling and darling, behave optimism, develop empathy attitude (Ghozally, 2005).

Meanwhile research that conducted by Yenny (2006) life

quality Elderly tends to downhill along increasing age, where disease kronik in has a meaning (of) degrade life quality Elderly. Research Result elderly that felt disappointed and sad always 4 people (4,5 %), often 12 people (13%), rather often 16 people (18 %), sometime 34 people (38 %), not often 19 people (21 %) and never 4 people (4,5%). A success Someone reaches old age, then main effort that must be done is repair status nutrient elderly in order to stand at bay at optimum condition until life quality elderly also good. Change nutrient elderly is caused by environment change and health condition. Need Accomplishment consumption substance nutrient elderly that given properly can help in course of adapt and adapt to change that experienced by elderly. Status nutrient at elderly in this research out of kindness, because existed 16 people elderly (47,1%) that status normal nutrientnya where measurement result IMT they between 18,5 singks/m<sup>2</sup> and = 25 singks/m<sup>2</sup>. This condition in line with consumption pattern those in maximum from 34 samples existed 17 people (50%) with pattern eat enough that is food consumption every week, minimize 1x/week with score = 10. Meanwhile research that conducted by Nadimin (2010) seen 50% responder from its research that experience of obesitas has pattern eats unfavourable. In meaning,generally they abundant consumption of energy source food and less fibre content like from fruit and vegetable.

Research that conducted by Wiwi,dkk (2012), at elderly with status good nutrient, elderly by it self that select food menu that will be

provided, more opting mess together with other family member in dining table, food matching with well-balanced nutrient and vary, and food texture are adapted for ability elderly to munch. Meanwhile research result that conducted by Ismayanti,dkk (2011) status nutrient elderly that exist in PSTW unit Abiyoso Yogyakarta, indicate that responder with status good nutrient most at most 20 responders that status nutrientnya either from 53 responders that investigated. Status bad nutrient can happen because imbalance nutrient, that is imbalance between consumption and need, cause elderly less nutrient or happened fatness.

### 3. Relation between life style and Persepsi health elderly

Life style	Health Perception				Totalize		OR (95 % CI)	p value
	Less		good					
	n	%	n	%	n	%		
Less	25	51	24	49	49	100	2,431 (1,010-5,849)	0,046
Good	12	30	28	70	40	100		
Totalize	37	52	98	89	100	100		

Base result peneltian indicates that responder that its life style less have good health perception 49 % and elderly that its life style good have perception good keshetan with proportion 70 %. Base test result chi square shows value  $p = 0,046$  ( $p$  value  $< 0,05$ ), that means statistically there is relation/link has a meaning (of) between life style and health perception. Value odds ratio (OR) = 2,431 (95 % CI 1,010-5,849), with the meaning responder that have good life style have good opportunity of health perception 2,431 times are compared to responder that its life style less.

Psikososial in human growth interpreted as the human life step from born to death, that formed by various of social influences that interact with individual that maturate in physical and psychological (Desmita, 2005). Need psikososial is need to draw near it-self or in collaboration with others, afeksi or affection, and empathy that dimanifestasikan in brotherly attitude or social. Need hand in glove psikososial its relation/link with social attitude that is a need to interact to others and care of loyalty to family (Desmita, 2005).

healthy life style covers eat nutritious and well-balanced food, sport regularly (gymnastic elderly). check health and physical activity regularly. Elderly that run life style like that above can improve its health degree. MenuMt Stanley, Blair, Beare (2005), there is some important factors that influence mental health at elderly, for example is: condition of physical health, ability activity physical, ability activity mental, ability activity social, and strength of social support. This condition supports statement Imron (1999) that state that concept of it-self elderly also be affected by

social support from family especially couple, friend coeval or from officer (nursing home) for elderly that finish a period of old its in (nursing home) werdha. Until, with raeningkatnya mental health at elderly will be able to influence positive behavior forming at elderly, especially in taking care of and control its health is entered inside optimization healthy life style for elderly.

In general elderly also memihki positive aspect, for example is: expect longevity, seinangat high life, energik, remain to share social, respected, maintain its rights and property, remain to be authoritative, and desire to be more draw nears itself to God (Suardiman, 2007). Positive Aspect owned by elderly also become one of supplementary factor elderly to maintain its health status wrong ones the other one by maintain healthy life style.

elderly that pattern their bad makannya tells eat two-time one day or if they feel hungry them eat if not feel hungry them not eat although up for to eat. Very often they not appetite eats, sometime because menu eats lose looks because not vary, just make them tire of and finally not eat. This condition can be related to existence elderly that it is true more its education is pertained low until knowledge will well-balanced nutrient in body become decrease. Very often in the morning bad blood they breakfast or breakfast, they prefer to consume sweet tea or just copy awaits lunch. In other hand range from to elderly are referred as there are that its tooth hiatus until they bad blood vegetable consumption are added next their bad blood drink milk. Bad blood Elderly

drinks their milk tells it is true already when but a boy first they never drink milk, they prefer to drink cofee. In accordance with well-balanced guidance of menu formation from Puskesmas (community Health centers), that ought to elderly drinks milk 1x/day.

Nutrient is one of matter that bother old age health. Food consumption shall varied for no one food type that contain substance composition complete nutrient. In consequence, substance insufficiency nutrient at food type that one will be equiped by excellence of substance formation nutrient other food type until obtained/got well-balanced consumption nutrient. In other hand food consumption that more varied can repair sufficiency of substances nutrient and show protection to attack of various of diseases related to kronik process aging. Status nutrient and situation good nutrient is dot enters main to terminate poorness and bollard main to reach better life quality. Status ugly nutrient is main attention at elderly. There is complicated relation/link between nutrient, health status and life quality elderly. Need nutrient and its ability for certain metabolism nutrient influenced by disease level.

Pattern eats owned by by elderly have an effect on to health status, for that must improved approach was to elderly that must concerned about pattern ate everyday elderly pass by counselling by health officer that orientation at well-balanced and nutritious food election. Must existence of understanding by elderly about pattern eat well-balanced and nutritious elderly to support and



improve health status. That Counselling have not yet of course can change attitude or view elderly about pattern eat, in consequence, must formulated a better approach, for example by entangle child or next of kin to socialize pattern eats well-balanced and nutritious at elderly. A success Someone reaches old age, then main effort that must be done is repair status nutrient elderly in order to stand at bay at optimum condition until life quality elderly also good.

In line with that told Depkes that Life style at this modern era has pushed people alter its life style like eat food ready to dish, canned goods, chilli botolan, can beverage, fruit and vegetable that wear preservative, rich food fat, rich food cholesterol. Life style like this bad for body and health because our body go bads because eats indisposed until body becomes flabby and susceptible disease (Depkes RI, 2008). And so it is with opinion Nugroho, 2008 that tell that uneven food pattern between consumption and need either amount or its food type, like eat high food fat, less consume vegetable, fruit etc also eat food that exceed body need can cause obesitas or fatness. Pattern eating is someone way or a group of one who selects and consumes food as the comments to physiology influence, psychology, culture and social. Pattern eats everyday is pattern eats related to someone habit eats every its day (Sediaoetama, 2000). Occurence of infection disease and dystrophy can be degraded if pattern eats well-balanced on the contrary disease degeneratif and cancerous level if pattern eat uneven (Mien, 1998; Darmojo, 1999; Depkes RI, 2008).

Ability elderly conducts physical activity is one of health indicator because elderly can conduct activity like stand up, walk, and work. Ability elderly for not got out of power system innervation and musculoskeletal. Some experts get conclusion that activity physical can cause someone becomes calmer, stronger face stress and burning trouble and have index of body mass that tend to normal (Kushartanti,2006).

Life Quality is concept of health multidimensi especially show symptom subyectif that influence someone feeling and function daily. Life Quality covers some important areas like someone feeling, getting tasks done disability, and physical function, psychological, and social. There is things that influence life quality, for example; recognize ownself, adaptation, feel others grief, love feeling and darling, behave optimism, develop empathy attitude (Ghozally, 2005). Meanwhile research that conducted by Yenny (2006) life quality Elderly tends to downhill along increasing age, where disease cronic in has a meaning (of) degrade quality hidp Elderly.

According to Imron (1999) concept of it-self elderly also be affected by social support from family especially couple, friend coeval or from officer (nursing home) for elderly that finish a period of old its in (nursing home) werdha. Emotional Support from couple give big pengamh to mental health. In consequence, family support is very needed for elderly, if family support there is no will result very big influence for elderly especially psychological elderly that tend to

make elderly falls at condition of it-self concept trouble of.

Stanley, Blair & Beare, (2005) state that some factors that influence compliance and also disloyalty elderly in taking care of and obey all that suggested by energy of professional health, for example is: value interaction, knowledge, and life experience elderly, family support, ability of professional energy in teaching and suggest something, and way complexity and life rule that applied by elderly. Until, can be concluded in clear that low its knowledge level elderly will influence compliance and also disloyalty elderly in taking care of and obey all that suggested by energy of professional health that can also influence health status and life style elderly.

Support of research family that conducted by Zamralita (2005) that is about family support to physical and mental health at final adult individual, the result indicates that family support big take effect to final health of adult individual physical and mental. Emotional Support from couple give big influence to mental health, whereas support mental from child and daughter; son in law share active in taking care of and maintain health. In consequence, family support is very needed for elderly, if family support there is no will result very big influence for psychological elderly especially elderly that cendemng make elderly falls at condition of it-self concept trouble of.

#### **Conclusions and Recommendations**

1. Life style Profile elderly in coastal area region Surabaya city

more than half its (55 %) have unfavorable life style

2. Health Perception elderly in coastal area region Surabaya city more than half its (58 %) have perception about good health

3. There is relation/link between life style profile and health perception elderly in coastal area region Surabaya

#### **Reference**

Anna M. S. & Woro Riyadi, 1999. Faktor- Faktor yang Memengaruhi Status Kesehatan Lanjut Usia, *Jurnal Epidemiologi Indonesia*, Volume 3 Edisi 3.

Bustan MN, 2007, *Epidemiologi Penyakit Tidak Menular*, Jakarta, Rineka

Brooker, Chris. (2009). *Ensiklopedi Keperawatan*, Jakarta: EGC

Burnner & Suddart.(2002). *Buku Ajar Keperawatan Medical Bedah volume 2*, edisi 8 terjemahan. Jakarta :EGC.

Croyle, Robert T.(2005). *Theory At A Galance A Guide For Health Promotion Pactice (secon edition)*. National Cancer Istitute. U.S Departemen of Health And Human Services National Institues of Health.

Darmojo, Budhi. Dkk. 1999. *Buku Ajar Geriatri*. Jakarta: FKUI

Depkes RI, 2008, *Pedoman Pembinaan Kesehatan Usia Lanjut Bagi Petugas Kesehatan*, Depkes, Jakarta

Feldman,Robert S.(2003).*Essentials of Understanding Psycology*, 5th.New York:M C Grawhill.

- Gibney, Michael J., et al. (2009). *Gizi kesehatan masyarakat*, Jakarta: EGC
- Gillissen, A. (2007). *Patient's Adherence in Asthma. Journal of Physiology and Pharmacology*.
- Hadywinoto, dkk. 1999. *Panduan Gerontologi*. Jakarta: PT Gramedia.
- Hidayat, A. Alimul. (2007). *Pengantar Konsep Dasar Keperawatan*, Jakarta: Salemba Medika
- Knobel, Hernando et al. (2000). *Gesida / Sefh / Pns Recommendations for Improving Adherence to Antiretroviral Therapy*.
- Koizer, B., et al. (2010). *Buku Ajar Fundamental Keperawatan Konsep, Proses, & Praktik edisi 7 vol 1*, Jakarta: EGC
- Mackey Edo, JO Ann K. (2002). *Using a Health Belief Model in Teaching Preventive Health Care Prinsip to Israeli RNS. A paper for presentation at The Cita Conference: University of Massachusetts Lowell*.
- Manulu, Helper Sahat P. (2010). *Jurnal Ekologi Kesehatan Vol. 9, No. 4, hal 1340 – 1346*
- Maqassary, (2013). *Penilaian kualitas hidup, diunduh tanggal 05 april 2014 jam 18.00 WIB, <http://www.psychologymania.com/2013/10/penilaian-kualitas-hidup.html>*,
- Maramis, W.F. (2004). *Catatan Ilmu Kedokteran Jiwa*. Surabaya: Airlangga university press.
- Maryam R, Siti, dkk, 2008, *Mengenal Usia Lanjut dan Perawatannya*, Jakarta: Salemba Medika
- Moher, ER & Townsend, RR. (2006). *Advanced Therapy in Hypertension and Vascular Disease*. Ontario: BC Decker Inc.
- Niven, Neil. (2002). *Psikologi Kesehatan Pengantar untuk Perawat dan Profesional Kesehatan Lain*. Jakarta: EGC.
- Notoatmojo, S. (2007). *Promosi Kesehatan dan Ilmu Perilaku*. Jakarta: Rineka cipta.
- Nugroho, Wahyudi, 1995. *Perawatan Lanjut Usia*, Jakarta: EGC
- Perry, Potter. (2009). *Fundamental of Nursing Fundamental Keperawatan buku 1 edisi 7*, Jakarta: Salemba Medika
- Price, Sylvia A dan Lorraine M.W. (2005). *Patofisiologi Konsep Klinis Proses-proses Penyakit edisi 6 Vol 2*, Jakarta: EGC
- Rau, J.L. (2005). *Determinants of Patient Adherence to an Aerosol Regimen Respiratory Care October Vol. 50 no. 10*.
- Rimbana, dkk, 2004, *Indeks Glikemik Pangan*, Jakarta: Swadaya
- Riyadi Slamet, 2001, *Dasar-Dasar Epidemiologi*, Jakarta: Salemba Medika
- Sabri Luknis, 2009, *Statistik kesehatan*, Jakarta: Rajawali Pers
- Sagung Seto Supriasa Nyoman I Dewa, dkk, 2002, *Penilaian Status Gizi*, Jakarta: EGC

- Sarwono,S.(2004).*Sosiologi Kesehatan Beberapa Konsep Beserta Aplikasinya*. Yogyakarta: gajahmada universitas press.
- Setiabudhi, T. (1999). *Panduan Gerontologi*, Gramedia, Jakarta.
- Setiawati, dermawan. (2008). *Pendidikan Kesehatan*. Jakarta: Trans info media.
- Singarimbun M, S efendi. 1995. *Metode Penelitian Survai*, Jakarta: Pustaka LP3ES
- Smeth, B. (1994). *Psikologi Kesehatan*. Jakarta: PT Grasinda.
- Stuart&laria.(2001).*Principles and Practice of psychiatric Nursing*.USA:Mos By Company.
- Tamher, S & Noorkasiani, 2009, *Kesehatan Usia Lanjut dengan Pendekatan Asuhan Keperawatan*, Jakarta, Penerbit Salemba Medika
- Watson, 2003, *Perawatan Pada Lansia*, Jakarta: EGC
- Winnick, S.(2005). How Do You Improve Complica?. Official Journal of The American Academyof Pediatrics.
- Wirakusumah E, 2002, *Tetap Segar di Usia Lanjut*, Jakarta: Trubus Agriwid