

THE RELATIONSHIP BETWEEN KNOWLEDGE AND FAMILY SUPPORT WITH PERSONAL HYGIENE IN THE ELDERLY

Nadia Sari*¹, Miniharianti², Abqariah³, Wahidanur⁴, Zulfa Zahra⁵

^{1,2,3,5}Department of Nursing, STIKes Jabal Ghafur, Indonesia

⁴Department of Sanitation, STIKes Jabal Ghafur, Indonesia

* Corresponding Author: nadiasari0609@gmail.com

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ABSTRACT

Personal hygiene disorders in the elderly are caused by the low level of support provided by the family and family knowledge. The aim of this research is to determine the relationship between family support and knowledge and personal hygiene in the elderly in Gampong Jeurat Mayang, Mutiara Timur District, Pidie Regency. This research is analytical research. The sample was all 53 elderly people using a purposive sampling technique. Data collection was carried out by distributing questionnaires. Data analysis used univariate and bivariate using Chi square. The results of the univariate test showed that the majority of elderly people's personal hygiene was poor at 31 respondents (58.5%), the majority of family support for the elderly was lacking at 27 respondents (50.9%), the majority of elderly people's family knowledge was good at 27 respondents (50.9%). The results of the bivariate Chi square test showed that there was a relationship between family support and personal hygiene in the elderly with a P-value of 0.000 and there was a relationship between knowledge and personal hygiene in the elderly with a P-value of 0.000. It is hoped that Puskesmas officers will provide health education on personal hygiene, as well as health problems in old age, and also provide family education to the community so that families can have the knowledge to care for the elderly.

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INTRODUCTION

The increase in the elderly population will have an impact on various aspects of life. The primary impact of this increase in the elderly population is an increase in the dependence of the elderly. This dependency is caused by physical, psychological, and social decline in the elderly, which can be described in four stages: weakness, functional limitations, incapacity, and impairment, which are experienced simultaneously with the process of decline due to aging (Suriati, 2024).

The World Health Organization (WHO) has estimated that the number of elderly people worldwide will reach 1.2 billion in 2025 and will continue to grow to 2 billion by 2050, and WHO data also estimates that 75% of the world's elderly population in 2025 will be in developing countries. In Europe, Germany is one of the countries with the largest elderly population in the world (Pratiwi, 2023). Based on data from the Central Statistics Agency (BPS), the number of elderly people in Indonesia in 2023 reached around 11.75% of the total population, marking Indonesia's entry into an era of aging population (Badan Pusat Statistik, 2023).

The number of elderly people in Aceh Province is 126,397, consisting of 60,077 men and 66,320 women, with Pidie Regency ranking first, followed by East Aceh Regency, North Aceh Regency, and Aceh Besar Regency (Dinkes Provinsi Aceh, 2023). In Jeurat Manyang Village, the total number of elderly people is 111. Some elderly people suffer from degenerative diseases such as rheumatoid arthritis, gouty arthritis, hypertension, and diabetes mellitus, which cause skin integrity problems.

When elderly people visit the Ujong Rimba Community Health Center, some of them appear untidy and unclean, weak, and have physical limitations. Data obtained from Posyandu officers show that there are elderly people living with family members who have personal hygiene problems, including skin, hair and nail care, and oral and dental hygiene problems.

Physical weakness in the elderly greatly affects their self-care. If someone is unable to perform their activities, there is certainly a lack of good self-care for the elderly, so good family support is needed so that the elderly have the enthusiasm to carry out their daily needs, one of which is personal hygiene. The elderly are unable or unwilling to carry out personal hygiene due to a decrease in body functions and surrounding conditions, and if this condition is not treated immediately, it will have a negative impact on the elderly.

Family support is an important factor when facing health problems and plays a role in health care to achieve optimal health (Maharani et al., 2024). Based on previous research, there is a relationship between the role of the family and personal hygiene, and there is a relationship between the level of knowledge and personal hygiene (Purnamasari & Handayani, 2024). Other research also shows a relationship between social support, knowledge, physical health, and personal hygiene (Iskandar, 2021).

No research has been conducted on personal hygiene issues among the elderly at the Ujong Rimba Community Health Center, and many elderly people do not understand

personal hygiene. This study aims to determine the relationship between family support and personal hygiene among the elderly and to determine the relationship between knowledge levels and personal hygiene among the elderly.

RESEARCH METHOD

This study employed a quantitative analytical design with a cross-sectional approach. The study population consisted of 111 elderly individuals, with a sample of 53 respondents selected using purposive sampling. The variables examined in this study were personal hygiene, family support, and family knowledge.

Data were collected using a structured questionnaire. The questionnaire was tested for validity and reliability prior to data collection. Validity testing was conducted to ensure that each question measured the intended variable, while reliability testing was performed to assess the consistency of the instrument. The questionnaire was declared reliable if it met the reliability criteria.

Personal hygiene was operationally defined as the elderly's ability to maintain self-care activities, including skin care, bathing, oral and dental hygiene, hair care, and nail care. Family support was defined as the support provided by family members to the elderly in fulfilling personal hygiene needs, including emotional, informational, and instrumental support. Family knowledge was defined as the family's level of understanding regarding elderly care, particularly related to personal hygiene.

Data analysis was carried out using the Chi-square test at a 95% confidence level ($p \leq 0.05$) with SPSS software. Ethical considerations were applied throughout the study. Prior to data collection, respondents were given an explanation regarding the purpose and procedures of the study, and informed consent was obtained from all participants. Respondents were assured that their participation was voluntary and that the confidentiality of their data would be maintained.

RESULTS AND DISCUSSION

1. The Relationship Between Knowledge and Personal Hygiene in the Elderly

Table 1. Relationship Between Knowledge and Personal Hygiene in the Elderly in Jeurat Mayang Village, Mutiara Timur District, Pidie Regency

Knowledge	Personal Hygiene in the Elderly				Amount		P-value
	Good		Poor		f	%	
	f	%	f	%			
Good	22	81,5	5	18,5	27	100	0,000
Poor	0	0	26	100	26	100	
Total	22	41,5	31	58,5	53	100	

Signifikan: $P\text{-value} \leq 0,05$

The study found a significant relationship between knowledge and personal hygiene ($p = 0.000$). Elderly individuals with good knowledge were more likely to maintain proper hygiene. Knowledge influences self-care practices and motivates health behavior, reducing the risk of physical and psychosocial problems. This is consistent with previous studies (Iskandar, 2021; Wiliyanarti & Aisyah, 2023). However, some research (Hardono, 2019) noted that knowledge alone may not guarantee good hygiene, as physical limitations or low motivation can affect behavior. Cultural norms in Aceh, which emphasize family responsibility, may enhance the practical impact of knowledge on hygiene practices.

2. The Relationship Between Family Support and Personal Hygiene in the Elderly

Table 2. The Relationship Between Family Support and Personal Hygiene in the Elderly in Jeurat Mayang Village, East Mutiara District, Pidie Regency

Family Support	Personal Hygiene in the Elderly				Amount		P-value
	Good				f	%	
	f	%	f	%	f	%	
Good	21	80,8	5	19,2	26	100	0,000
Poor	1	3,7	26	96,3	27	100	
Total	22	41,5	31	58,5	53	100	

Significant: $P\text{-value} \leq 0,05$

Family support was also significantly associated with personal hygiene ($p = 0.000$). Elderly individuals receiving strong family support were more likely to maintain good hygiene. Support includes emotional, informational, and practical assistance, which facilitates independence in self-care and enhances quality of life (Sitti Rahma Soleman & Fernando M. Mongkau, 2021; Kesuma, 2023). Contextual factors such as family cohesion, cultural expectations, and community health resources can influence the effectiveness of support. Previous studies confirm similar findings (Suriati, 2024; Rahayu et al., 2019; Maruli et al., 2023; Fajar et al., 2024).

The study found significant relationships between both knowledge and family support with personal hygiene among the elderly in Jeurat Mayang Village. Elderly individuals with higher knowledge about personal hygiene were more likely to maintain good hygiene practices. This aligns with previous research (Iskandar, 2021), which found that elderly people with good knowledge were four times more likely to practice proper hygiene. Knowledge influences behavior by shaping understanding of hygiene practices, including bathing, oral care, nail care, and hair care. Elderly individuals with low

education levels often have limited knowledge, which, combined with physical decline, may hinder their ability to maintain hygiene (Hardono, 2019; Wiliyanarti & Aisyah, 2023).

Family support also showed a strong, significant correlation with personal hygiene. Elderly individuals receiving emotional, informational, and practical support from family members demonstrated better hygiene behavior. This finding is consistent with Suriati (2024), Rahayu et al. (2019), Maruli et al. (2023), and Fajar et al. (2024), all of which found that family support positively influenced hygiene practices and elderly independence. In this study, cultural norms in Aceh emphasizing family responsibility for elderly care likely strengthened the observed relationship. Social factors, including community engagement and gender roles, also play a role, as women often assist elderly relatives with hygiene tasks.

The impact of inadequate knowledge and lack of family support can lead to health problems such as skin disorders, oral infections, and psychosocial issues, including reduced self-esteem and social interaction difficulties. Moreover, insufficient support may increase morbidity and mortality among the elderly due to poor hygiene practices.

Contextual differences: Compared to urban or less family-oriented settings, where elderly individuals may live alone, the strong cultural and social expectation for families to care for older adults in Jeurat Mayang likely enhances the effect of family support. However, socioeconomic pressures and migration of younger family members may still reduce the availability of support.

Limitations: This study employed a cross-sectional design and purposive sampling, limiting causal inference and generalizability. Data were self-reported, which may introduce bias. Future research should use longitudinal designs, larger and more diverse samples, and objective measures of personal hygiene to better understand these relationships.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This study found that higher knowledge and stronger family support are significantly associated with better personal hygiene among the elderly. Low knowledge and inadequate family support reduce elderly independence and negatively affect their hygiene and health.

Recommendations

Health workers should provide targeted education programs to improve elderly and family knowledge of personal hygiene. Local health services and community programs should strengthen family involvement in elderly care through regular guidance, supervision, and support for daily hygiene activities.

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