Perceptions about the Needs of Older People's Care in an Indonesian Community

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Abstract: Indonesia faces rapid population aging, accompanied by rising chronic illnesses and functional decline among older people. Despite strong cultural expectations for family caregiving, community participation in supporting the care of older people varies. Still, little is known about how communities perceive the needs of older people's care. This study explored community perceptions of the care needs of older people in an Indonesian community. A qualitative descriptive study was conducted in a village in Bali from May to June 2025. Twenty-one participants, purposively selected from diverse groups including eight family members, five older people, four health volunteers, and four healthcare workers, participated in four focus group discussions. Data were analyzed using content analysis to identify recurring patterns, categories, and themes.

Four main themes emerged: 1) health conditions of older people (chronic disease, physical limitations, dependency, need for attention, and participation in positive activities); 2) family and community involvement (family obligation, lack of choice, intergenerational support, teenager indifference, limited caregiving knowledge); 3) experiences of receiving health education (from health workers, home visits, and nursing students); and 4) needs for innovation in health education (accessible media, smartphone-based applications, and practical simulations). This study demonstrated that, while Indonesian communities view care for older people as a family responsibility, participation is hindered by limited involvement among teenagers and inadequate knowledge of caregiving. By integrating culturally appropriate, technology-supported health education, nurses and community health workers can enhance participation and improve the well-being of older people.

Keywords: Community participation, Digital technology, Indonesia, Older people, Qualitative research

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Introduction

Indonesia is entering a period of rapid population aging, posing major challenges for health and social care systems. The proportion of older people aged 60 years and older increased from 9.8% in 2019 to 12% in 2024 and is projected to reach 22.9% by 2050.[1]

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This demographic shift is accompanied by a sharp rise in chronic diseases, multimorbidity, and functional decline among older people, leading to increased dependency and care demands.[2] Older people are therefore becoming one of the most vulnerable groups, requiring sustained support from families, communities, and the health sector.

As people age, degenerative changes affect physical, psychological, and social well-being, resulting in multiple health problems such as diabetes, hypertension, musculoskeletal disorders, and dementia.[3] Many older people also experience psychological issues such as loneliness, depression, and reduced social participation, particularly when family and community support are limited.[4] These multidimensional challenges indicate that aging is not only a health issue but also a social one, requiring a coordinated, community-based response.

To address these needs, the Indonesian government has established several community- oriented initiatives, including Integrated Health Posts (*Posyandu Lansia*). These village-level health posts provide preventive and promotive services for older people. *Posyandu Lansia* reflects a national commitment to healthy aging and encourages active family and community participation in the care of older people.[5] In Bali, these activities are further supported by local Hindu cultural values, which traditionally promote respect and intergenerational responsibility toward older people.[6]

Despite this strong cultural foundation, community participation in the care of older people varies. While some families maintain close involvement in caregiving, others struggle due to competing priorities, migration, or limited knowledge of older people's health. Studies in Java and Sumatra have reported similar challenges, showing that caregiving practices often rely on informal experience rather than structured guidance.[7,8] However, there is a lack of qualitative research exploring how these dynamics manifest specifically in Bali, where traditional values coexist with social and demographic changes.

Understanding how communities perceive and respond to the needs of older people is crucial for improving participation and designing culturally appropriate programs. This study aimed to explore community perceptions of the need for older people's care in an Indonesian community. By uncovering these perspectives, the research sought evidence for developing community-based strategies that enhance the health and well-being of older people. This study adopted a qualitative descriptive approach to gain a contextual understanding of older people's care in community settings.

Review of Literature

Older people's care has long been conceptualized as a multidimensional phenomenon encompassing physical, psychological, and social well-being. Classic gerontological frameworks such as Rowe and Kahn's model of Successful Aging emphasize that optimal aging is not merely the absence of disease, but the maintenance of functional ability, engagement, and purpose throughout later life.[9] From a nursing perspective, Orem's Self-Care Deficit Theory provides an essential foundation for understanding older people's dependency and the role of family and community in supporting self-care when individuals can no longer meet their own needs.[10] At the interpersonal level, Nolan et al. introduced the Senses Framework, which posits that quality care for older people depends on nurturing six key "senses": security, belonging, continuity, purpose, achievement, and significance.[11] These principles remain relevant for community-based older people's care, where emotional and relational dimensions strongly influence participation and well-being. Integrating classic perspectives with recent Indonesian studies highlights that, while community structures exist, the perceptions, motivations, and needs that drive family and community participation remain poorly understood, particularly in culturally distinctive settings such as Bali.[6,12]

Community-based care for older people in Indonesia is influenced by cultural, familial, and structural factors that shape how care is perceived and delivered. However, several studies conducted in Indonesia have shown that community participation in caring for older people varies across regions, with barriers such as limited caregiving knowledge, inconsistent volunteer engagement, weak coordination between health cadres and local health centers, and insufficient support for family caregivers who often rely on experiential knowledge due to a lack of health education[13,14] Other studies in Indonesia focused on evaluating specific health programs such as home-based care initiatives and integrated health post-performance,[15,16] or prioritizing research areas such as gerontic nursing,[17] rather than exploring the underlying perceptions and social dynamics that determine participation. Studies conducted outside Indonesia have similarly emphasized community engagement and social participation among older people,[18,19] but sociocultural contexts differ markedly. Thus, while international evidence provides valuable comparative insights, understanding localized perceptions and needs within Bali's cultural framework is essential. This gap highlights the importance of conducting a qualitative descriptive study to explore community perceptions of the needs for care of older people. Before any effective interventions or health innovations can be designed, it is necessary to identify how families, health workers, and older people themselves conceptualize care, participation, and support within their unique community context.

Study Aim

This study explored community perceptions of the needs of older people's care in an Indonesian community.

Methods

Study Design: This study employed a qualitative descriptive design, allowing participants' experiences to be captured in their own words and natural context. This approach was chosen because it provides a comprehensive, straightforward summary of real-world experiences without deep theoretical interpretation, making it suitable for nursing and community health research.[20,21] Data were analyzed using qualitative content analysis, a method suitable for identifying patterns, categories, and themes within textual data.[22] This study was organized and reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ), which serves as a guideline for reporting qualitative research.[23]

Participants and Setting: Participants were purposively selected to represent diverse community stakeholders involved in caring for older people. The final sample comprised 21 participants: eight family caregivers, five older people, four health workers, and four community health volunteers (cadres), consistent with recommended focus group discussion (FGD) sizes for qualitative descriptive studies.[24] The study was conducted in a semi-rural village in Gianyar Regency, Bali, characterized by strong communal ties, traditional Balinese values, and multi-generational households where older people commonly live with extended families.

Purposive sampling was guided by inclusion criteria: participants had to communicate actively, willingly share opinions, and consent to participate. Specific criteria included: 1) family caregivers responsible for care decisions at home; 2) health volunteers supporting community-based elder care; 3) health workers providing local health services; and 4) older adults aged ≥ 60 years. Recruitment was facilitated by Posyandu Lansia coordinators, who distributed study information and invited eligible participants. Four homogeneous FGDs (1–2 hours each) were conducted, representing different stakeholder groups. Data collection and analysis proceeded concurrently to monitor thematic saturation. After the fourth FGD, no new categories emerged, confirming data saturation. Peer debriefing among researchers further validated that later discussions yielded confirmatory rather than new insights.

Ethical Considerations: This study complied with ethical standards for research involving human subjects. Informed consent was obtained after participants received a clear explanation of the study's purpose, voluntary participation, and their right to withdraw at any time without penalty. Confidentiality and anonymity were maintained by assigning numerical codes (e.g., F1, HW1) in place of names during transcription, analysis, and reporting. No identifiable information was disclosed, and data were securely stored in password-protected files accessible only to the research team. Participants received a small token of appreciation (a grocery voucher worth IDR 50,000, equivalent to USD 4) for their time, with no financial or therapeutic benefits promised. Emotional well-being was supported through debriefing opportunities after each session. Ethical approval was granted by the Research Ethics Committee of the Institute of Technology and Health Bali (Approval No. 04.158/KEPITEKES-BALI/V/2025, May 30, 2025), ensuring compliance with established ethical standards.

Data Collection: This study employed FGDs to facilitate the sharing of collective experiences and insights among community groups. The discussions were conducted face-to-face in a village in Gianyar Regency, Bali Province, from May to June 2025. Three doctoral-level nursing researchers served as facilitators, supported by four nursing students trained as data collection assistants. Participants were organized into four homogeneous groups: older people, family caregivers, health volunteers (cadres), and health workers, with each FGD lasting 1 to 2 hours. Before discussions began, facilitators explained the study's objectives and procedures. Each researcher led specific groups: older people (male facilitator), family caregivers (female facilitator), and health cadres and health workers (male facilitator). All groups were asked the same guiding questions aligned with the study's objectives. Sessions were conducted in Bahasa Indonesia at the local village office, recorded, and supported by field notes. Transcripts were prepared for subsequent content analysis.

Instruments: Before data collection, the research team piloted a FGD guide with colleagues who had older people residents at home who were not included in this study to assess the clarity, cultural appropriateness, and accessibility of the guide. Based on participant feedback, several revisions were made to simplify terminology, for instance, replacing "geriatric health management" with "health care for older people," and to reorder questions, beginning with more general reflections before moving into sensitive caregiving issues. The pilot also confirmed that the two main questions effectively stimulated discussion relevant to the study objectives. The final questions, which included two main questions, were deemed suitable for use in data collection: "How do you perceive the care and support provided to older people in your community?" and "What do you think is needed to improve the care of older people in this community?"

Data Analysis: This was conducted using conventional content analysis, suitable for descriptive qualitative studies that aim to describe phenomena where existing research and theory are limited.[25] Data were analyzed inductively based on participant responses rather than predetermined theories. Analysis began with repeated readings of transcripts to gain an overall understanding, followed by word-by-word examination to identify key ideas. The researchers developed initial codes, which were organized into categories based on meaning and interconnections. These categories were refined into overarching themes and supporting subthemes through content analysis across all four participant groups. While each group discussed the same guiding questions, data were analyzed both within and across groups to identify similarities and differences in perspectives. Divergent views were treated as complementary insights rather than contradictions. This cross-group comparison enriched interpretation and highlighted the diversity and complexity of community perceptions regarding

older people's care needs, contributing to a more comprehensive understanding of shared and differing viewpoints.

Rigor: To ensure rigor, this descriptive qualitative study followed Lincoln and Guba's five criteria: confirmability, dependability, credibility, transferability, and applicability.[26] The research process was thoroughly documented through recordings, field notes, and transcripts. Three researchers collaboratively analyzed data to enhance confirmability and minimize bias. The FGD guide ensured procedural consistency, while data triangulation across diverse informants strengthened dependability. Credibility was supported through member checking, triangulation of data sources, and detailed narrative descriptions aligned with participants' realities. Transferability was achieved by providing a clear description of participants, settings, and procedures, enabling comparisons with similar contexts. Overall, the study's methodological rigor ensured trustworthy findings that inform practical interventions to enhance community participation in caring for older people, thereby contributing to the development of effective, community-based health education and public health service strategies.

Findings

There were 21 participants in this study, divided into four discussion groups, including eight family groups (code: F1-F8), four cadre groups (code: C1-C4), four health worker groups (code: HW1-HW4), and five older people groups (code: E1-E5). The family group ranged in age from 26 to 56 years, was primarily female, and had levels of education ranging from high school to college graduates. Among the five older participants, four were male, and their ages ranged from 61 to 72 years. All health volunteers had graduated from senior high school, with their ages ranging from 45 to 60 years. All health workers were female and had a DIII level of education.

Four main themes, with 16 subthemes, related to community perceptions of the needs of older people's care emerged from this study and are described below. All themes and subthemes are presented in **Table 1.**

Table 1. Overview of themes and subthemes

Themes	Subthemes
Health conditions of older people	• Chronic disease
	• Physical limitations
	• Dependency
	• Need for attention
	• Participation in positive activities
Family and community involvement	• Family obligation
	• Lack of choice
	• Intergenerational support
	• Teenager indifference
	• Limited caregiving knowledge
Experiences of receiving health education	• From health workers
	• Home visits
	• Nursing students
Needs for innovation in health education	• Accessible media
	• Smartphone-based applications
	• Practical simulations

Theme 1: Health conditions of older people

This theme reflects participants' views on older people's multidimensional health challenges, highlighting how physical limitations, mobility issues, and dependence affect daily functioning and well-being. These multidimensional health challenges are essential to identifying and addressing their specific care needs. Participants emphasized that health status significantly influences older people's ability to stay active, engaged, and socially connected within their community.

Subtheme 1: Chronic disease

Participants highlighted chronic diseases, such as hypertension, diabetes, cardiovascular disease, stroke, and joint disorders, as major health concerns among older people. These often coexist, leading to multimorbidity that complicates care, increases dependency, and contributes to functional decline and psychological distress, underscoring the need for comprehensive, continuous management.

> *"Headaches, back pain, leg pain, various complaints of old age."* (E3)

> *"Diseases that are commonly encountered are gout, hypertension, and DM because of the age factor, older people mostly experience dementia."* (C3)

> *"In general, most [common problems] of the older people are hypertensive, and also the older people have problems in the muscles, some have strokes but do not receive treatment."* (HW1)

Subtheme 2: Physical limitations

In addition to chronic illnesses, older people face significant mobility challenges. Many relied on walking aids, while others were bedridden due to illness or frailty. Limited mobility restricted daily self-care and contributed to joint stiffness, muscle weakness, and functional decline, which in turn influenced their care needs.

> *"Older people who are bedridden, and family members assist with physical activities such as eating, bathing, defecating, and urination."* (F2)

> *"Older people rest at home, back and forth to the hospital, used to be controlled once a week, and now stopped because the condition is not possible."* (F4)

> *"Older people are affected because their muscles are stiff, making it difficult to perform physical activities."* (HW3)

Subtheme 3: Need for attention

Participants emphasized that emotional and social well-being are integral to older people's care needs. Family involvement and companionship were seen as essential for maintaining mental health and fulfilling cultural expectations of caregiving as a moral duty. Simple interactions, such as chatting with friends or neighbors, reduced loneliness and reinforced older people's sense of belonging within the community.

> *"Older people are pleased and happy if someone wants to pay attention to them, and older people like to chat."* (C2)

> *"In general, yes, [older people] need the attention of the family, the attention of teenagers to us older people, how it feels less."* (E2)

> *"Older people need friends to chat, sometimes their children are busy with work activities, so the older people have no friends and feel alone."* (HW1)

Subtheme 4: Dependency

Participants reported that many older people in the community experience varying degrees of dependence in performing daily activities, highlighting a significant aspect of their care needs,

as declining physical strength often necessitates assistance from children, family members, or caregivers to maintain their daily functioning and quality of life.

> *"Older people need help from children."* (E3)

> *"Older people need us, they need help, so they depend on us, what they need, they can't do."* (F3)

> *"Some older people with physical limitations are very dependent on the family."* (HW1)

Subtheme 5: Participation in positive activities

Despite chronic illness and mobility limitations, some older people remained active in social, religious, and health programs like Posyandu Lansia. Their participation reflected resilience and highlighted the role of supportive community engagement in promoting independence and meeting older people's holistic care needs.

> *"In the community where I live, people are very active, especially in religious activities, and there are also physical exercises and yoga activities available. Especially when it is time for a ceremony, they become increasingly involved in religious ceremonial dances."* (F6)

> *"[Older people] participate in activities if there are no complaints, join with the community in ceremonies, participate in gymnastics at the Puskesmas [Public health centers] too."* (E4)

> *"[Because of] older people's Posyandu, the activity of the older people has increased. Previously, they had checked at the Puskesmas, but after establishing an older people's Posyandu, they found it easier to check their health there."* (HW4)

Theme 2: Family and community involvement

This theme highlights that family and community involvement are vital in meeting older people's care needs. Families act as primary caregivers, while neighbors, health cadres, and local organizations provide complementary support, ensuring continuity of care, reducing caregiver burden, and fostering a supportive, collaborative environment that enhances older people's well-being within the community.

Subtheme 1: Family obligation

Participants highlighted that meeting older people's care needs is regarded as a fundamental family duty grounded in cultural values and moral expectations. Children and close relatives are viewed as the primary caregivers responsible for ensuring their well-being, reflecting filial piety and the cultural belief that caregiving is an essential family responsibility.

> *"Because it [caring for older people] is an obligation."* (F1, F4)

> *"This is the role of the family, for children or grandchildren, to look after their older people."* (E1)

> *"There must always be children who care for the older people."* (HW2)

Subtheme 2: Lack of choice

Participants highlighted that addressing older people's care needs within families is seen not only as a cultural and moral obligation but also as a necessity. With few accessible or affordable institutional care options, families often feel obliged to provide care, illustrating how cultural norms intersect with limited formal support systems.

> *"Because if not cared for, who else takes care of the older people?"* (F5)

> *"Who else, if there is no family, especially if it is our parents?"* (E3)

"The family is the first thing older people need; who else, if not the family, takes care of the older people?" (HW4)

Subtheme 3: Intergenerational support

Participants explained that older people's care needs are supported through intergenerational involvement from children and grandchildren. Support extends beyond basic caregiving to include daily activities and emotional companionship, such as helping with meals, routines, and medication. These intergenerational relationships strengthen emotional bonds, promote well-being, and integrate care into everyday family life.

"Young people are very enthusiastic about helping the older people or parents who are suffering from illness. I'm very excited about helping and being visited together with young people who are grandchildren like those." (E2)

"All relatives, grandchildren, and children help in various ways, from the smallest to the most significant, such as helping to prepare food, reminding others to eat, and taking care of their health." (E4)

"Some of the older people are helped by their grandchildren, so they are happy and feel comforted." (HW3)

Subtheme 4: Teenager indifference

Participants noted that teenagers showed limited concern for older people's well-being, often prioritizing school, work, or social activities. This reduced availability and motivation to engage in caregiving reflects a generational gap in meeting older people's care needs, potentially affecting the continuity of social and community support for them.

"The reason is that they [teenagers] are busy working and studying. Older people are often lonely because their children and grandchildren rarely visit them." (C2)

"The involvement of the younger generation in caring for the older people depends on the awareness of the younger generation." (F6)

"Teenagers have not been involved because they are still focused on school or work, as the affairs of older people are often taken over by their parents, leaving the teenager uninvolved." (HW4)

Subtheme 5: Limited caregiving knowledge

Participants noted that public understanding of older people's healthcare remains limited. Community members often equate care with meeting basic physical needs, such as feeding, while neglecting emotional and social aspects. This highlights gaps in awareness of older people's care needs and the importance of holistic, multidimensional support for their well-being.

"Ordinary people may lack knowledge of how to care for the older people who are sick at home." (HW2)

"Not everyone in the community understands how to care for the older people; they think that caring for the older people is only feeding them; others are not cared for because they may not know." (HW3)

Theme 3: Experiences of receiving health education

This theme examines the community's experiences in accessing and participating in health education initiatives that support the care needs of older people. Health education equips families and caregivers with essential knowledge and skills to manage complex health issues. Findings highlight the importance of continuous, accessible, and contextually relevant community-based education programs.

Subtheme 1: From health workers

Participants identified community health workers, especially nurses, as the primary sources of health education about older people's care. Monthly

counseling sessions, delivered in facilities and community settings, allowed interactive discussions. These regular engagements were viewed as vital for improving understanding and addressing older people's care needs.

> *"Direct face-to-face counseling from the health center."* (F4)

> *"There is a monthly counseling held by the health center."* (C2)

> *"The activity is counseling for the older people, usually done every month at the health integrated post, more counseling according to the older people's complaints, also at the health center."* (HW1)

Subtheme 2: Home visits

Participants noted that health education for older people extended beyond health centers to include home visits by health workers and cadres. These visits offered personalized education for families facing mobility or access barriers. Home-based outreach was viewed as essential in meeting older people's care needs through direct, comfortable engagement.

> *"For counseling, from the cadres who provide direct door-to-door counseling to the older people and their families at home, because it is impossible for the older people who are dependent to be told to come to the village hall to hear counseling."* (F7)

> *"We also make home visits to provide counseling to families at home."* (HW1)

Subtheme 3: Nursing students

Participants viewed nursing students' involvement in community practice as a valuable contribution to older people's health education. Through home visits and interactions, students assessed needs, shared health information, and promoted preventive care. Their participation was seen as enhancing knowledge dissemination and strengthening community capacity to address care needs.

> *"Counseling from nursing students advised them that hypertension can be improved by eating less salt. If you reduce sugar, flour, and carbohydrates."* (C3)

> *"Counseling activities carried out by students provide explanations about the health of the older people."* (E3)

> *"Several nursing students who practice also always offer counseling to the older people about health; they are invaluable."* (HW1)

Theme 4: Needs for innovation in health education

This theme reflects participants' expectations for innovative health education approaches tailored to the complex care needs of older people. While current efforts, such as counseling, home visits, and student engagement, were valued, they were seen as limited in reach and accessibility. Participants emphasized the need for sustainable, technology-based models that empower caregivers and enhance participation.

Subtheme 1: Accessible media

Participants highlighted the need for accessible, reliable health information media tailored to older people's care needs. They noted that existing health education sessions are infrequent and not always timely. Therefore, families, volunteers, and health workers expressed hope for continuous, on-demand digital resources to support caregiving.

> *"It would be beneficial to have specialized media for health information for older people, because here many older people are sometimes confused about who to ask about health."* (C3)

> *"If possible something easy for the older people to get information quickly."* (E1)

"If possible, something more effective and easy to access according to the current era." (HW3)

Subtheme 2: Smartphone-based applications

Participants expressed a strong interest in developing smartphone-based applications as innovative tools for health education on older people's care. With widespread smartphone use, such apps were seen as accessible and user-friendly platforms for continuous health information. This reflects the community's belief that digital solutions are essential to meet older people's evolving care needs.

"Older people are given smartphones so that they can see directly ... how to care for themselves, from their families, and what to do can be informed via smartphone so that it is clearer." (E2)

"What we want to achieve is an application, as everyone is already tech-savvy, so there needs to be an application." (C1)

"The previous generation might still want to read leaflets, if the current generation uses smartphones, so it's good to have an application on their cellphones that the current generation can open and read." (HW4)

Subtheme 3: Practice simulation

Participants emphasized that smartphone-based health education should include practice simulations or interactive demonstrations. While information increases awareness, caregivers need hands-on guidance to apply it effectively. The community viewed interactive tools as vital for enhancing caregiving skills and ensuring older people's care needs are met more effectively in Indonesia.

"For general knowledge, it must be delivered directly within practice so that it can be seen directly by the family." (F3)

"Maybe a video can be provided that shows how to maintain health." (C2)

"...along with the practice method on how to care for older people at home, so that it is easier." (HW4)

Discussion

This study explored perceptions of older people's care needs from the perspectives of older people, family caregivers, volunteers, and health workers in a Balinese community. Participants recognized older people's vulnerability due to physical and psychosocial challenges but noted their continued social and spiritual engagement. Care was primarily family-based, supported by community structures such as Posyandu Lansia. However, gaps in knowledge and resources limited comprehensive caregiving despite strong cultural values of respect and intergenerational support. These findings, consistent with prior Indonesian studies,[13,14] highlight the need to strengthen community-based education, improve coordination among families, health workers, and volunteers, and enhance local capacity to meet older people's holistic care needs through culturally grounded and collaborative approaches.

The findings of this study show that older people in the community commonly experience multiple health problems, particularly chronic conditions such as stroke, diabetes mellitus, hypertension, and musculoskeletal stiffness, which often lead to physical limitations. These findings align with Orem's Self-Care Deficit Theory,[10] which emphasizes the need for assistance when individuals cannot meet their self-care demands. In contrast, some older people without significant health complaints remain active in social, religious, and health-related activities, demonstrating that aging need not inevitably lead to decline. However, degenerative diseases, especially hypertension and diabetes, are highly prevalent and interrelated, increasing the risk

of complications such as stroke.[27] A previous study has linked aging to a higher susceptibility to chronic illnesses due to cumulative cellular and molecular damage, thereby reducing quality of life.[28] Nonetheless, many older people adapt by maintaining social participation and community engagement, which supports psychological well-being, strengthens resilience, and promotes social inclusion in later life.[29]

Family and community involvement in caring for older people was strongly characterized as a familial duty, with primary responsibility typically assumed by children and grandchildren. This aligns with previous research indicating that caregiving is not merely a personal choice but a moral and cultural obligation deeply rooted in religious and social norms.[30] Within this framework, caregiving represents an ethical practice central to family identity and intergenerational continuity. However, this system also imposes emotional and social pressures that vary across families. The study further revealed limited engagement among younger generations, particularly teenagers, whose academic and work commitments often restrict participation. Consistent with earlier findings, young people's limited awareness, knowledge, and caregiving skills hinder their involvement.[31] Addressing this gap requires accessible, skills-based interventions to strengthen youth participation in caregiving. In Indonesia, while filial duty remains deeply valued, its expression is evolving toward more flexible and reciprocal intergenerational relationships.[32]

The study revealed that families are the primary source of support for older people, particularly in meeting basic needs and making health-related decisions. Many older people rely on their children for care due to limited education or health knowledge, though they may hesitate to burden them when time or resources are constrained. Despite changing family dynamics, family involvement remains central to sustaining relationships and ensuring continuity of care.[33] However, ageism, manifested through stereotypes and negative attitudes, continues to pose challenges, adversely affecting older people's mental health and well-being.[34] By exploring these perceptions, the study underscores the need to strengthen intergenerational understanding and societal awareness to uphold the dignity and psychological security of older adults. Persistent barriers, including limited caregiving knowledge, low public awareness, and restricted access to health services, highlight the need for community-based education and inclusive support systems.[14]

Regarding health education, the findings indicate that the community primarily received information on older people's health through health workers, who provided education during routine counseling sessions, face-to-face interactions, and home visits. Nursing students were also identified as important contributors, offering education during community clinical placements. Community health nurses are recognized as the frontline providers of health services for older people, tasked with delivering nursing care, conducting assessments, and implementing promotive and preventive strategies. Health promotion is particularly important and can be carried out across various settings, including health facilities, community organizations, and during home visits.[15] Nursing students, as future healthcare providers, require adequate training and competence in delivering health education to older people, which necessitates collaboration with health workers and local community leaders. Research further emphasizes that students' attitudes toward older people are shaped by knowledge, cultural norms, learning experiences, and direct caregiving exposure during training.[35] These findings reflect community perceptions that accessible, continuous, and well-coordinated health education is a crucial need in improving the quality of care for older people. Finally, the study highlights the need for innovation in health education, particularly the development of accessible, technology-based platforms. Participants expressed a preference for smartphone applications that could provide practical, user-friendly information, along with simulations to guide appropriate caregiving

practices. Leveraging mobile health applications can improve health literacy, expand access to services, and increase community participation in older people's care. Despite this potential, the use of digital health technologies for older people in Indonesia remains limited, largely due to low e-health literacy and unequal access to technology. Strengthening digital inclusion, promoting user-friendly design, and raising awareness of the benefits of such innovations are therefore essential.[36] These insights reflect community perceptions that accessible and interactive digital health education tools are increasingly viewed as necessary to meet the evolving care needs of older people. Beyond improving the health outcomes of older people, integrating digital platforms could enhance community-level care delivery, reduce caregiver burden, and support older people's independence. Future research should further explore both enabling and constraining factors that influence community engagement with technology-based health education for older people.[37]

Strengths and Limitations

A key strength of this study lies in its inclusion of diverse stakeholders, which offers a comprehensive view of community perceptions and care needs. Focus group discussions facilitated shared reflections, while content analysis ensured themes were grounded in participants' perspectives. Trustworthiness was strengthened through triangulation, member checking, and peer debriefing. However, several limitations should be acknowledged. The study's focus on a single Balinese village may limit its transferability to other regions. Social desirability bias could have influenced responses in group settings, and the modest sample size may not fully represent all community views. Additionally, this study explored perceptions but did not assess the implementation or effectiveness of digital health education strategies, warranting future research to evaluate such innovations in diverse settings.

Conclusions and Implications for Nursing Practice

This study revealed that community perceptions of older people's health are diverse and complex. While many recognize the decline caused by chronic illnesses, mobility limitations, and dependency, others observe that some older people remain active in social, religious, and health activities, reflecting resilience and community engagement. Family caregiving remains deeply rooted in cultural values of respect and obligation, though younger generations show less awareness due to limited knowledge of older people's health needs. Health education is currently delivered through health workers, community programs, and nursing students' outreach activities. However, participants emphasized the need for more accessible, technology-based approaches. Developing smartphone applications featuring practical simulations and interactive learning could improve health literacy, increase family participation, and strengthen home-based care.

Nurses play a central role in empowering families and communities through health education, coordinating multidisciplinary collaboration, and integrating digital health innovations into community programs to improve care for older people. Further studies should examine intergenerational caregiving dynamics as family structures evolve and assess the effectiveness of culturally tailored interventions such as mobile health platforms or caregiver training modules in enhancing caregiving capacity and promoting the well-being of older people in community settings.

Author Contributions

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Statement on the Use of Artificial Intelligence (AI)

In preparing this manuscript, the authors used AI tools to improve writing efficiency and quality. ChatGPT assisted in generating initial drafts, refining structure, and synthesizing key concepts, while Grammarly enhanced clarity, grammar, and stylistic consistency. All AI-generated content was carefully reviewed and validated by the authors to ensure accuracy, integrity, and originality. The authors take full responsibility for the final manuscript.

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การรับรู้เกี่ยวกับความต้องการในการดูแลผู้สูงอายุในชุมชนแห่งหนึ่งของอินโดนีเซีย

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บทคัดย่อ: อินโดนีเซียกำลังเผชิญกับการเพิ่มขึ้นของประชากรสูงอายุอย่างรวดเร็ว ควบคู่กับการเพิ่มขึ้นของโรคเรื้อรังและการถดถอยของสมรรถภาพการทำงานในผู้สูงอายุ แม้ว่าวัฒนธรรมจะให้ความสำคัญกับการดูแลผู้สูงอายุโดยครอบครัวเป็นหลัก แต่การมีส่วนร่วมของชุมชนในการสนับสนุนการดูแลผู้สูงอายุยังมีความแตกต่างกัน อีกทั้งยังมีข้อมูลจำกัดเกี่ยวกับการรับรู้ของชุมชนต่อความต้องการในการดูแลผู้สูงอายุ การวิจัยเชิงคุณภาพเชิงพรรณนานี้มีวัตถุประสงค์เพื่อสำรวจการรับรู้ของชุมชนเกี่ยวกับความต้องการการดูแลผู้สูงอายุในชุมชนแห่งหนึ่งของอินโดนีเซียในหมู่บ้านแห่งหนึ่งในบาหลี ระหว่างเดือนพฤษภาคมถึงมิถุนายน พ.ศ. 2025 ผู้เข้าร่วมจำนวน 21 คนได้รับการคัดเลือกแบบเฉพาะเจาะจงจากกลุ่มที่หลากหลาย ได้แก่ สมาชิกในครอบครัว 8 คน ผู้สูงอายุ 5 คน อาสาสมัครสาธารณสุข 4 คน และบุคลากรด้านสุขภาพ 4 คน โดยเข้าร่วมการสนทนากลุ่มทั้งหมด 4 กลุ่ม ข้อมูลได้รับการวิเคราะห์ด้วยการวิเคราะห์เนื้อหาเพื่อระบุรูปแบบหมวดหมู่ และประเด็นหลัก

ผลการศึกษาพบประเด็นหลัก 4 ประเด็น ได้แก่ 1. สภาพสุขภาพของผู้สูงอายุ (โรคเรื้อรัง ข้อจำกัดทางร่างกาย การพึ่งพิง ความต้องการการเอาใจใส่ และการมีส่วนร่วมในกิจกรรมเชิงบวก) 2. การมีส่วนร่วมของครอบครัวและชุมชน (หน้าที่ความรับผิดชอบของครอบครัว การขาดทางเลือก การสนับสนุนระหว่างรุ่น ความเพิกเฉยของวัยรุ่น และความรู้ด้านการดูแลที่จำกัด) 3. ประสบการณ์ในการได้รับการให้สุขศึกษา (จากบุคลากรสาธารณสุข การเยี่ยมบ้าน และนักศึกษาพยาบาล) และ 4. ความต้องการนวัตกรรมด้านสุขศึกษา (สื่อที่เข้าถึงได้ แอปพลิเคชันบนสมาร์ตโฟน และการฝึกปฏิบัติแบบจำลอง) การศึกษานี้แสดงให้เห็นว่า แม้ชุมชนในอินโดนีเซียจะมองว่าการดูแลผู้สูงอายุเป็นความรับผิดชอบของครอบครัว แต่การมีส่วนร่วมของวัยรุ่นในการดูแลยังมีจำกัดและความรู้ด้านการดูแลที่ไม่เพียงพอ การบูรณาการสุขศึกษาที่เหมาะสมกับบริบททางวัฒนธรรมและสนับสนุนด้วยเทคโนโลยี สามารถช่วยให้พยาบาลและบุคลากรสาธารณสุขในชุมชนเพิ่มการมีส่วนร่วมและยกระดับคุณภาพชีวิตของผู้สูงอายุได้

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คำสำคัญ : การมีส่วนร่วมของชุมชน เทคโนโลยีดิจิทัล อินโดนีเซีย ผู้สูงอายุ การวิจัยเชิงคุณภาพ

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