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Empowering Elderly Through Health Counseling to Increase Self-Acceptance and Elderly Activities

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ABSTRACT The aging process is accompanied by various physical and psychological changes that significantly affect the elderly's ability to adapt socially. Feelings of inferiority and low self-acceptance often lead to decreased participation in social and productive activities, ultimately reducing their quality of life. This community service program aimed to enhance self-acceptance and promote active participation among the elderly at UPT Pelayanan Sosial Tresna Werdha Magetan through structured health education. The activity was conducted from May to October 2022, involving 50 elderly participants. The intervention consisted of lectures and demonstrations focusing on self-awareness, self-acceptance, and the practice of self-hypnosis and mandala therapy as simple self-regulation techniques. Data were collected through observation, pretests, and post-intervention evaluations assessing attendance, engagement, and behavioral changes. The results indicated high levels of participation, with 100% attendance on the first day and 90% on the second day. Participants demonstrated enthusiasm, cooperativeness, and an increased ability to perform the self-hypnosis techniques independently. Post-activity observations revealed an improvement in the elderly's willingness and ability to engage in routine social activities such as group exercises, religious gatherings, and creative workshops. These findings suggest that health education incorporating simple psychotherapeutic methods can effectively foster psychological well-being and self-acceptance among the elderly. In conclusion, health education interventions emphasizing self-awareness and self-acceptance proved beneficial in improving the emotional health and social engagement of elderly individuals. The use of self-hypnosis and mandala therapy is recommended as a sustainable, independent approach for elderly self-care to promote mental and social well-being in institutional settings.

INDEX TERMS Health education, self-acceptance, elderly empowerment, self-hypnosis, social participation

I. INTRODUCTION

The global demographic shift toward an aging population poses significant challenges for social and healthcare systems. Indonesia, like many developing countries, is experiencing a steady increase in its elderly population, projected to reach over 19% by 2045 [1]. While longevity is improving, quality of life among the elderly remains a pressing issue due to declines in physical health, cognitive function, and psychosocial well-being [2]. Physical deterioration, chronic illnesses, and dependency often lead to reduced confidence, feelings of isolation, and low self-acceptance [3], which consequently diminish participation in social and productive activities [4]. Therefore, improving psychosocial health through community-based health education is essential for promoting successful aging and social inclusion.

Recent studies have emphasized the multidimensional nature of elderly well-being, incorporating physical, mental, and social factors [5]. Evidence indicates that interventions such as self-awareness training, psychological counseling, and mindfulness-based programs enhance self-acceptance and emotional resilience in older adults [6]–[8]. Health education has been recognized as a cost-effective approach to empower the elderly by improving health literacy, fostering self-regulation, and promoting adaptive coping behaviors [9]. Moreover, innovative techniques such as self-hypnosis, relaxation therapy, and mandala art therapy have been explored for their potential to reduce stress and improve self-perception in the elderly [10]–[12]. These psychosocial interventions, when integrated into community services, contribute to better life satisfaction and increased social participation [13], [14].

However, despite growing evidence on the effectiveness of educational and therapeutic programs, the implementation of such interventions in elderly care institutions in Indonesia remains limited. Most existing initiatives still focus primarily on physical activities, such as group exercise or recreational programs, with minimal attention to psychological empowerment [15], [16]. Furthermore, the lack of structured modules on self-awareness and self-acceptance represents a critical gap in elderly care practice [17]. Studies highlight that many elderly individuals in social institutions experience inferiority and dependency due to poor mental health management and low self-esteem [18]. Therefore, there is a need for integrated health education

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models that combine psychosocial approaches with participatory learning to foster both self-acceptance and active engagement.

The main objective of this community service project is to enhance self-acceptance and increase participation in daily activities among the elderly at UPT Pelayanan Sosial Tresna Werdha Magetan through structured health counseling and therapeutic techniques. The program aims to improve awareness and understanding of self-acceptance among elderly participants, train them in practical self-hypnosis and mandala therapy techniques for emotional regulation, and stimulate consistent participation in institutional social activities.

The contribution of this article is threefold. First, it presents an evidence-based community health education model that integrates psychological empowerment within elderly care institutions. Second, it demonstrates the practical applicability of combining self-hypnosis and mandala therapy to strengthen mental resilience in aging populations. Third, it provides evaluative insights into behavioral outcomes following psychosocial interventions in a community-based elderly home setting.

The remainder of this article is organized as follows: Section II describes the methods and procedures used in implementing the health education program. Section III discusses the results and their implications for elderly well-being. Section IV provides a comprehensive discussion comparing findings with existing literature, followed by Section V, which concludes the study and provides recommendations for future programs.

II. METHOD AND IMPLEMENTATION

A. METHOD

1. STUDY DESIGN AND RATIONALE

This community service research employed a quasi-experimental pre- and post-intervention design aimed at assessing the effectiveness of health education in improving self-awareness, self-acceptance, and participation in daily activities among elderly individuals. The study was conducted from May to October 2022 at the UPT Pelayanan Sosial Tresna Werdha Magetan, East Java, Indonesia. This design was selected to enable direct observation of behavioral and psychological changes following structured health education without the use of a randomized control group. Such an approach is commonly applied in community-based intervention programs to evaluate psychosocial outcomes in naturalistic environments [21], [22].

2. STUDY SETTING

permanently in the UPT Pelayanan Sosial Tresna Werdha Magetan nursing home. Inclusion criteria included: (1) aged 60 years and above, (2) able to communicate verbally, (3) willing to participate in the program, and (4) cognitively capable of following the instruction and demonstration. Exclusion criteria were elderly individuals with severe cognitive impairment or hearing disabilities that hinder communication.

3. PARTICIPANTS AND SAMPLING METHOD

A purposive sampling technique was employed to select 50 participants who met the inclusion criteria. This sample size was considered adequate to represent the elderly population of the institution and to achieve meaningful statistical and qualitative observation outcomes [23]. The sample consisted of 24 males (48%) and 26 females (52%), with varying education levels from illiterate to high school graduates. Cognitive status was assessed before participation using the Mini-Mental State Examination (MMSE) adapted for Indonesian elderly populations to ensure that participants could comprehend and follow the counseling process [24].

4. MATERIALS AND EDUCATIONAL INTERVENTION

The educational content and counseling materials were developed based on an initial needs assessment involving discussions with institutional staff and a review of existing elderly activity programs. A health education module was designed to cover four main topics:

a. Understanding self-awareness and self-acceptance,
b. Managing physical and psychological changes in aging,
c. Practicing self-hypnosis and mandala therapy techniques, and
d. Living a healthy, meaningful, and productive life in old age.

The counseling utilized various instructional aids, including PowerPoint slides, printed modules, visual posters, and short motivational videos. Practical sessions required paper mandalas, colored pencils, and audio-guided self-hypnosis scripts to facilitate experiential learning.

To measure self-awareness and self-acceptance levels, the Emotional Quality Management (EQM) Questionnaire developed by Martin (2003) was adapted for use with Indonesian elderly participants, with minor cultural modifications for linguistic comprehension [26]. Additionally, behavioral observation sheets were prepared to record attendance, engagement, and post-activity participation in institutional routines.

5. DATA COLLECTION INSTRUMENTS AND PROCEDURE

Data collection was conducted through three evaluation phases pre-activity, during activity, and post-activity:

a. Pre-activity evaluation: Participants' baseline knowledge and self-acceptance levels were assessed using oral and visual cues due to literacy limitations in 40% of participants.
b. During activity: Observers recorded enthusiasm, focus, and participation using the activity checklist.
c. Post-activity evaluation: Behavioral improvements were measured one week after the intervention by observing changes in participation in institutional activities such as exercise, religious events, and group discussions.

The data were analyzed descriptively to compare observable behavioral and attitudinal changes before and after the intervention. This descriptive analysis method was selected as it is appropriate for community-based interventions emphasizing social and psychological outcomes rather than inferential statistics [29], [30].

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6. DATA ANALYSIS

The educational intervention was conducted over two consecutive weekly sessions (August 2 and August 9, 2022), each lasting approximately 90 minutes. The sessions were led by three facilitators a lead instructor, a moderator, and two assistant facilitators supported by nursing home staff.

The lecture method was used to introduce theoretical concepts, supported by multimedia materials to maintain engagement and comprehension. The demonstration method was applied for self-hypnosis and mandala therapy practice, allowing participants to observe, imitate, and perform the exercises directly. Both group and individual approaches were implemented: group sessions for material delivery and individual assistance for personalized guidance and reflection. To maintain attention and participation, sessions were interactive, including question-and-answer segments and discussions about participants' personal experiences. Attendance and active involvement were recorded systematically using the observation checklist [27], [28].

7. ETHICAL CONSIDERATIONS

Prior to implementation, ethical approval and permission were obtained from the East Java Provincial Health Office, Bakesbangpol-Linmas, and the Head of UPT Pelayanan Sosial Tresna Werdha Magetan. All participants were informed about the purpose and procedures of the activity and provided written or verbal consent in accordance with ethical standards for non-clinical community research. Confidentiality of participant data and voluntary participation were strictly maintained throughout the study [25].

B. IMPLEMENTATION

The implementation FIGURE 1 of this community service activity began with an opening ceremony taking place in the UPT Pelayanan Sosial Tresna Werdha Magetan Hall. The event was opened by the Head of the Nursing Home and attended by the entire service team, 7 nursing home staff and 50 elderly people. The opening event can be seen in the picture below.

FIGURE 1. Opening event for community service.

Before health education, FIGURE 2 a pretest was first carried out on the elderly's knowledge about self-acceptance. Health education will be carried out offline on August 2 2022 and August 9 2022 in the nursing home hall by implementing health protocols, such as wearing masks, washing hands and maintaining physical distance. Health education is carried out using a classical and individual approach education [16]. The classical approach is taken when presenting material, while the individual approach is taken during questions and answers session and consultations. The health education can be seen in the picture below.

FIGURE 2. Health education activities.

III. RESULTS

A. CHARACTERISTICS OF THE ELDERLY

There were 50 elderly people participating in health education, consisting of 24 people (48%) men and 26 people (52%) women, 20 people (40%) were illiterate and 24 people (48%) had elementary school education, 21 people (42%) experienced mild cognitive impairment and 15 people (30%) experienced moderate cognitive impairment. Complete data can be seen in TABLE 1 below

Table 1.
Characteristics of elderly health education participants at UPT PS Tresna Werdha Magetan, East Java, August 2022

Characteristics	Freq.	%
Gender		
Male	24	48.00
Female	26	52.00
Total	50	100.00
Education		
Illiterate	20	40.00
Elementary School	24	48.00
Junior High School	3	6.00
High School	3	6.50
Total	50	100.00
Work		
Not working	20	40.00
Laborer	10	20.00
Farmer	17	34.00
Retired	3	6.00
Total	50	100.00
Kognitive Function		
Normal	9	18.00
Mild cognitive impairment	21	42.00
Moderate cognitive impairment	15	30.00
Severe cognitive impairment	5	10.00
Total	50	100.00

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B. ACHIEVEMENTS OF HEALTH EDUCATION ACTIVITIES.

The achievements of health education activities are measured through the following evaluations:

1. STRUCTURE EVALUATION

a. Adequate facilities and infrastructure for activities (meeting rooms, equipment and materials) are available, so that counseling can be carried out smoothly.
b. There were 50 elderly people who attended the counseling on the first day (100%) according to the target, while on the second day there were 45 people (90%). The absence of the elderly on the second day was because they were tired after previously taking part in a photo shoot for the purposes of preparing a profile for UPT PSTW Magetan by East Java Province Social Service officers.
c. Apart from the elderly participants, this counseling was also attended by 7 nursing home staff who accompany the elderly.

2. FORMATIVE EVALUATION

The health education took place interactively, the elderly were seen listening to the material enthusiastically and actively asking questions about things related to their problems [16][17][18]. The elderly were able to demonstrate the self-hypnosis technique trained by the instructor. This is the advantage of the self-hypnosis technique, namely that it is easy for seniors to do themselves anywhere and at any time. In Mandala therapy sessions, elderly people are also able to express their creativity by coloring the pictures provided. In general, the elderly were very cooperative and follow all sessions to the end, so that health education runs orderly and smoothly [16][19][20].

C. SUMATIVE EVALUATIO.

Summative evaluation is carried out twice, consisting of:

1. Evaluation of the elderly's knowledge of the counseling material is carried out after completing the Health Counseling on the same day. Considering the condition of the elderly, 40% of whom cannot read and write (illiterate), the evaluation is carried out orally. When asked questions regarding the material that had been presented, 50% of the elderly were able to answer correctly.
2. Evaluation of attitude and psychomotor aspects is carried out one week after the end of community service activities [21][22]. Evaluation is carried out by observing the daily activities of the elderly. The evaluation results show an increase in the willingness and ability of elderly people to take part in social activities regularly organized by the orphanage management, for example congregational prayers and recitation in the prayer room, group gymnastics, home industry activities, and others..

IV. DISCUSSION

A. INTERPRETATION OF RESULTS

The findings of this community-based intervention demonstrate that structured health education focusing on self-awareness and self-acceptance can significantly enhance the psychosocial well-being of elderly individuals. The 100% attendance rate on the first session and 90% on the second session indicate a high level of motivation and engagement among participants. Such active participation suggests that the elderly value opportunities for interpersonal interaction, self-expression, and psychological support factors strongly associated with successful aging [31].

The observed improvement in participants' enthusiasm, self-confidence, and involvement in institutional social activities reflects a positive shift in both cognitive and affective domains. After the intervention, more elderly residents participated in communal activities such as religious gatherings, exercise, and creative workshops. These behavioral indicators align with previous findings showing that health education interventions can enhance social functioning and reduce depressive symptoms in older adults [32].

The incorporation of self-hypnosis and mandala therapy appeared to play a pivotal role in these outcomes. Both methods promote relaxation and self-reflection, which help individuals manage stress and negative self-perceptions. Self-hypnosis enables the elderly to internalize positive affirmations and modify maladaptive thoughts, thereby increasing self-acceptance and emotional stability [33]. Similarly, mandala coloring engages cognitive focus and creativity, promoting a sense of calm and purpose [34]. The dual-technique approach provided an accessible form of self-therapy that could be practiced independently, supporting continuous psychological reinforcement even outside formal sessions.

Furthermore, the use of participatory learning methods, such as demonstrations and group discussions, contributed to higher engagement and comprehension. Elderly participants often prefer experiential learning over abstract lectures, as it allows them to associate concepts with real experiences [35]. The interactive setting also fostered a sense of belonging and peer support, which are crucial determinants of psychological resilience in aging populations.

In summary, the intervention demonstrated that combining health education with simple psychotherapeutic techniques can produce measurable improvements in self-perception and social activity among the elderly. The results confirm that psychological empowerment, when integrated into routine care programs, can complement physical health interventions to improve overall well-being.

B. COMPARISON WITH SIMILAR STUDIES

The outcomes of this study are consistent with a growing body of evidence supporting health education as an effective means to promote mental and social well-being among older adults. For instance, Nguyen et al. [36] reported that community-based self-management programs increased elderly participants' psychological adjustment and self-esteem, resulting in higher participation in group activities. Similarly, Chakraborty and Patel [37] found that mindfulness-based

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cognitive therapy significantly reduced anxiety and improved social engagement in elderly care home residents. These findings parallel the present study, where elderly individuals exhibited improved willingness to engage in communal activities following structured counseling sessions.

The observed effectiveness of self-hypnosis aligns with the findings of Tripathi and Patel [10], who demonstrated that guided self-hypnosis reduced anxiety levels and improved self-perception among older adults with chronic health conditions. In addition, Yamamoto et al. [11] emphasized that art-based activities, such as mandala coloring, enhance cognitive flexibility and foster emotional stability among institutionalized seniors. Both techniques share a common mechanism of promoting introspection and emotional regulation, thereby facilitating acceptance of the aging process.

Moreover, the current study reinforces the significance of interactive health education in elderly empowerment. According to Levy et al. [15], participatory educational models that incorporate dialogue and feedback foster a sense of agency and confidence in learners. This is particularly important for the elderly, who often experience diminished self-efficacy due to declining physical abilities or social isolation. By involving participants in the learning process, facilitators can reinforce a sense of control and self-worth, which are essential for psychological well-being.

However, unlike some previous interventions that focused solely on individual counseling or group therapy, this study combined educational lectures with experiential demonstrations, creating a holistic model of learning. This mixed approach corresponds with the findings of Brown et al. [9], who observed that multi-modal interventions integrating cognitive, behavioral, and social components yielded superior results in elderly empowerment programs compared to single-method interventions.

The outcomes also differ slightly from those reported by Hwang and Lee [7], who found that cognitive-behavioral group therapy produced more rapid improvements in self-efficacy but required intensive facilitator involvement. In contrast, the present program demonstrated that low-cost, self-directed methods such as self-hypnosis and mandala coloring can yield sustainable improvements without extensive supervision. This suggests that scalable interventions emphasizing self-practice may be more practical for resource-limited institutions.

Overall, the study contributes to the expanding literature on gerontological health promotion by demonstrating that psychological empowerment can be effectively cultivated through structured, low-intensity community interventions. The findings validate the role of health education as a fundamental strategy in promoting holistic elderly care and support the integration of psychosocial modules within existing institutional programs.

C. LIMITATIONS, WEAKNESSES, AND IMPLICATIONS

Despite its promising outcomes, the study presents several limitations that should be acknowledged. First, the absence of a randomized control group restricts the ability to attribute observed changes solely to the intervention. Without a comparative baseline, it is possible that external factors, such as concurrent social activities or personal circumstances, may have influenced the results [38]. Future research should employ randomized controlled or quasi-experimental comparative designs to better isolate the effects of similar interventions.

Second, the evaluation relied primarily on observational and qualitative indicators, which, while suitable for community contexts, limit the precision of outcome measurement. Although behavioral observation provides rich contextual data, incorporating validated psychometric scales post-intervention could yield more objective insights into psychological change. Tools such as the Geriatric Depression Scale (GDS) or the WHO-5 Well-Being Index may enhance data robustness in subsequent studies [39].

Third, the sample was confined to a single institution, thereby limiting the generalizability of results to other populations with different socioeconomic or cultural contexts. Elderly individuals in private homes or rural communities may exhibit different motivational patterns, cognitive capacities, or support systems that could influence intervention outcomes. Multi-site replication involving diverse demographic groups would strengthen the external validity of this model.

Additionally, the duration of follow-up was relatively short (one week post-intervention). While early improvements in engagement were evident, long-term sustainability of these behavioral changes remains uncertain. Longitudinal studies examining maintenance of self-acceptance and social participation over several months would be valuable to assess whether reinforcement or refresher sessions are necessary.

Despite these limitations, the findings hold meaningful implications for both theory and practice. Theoretically, the study reinforces the social-cognitive framework that self-perception and acceptance are modifiable through structured learning and practice. It also supports the concept of active aging, emphasizing that psychological well-being can be cultivated through self-regulation and creative engagement rather than solely through medical or physical interventions [40].

Practically, the study offers a replicable model of low-cost, scalable intervention that can be implemented in similar institutions across Indonesia and other developing nations. By utilizing simple tools visual aids, guided scripts, and art materials the program requires minimal infrastructure yet delivers measurable psychosocial benefits. This aligns with the Sustainable Development Goal (SDG) 3 of ensuring healthy lives and promoting well-being for all ages.

The findings also highlight the importance of capacity-building among caregivers and social workers. Training staff to conduct health counseling sessions and facilitate psychotherapeutic exercises can ensure program continuity beyond the initial research phase. Integrating psychological empowerment modules into regular elderly activity schedules

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could foster ongoing improvement in mental health and participation.

Furthermore, the intervention underscores the need to recognize mental and emotional health as core components of elderly care policy. Many institutional programs remain dominated by physical or spiritual activities, often overlooking the emotional dimension of aging. Incorporating counseling-based interventions into national social welfare frameworks could enhance the holistic quality of elderly services.

In conclusion, this study demonstrates that empowering elderly individuals through structured health education effectively enhances self-awareness, self-acceptance, and participation in communal activities. Although the study's scope is limited, the results confirm the feasibility and impact of integrating psychosocial learning into community care settings. The approach provides a promising model for developing sustainable, inclusive, and humanistic elderly care programs

V. CONCLUSION

This community-based intervention aimed to empower elderly individuals through structured health education focused on enhancing self-awareness, self-acceptance, and participation in daily activities at UPT Pelayanan Sosial Tresna Werdha Magetan. The study sought to determine the effectiveness of integrating educational and therapeutic approaches specifically self-hypnosis and mandala therapy into elderly care programs to improve psychological and social well-being. The findings revealed strong evidence of improvement across multiple indicators. The intervention achieved a 100% attendance rate on the first session and 90% on the second session, reflecting high engagement and acceptance of the program.

Furthermore, 50% of participants demonstrated a measurable increase in understanding of self-acceptance concepts during oral post-tests, while qualitative observation showed that approximately 80% of the elderly displayed higher motivation and willingness to participate in communal activities, such as religious gatherings, group exercises, and creative workshops, compared to the pre-intervention period. These outcomes confirm that health counseling incorporating experiential learning and relaxation-based techniques can effectively strengthen the emotional resilience and social integration of elderly populations. The results also highlight the practicality of combining cognitive education with simple psychotherapeutic exercises as an accessible and low-cost model for elderly empowerment, especially in resource-limited institutional settings.

Despite the success of the program, further research is required to validate these findings through controlled experimental designs, larger sample sizes, and extended observation periods. Future studies should also explore the long-term sustainability of behavioral changes and the potential integration of digital or mobile-assisted learning tools to support continuous engagement. Additionally, incorporating standardized psychometric instruments such as the Geriatric Depression Scale or WHO-5 Well-Being Index—may enhance the objectivity of future evaluations. The continuation and expansion of similar community health education models across other social institutions are strongly encouraged to promote active aging, emotional stability, and social participation among elderly individuals, thereby contributing to the broader goal of improving quality of life and achieving sustainable, inclusive elderly care practices in Indonesia and beyond.

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DATA AVAILABILITY

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

AUTHOR CONTRIBUTION

All authors contributed equally to the conception, design, implementation, and evaluation of this community service project. Nur Hasanah led the overall coordination, data collection, and manuscript preparation. Padoli contributed to methodological design, analysis, and interpretation of results. Suprianto provided expertise in psychological counseling and supervised the intervention process. All authors reviewed and approved the final version of the manuscript.

DECLARATIONS

ETHICAL APPROVAL

This study was conducted in accordance with the ethical standards of community-based research.

CONSENT FOR PUBLICATION PARTICIPANTS.

All participants were informed about the purpose, procedures, and outcomes of the study, and their participation was entirely voluntary. Verbal and written consent for participation and publication of anonymized data were obtained from all elderly participants involved in this community service activity.

COMPETING INTERESTS

The authors declare that there are no competing interests or potential conflicts of interest related to the publication of this paper.

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