



ICP-HESOS2015

INTERNATIONAL CONFERENCE ON PSYCHOLOGY
IN HEALTH, EDUCATIONAL, SOCIAL,
AND ORGANIZATIONAL SETTINGS

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November 5-7, 2015

Zhejiang University
Hangzhou, China

Part 1
PROGRAM BOOK

OF

**INTERNATIONAL CONFERENCE ON PSYCHOLOGY IN
HEALTH, EDUCATION, SOCIAL, AND ORGANIZATIONAL
SETTINGS 2015
(ICP-HESOS 2015)**

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Guidelines for All Oral Presenters

1. Please be in the main venue 10 to 15 minutes before the schedule of your session. During this time, you can check your presentation with the student assistant assigned to your room and copy your power point presentations to the computer.
2. Each presenter is given **20 minutes** to complete her presentation, including Q&A.
3. To help you keep within the time allotted, please consider the following pointers:
 - 3.1. Allocate your limited time to the more important details of your study. Thus, you should spend more time on your theory, results, discussion and unique contributions of your research, instead of on the review of the literature and minute details of your method. You can talk about the less important details if the audience inquires about these during the open forum.
 - 3.2. Do not aim to present all your findings. It is not possible to do so within the limited time you have. Instead, focus on two or three of the most important findings and arguments you want to make. This focus will help you prepare a presentation that is substantial within the time given.
 - 3.3. Practice your oral presentation ahead of time, and time your presentation during the practice session. Keep in mind that the actual presentation often takes much longer (sometimes two times longer) than the practice presentation. Please adjust your presentation based on your practice time.
 - 3.4. If you are using a powerpoint presentation, try to limit to 20 slides (approximately 1 minute per slide).
 - 3.5. Keep your eye on the chair of your sessions, who shall cue you when you have a few minutes left and when you are out of time.
4. To keep your presentation more engaging, you should consider talking to the audience instead of reading your paper. Read from the laptop and not from the screen so you avoid losing eye contact with your audience.
5. If you are using a power point presentation, please make sure that the text in the presentation is visible to all members of the audience. It is suggested that you use simple font, with font size of at least 18 points. You should also use a high font color that has high contrast with the background (dark font on light background; or light font on dark background).
6. During the Q&A, please listen to the questions carefully, and feel free to clarify if the question is not clear. Please keep your answers short and direct to the point, if possible. It's always polite to thank those asking questions, because it shows they paid attention to your presentation.
7. Be prepared for possible negative comments on your study. This is part of the territory. If you get negative comments, please do not take it personally. Consider the negative comment, and if it is appropriate and helpful, then you can respond accordingly (e.g., "Yes, I think that is a limitation of the study. I will consider that in future follow-up studies."). If you think the negative comment is inappropriate (i.e., it's not within the scope of your study), then just acknowledge the question and move on politely (e.g. "Thank you for that comment, but I think that is way beyond the scope of my present line of inquiry.") In any case, never lose your cool, and just try to have a sense of humor.
8. Think of the presentation as an opportunity to share your work, to get feedback, and to get to know people with similar interests. Try to have fun and enjoy yourself in the process!

Oral Presentation Session 1

Time: 14:00–15:40 November, 6st 2015

Class No	Title	Presenter
<i>Topic: Education</i>		
<i>Monitor: Honey Wahyuni Sugiharto Elgeka</i>		
<i>Venue: Yuquan Room, Alumni Building</i>		
A	1 The Influence of Student's Social Network Properties on Students' Academic Performance	Herison Pandapotan Purba
	2 Psychological Well-Being Among Teachers of Early Childhood Education Program in Surabaya	Rosatyani Puspita Adiati
	3 The Needs to Develop the Appropriate Individualized Education Program for Students With Borderline Intellectual Functioning in Inclusive Schools	Aniva Kartika
	4 The Difficulties Encountered by Primary School Teachers in Implementing Inclusive Education: A Descriptive Study	Aniva Kartika
	5 Effectiveness of Fernald Method to Improve Reading Ability of Students Diagnosed With Slow Learner Who Have Reading Difficulties	Muryantinah Mulyo Handayani
<i>Topic: Education</i>		
<i>Monitor: Jatie Pudjibudoyo</i>		
<i>Venue: Huajiachi Room, Alumni Building</i>		
B	1 Sources of Career Decision Making Self-Efficacy Scale (An Indonesian Version)	Fitri Arlinkasari
	2 Internet Use and Negative Behavior in Adolescent (POSTER)	Dewi Retno Suminar
	3 Using Media and Technology in Early Childhood	Endah Mastuti
	4 Effectiveness of Parental Involvement Model's as a Strategy to Stimulate Early Literacy for Kindergarten Children in Rural Area	Nur Ainy Fardana
<i>Topic: Health</i>		
<i>Monitor: Margaretha</i>		
<i>Venue: Zijingang Room, Alumni Building</i>		
C	1 Description of Health Belief Model on Men Who Have Dental Health Problems	Dina Permata Sari
	2 The Role of Anxiety and Demographic Factors Toward Quality of Life in Patients With Type 2 Diabetes Mellitus	Indah Ria Sulistyarini
	3 The Construction and Application of Anxiety Scoring System of House-Tree-Person Drawing Test	Yuanyuan Zhang
	4 The Development of Breast Cancer Early Detection Program	Triana Kesuma Dewi
<i>Topic: Organization</i>		
<i>Monitor: Changsuk Ko</i>		
<i>Venue: Classroom 205, West 2 Teaching Building</i>		
D	1 The Influencing Mechanism of Work Engagement of State-Owned Enterprise: Based on the Approach of Grounded Theory	Hong Yan
	2 Job Insecurity Among Physicians	Luvy Kurniasari
	3 The Effect of Personality, Safety Knowledge and Safety Motivation on Safety Performance of Risky Occupational Workers	Dewi Syarifah
	4 An Empirical Study on the Influence of Social Attachment on Behavioral Response Under Emergency	Shihui Chen
	5 The Performance Group Health and Interdependence Psychology	Cholichul Hadi
<i>Topic: Social</i>		
<i>Monitor: Ananta Yudianto</i>		
<i>Venue: Classroom 209, West 2 Teaching Building</i>		
1	A Bandura's Cognitive Social Perspective on Psychosocial Analysis of Drug Recidivist	Sri Aryanti Kristianingsih

Class	No	Title	Presenter
E	2	Bodily Postures Impact Acquisition of Traditional Chinese Values of Filial Piety	Jianhong Ma
	3	Study of Religion Extremism Stereotypes Based on Social Media Role	Anindya Gupita Kumalasari
	4	The Relationship Between the Embodied Information of Aerial Images and Cooperation and Interpersonal Trust	Wenwei Zhu
	5	The Assessment of Success of Religious Social Organization: A Case Study on Aisyiyah	Muhammad Ghazali Bagus Ani Putra
<i>Topic: Health</i> <i>Monitor: English, A. S.</i> <i>Venue: Classroom 301, West 2 Teaching Building</i>			
F	1	Self Management for the Improvement of Living Healthy Patients Behavior Diabetes Mellitus	Hartanti
	2	The Determinant Factors of Worker's Subjective Well-Being	Hartanti
	3	Motivation for Control, Locus of Control: Their Impact on Psychological Distress	Hezhi Chen
	4	Mental Health Literacy in China Measuring the Affects of Remote Acculturation and Education on Societal Change and Mental Health Stigma	James William Sandoval
	5	The Effect of Social Support From Correctional Supervisor, Social Support From Peer Group and Coping Stress to Psychological Well-Being Juvenile Inmates in Tangerang Child Correctional Institution	Iriani Indri Hapsari
<i>Topic: Social</i> <i>Monitor: Weipeng Lai</i> <i>Venue: Classroom 309, West 2 Teaching Building</i>			
G	1	Patriarchal Culture and Domestic Violence Among Javanese Women	I Dewa Ayu Dwika Puspita Dewi
	2	A Cross-Cultural Study of Self-Conscious Emotions Associated with the Moral Foundations	Alexandrina Buruian
	3	Increase Social Control Function Occurrence Case for Preventive Efforts Human Trafficking in East Java	Ike Herdiana
	4	Family Oriented Program as Psycho-Social Support to Children Trafficking Victims	Sukma Rahastri Kanthi
	5	Cosplay in Indonesia: Acculturation of Japanese Culture With Indonesian Culture	Resti Nur Laila

Oral Presentation Session 2

Time: 16:00–17:40 November, 6st 2015

Class	No	Title	Presenter
<i>Topic: Education</i> <i>Monitor: Aniva Kartika</i> <i>Venue: Yuquan Room, Alumni Building</i>			
A	1	Positive Behavior Support Program for Developing Inclusive Culture in Inclusive School	Muryantinah Mulyo Handayani
	2	Identification of Values in Parenting: A Qualitative Study	Wiwini Hendriani
	3	Description of Social Skills Development in Early Childhood	Herdina Indrijati
	4	Cognitive and Affective Empathy of Early Childhood in Indonesia: The Impact of Family Background	Primatia Yogi Wulandari
<hr/> <i>Topic: Health</i> <i>Monitor: Sonny Andrianto</i> <i>Venue: Huajiachi Room, Alumni Building</i>			
B	1	Psychoeducation Program to Reduce the Level of Expressed Emotion on Family and Paramedic Who Deal With Schizophrenia	Tri Kurniati Ambarini
	2	The Relationship Between Community Administration and the Elderly' Subjective Well-Being Under the Activity Background of Elderly	He Quan
	3	Development of an Intervention Strategic Model to Attain the Biopsychosocial Needs Among Elderly in Surabaya	Marselius Sampe Tondok
	4	Attitude of Psychology Students Towards Mental Illness in Indonesia and Its Correlates	Atika Dian Ariana
	5	Analysis of Implementation of Organizational Learning Process Toward Increasing Willingness to Learn in Institution Health Education in Surabaya	Eppy Setiyowati
<hr/> <i>Topic: Health</i> <i>Monitor: Yuanyuan Zhang</i> <i>Venue: Zijingang Room, Alumni Building</i>			
C	1	CHWs' Perception on Identification of Perinatal Depression in Surabaya, Indonesia	Endang Retno Surjaningrum
	2	Subjective Well Being of Orphanage Children (Study Descriptive	Nurul Hartini
	3	Parenting Capabilities and Parenting Stress Among an Indonesian Parents Sample	Irwan Nuryana Kurniawan
	4	Risky Sexual Behaviour Among Adolescents in Surabaya, East Java	Margaretha
	5	A Preliminary Study of Socio-Demographic Factors in Parental Feeding Practices of Working Mothers	Rohmah Rifani
<hr/> <i>Topic: Organization</i> <i>Monitor: Yang Rui</i> <i>Venue: Classroom 205, West 2 Teaching Building</i>			
D	1	Literature Study: The Productive Behavior of Employees	Iffah Rosyiana
	2	The Impact of Ethical Leadership on Employee Behavior in the Context of China	Changsuk Ko
	3	Relationship Between Self-Perceived Employability and Psychological Capital Among Airlangga University Students	Dimas Aryo Wicaksono
	4	Need for Achievement and Entrepreneurial Intentions: A Meta Analysis Study	Daliman
<hr/> <i>Topic: Social</i> <i>Monitor: Wenwei Zhu</i> <i>Venue: Classroom 209, West 2 Teaching Building</i>			
E	1	Bugis' Society Attitude Toward Same Sex Marriage	Ananda Zhafira
	2	Prejudice Between Transnational Moslems and Cultural Moslem in Indonesia	Sulistio
	3	Islamic Religiousity Among Javanese and Minangese Ethnicity	Fuad Nashori
	4	Conflict Management on Interracial Couples in Indonesia	Musrifatul Jannah

Class	No	Title	Presenter
<i>Topic: Health</i>			
<i>Monitor: English, A. S.</i>			
<i>Venue: Classroom 301, West 2 Teaching Building</i>			
F	1	Qeeg of Panic Attack Detection in Healthy Volunteer	Ananta Yudiarso
	2	Qeeg Breath Holding Induce Panic Attack and Catastrophic Thinking in Healthy Volunteer	Ananta Yudiarso
	3	Wheat vs. Rice is linked with Primary Coping: Longitudinal Examination on Internal Migration	English, A. S.
	4	Investigating Cultural Orientation, Stress, and Efficacy of Secondary Coping in China	Zhijia Zeng
	5	Comparison of Death Anxiety Between Javanese and Batakese: A Preliminary Study	Dito Aryo Prabowo
<i>Topic: Social</i>			
<i>Monitor: Alexandrina Buruian</i>			
<i>Venue: Classroom 309, West 2 Teaching Building</i>			
G	1	Probing Cognitive Overload in a Third Culture Context Interpreting	Lin Zhi
	2	Gender Differences in Indonesian Letter and Category Fluency Performances	Donny Hendrawan
	3	Packing and Unpacking Effect in Intertemporal Decision	Yang Lei-Jing
	4	Social Discounting of Environmental Outcome	Xu Yan-Ping

Oral Presentation Session 3

Time: 14:00–15:40 November, 7st 2015

Class	No	Title	Presenter
<i>Topic: Organization</i> <i>Monitor: Teng Shentu</i> <i>Venue: Yuquan Room, Alumni Building</i>			
A	1	Quality of Work Life Program to Enhance and Align the Industrial Relations	Verina H. Secapramana
	2	Hospital Autonomy Survey in Structural and Functional Official of Hospital in East Java, Indonesia	Ni Njoman Juliasih
	3	A Qualitative Study of Re-Entry Adjustment on Indonesian Returnees	Sonny Andrianto
	4	The Relationship Between Core Self-Evaluation and Psychological Empowerment for Seafarers	Rini Nurahaju
<i>Topic: Social</i> <i>Monitor: Qionghan Zhang</i> <i>Venue: Huajiachi Room, Alumni Building</i>			
B	1	Empowering Strategy for Child Prisoners in the Juvenile Detention Center (JDC) and the Resocialization Center: Application and Evaluation Phase	Hartanti
	2	Healthy Eating Behavior in Children With Obesity (Social Cognitive Theory)	Eveline Sarintohe
	3	The Impact of Responsibility on Moral Judgment: in the View of Belief in a Just World Theory	Yuan Cheng
	4	The Effect of Moral Elevation on Prescriptive Morality and Proscriptive Morality	Weipeng Lai

Oral Presentation Session 4

Time: 16:00–17:40 November, 7st 2015

Class	No	Title	Presenter
<i>Topic: Organization</i> <i>Monitor: Verina H. Secapramana</i> <i>Venue: Yuquan Room, Alumni Building</i>			
A	1	Do Engaged Employees Intend to Leave the Organization?	Frikson Christian Sinambela
	2	Best Practice: The Most Successful Management Model for a German Subsidiary in China	Ganna Ignatenko
	3	From "West Leads East" to "West Meets East" - German-Chinese JVs vs. WFOEs	Matthias Gleich
	4	The Relationships Among Leader-Member Exchange (LMX), Meaning of Work as a Calling and Work Engagement	Sugiharto Halim
	5	The Psychological Capital and Leadership Style: Exploring the Relationship With Job Stress of Private Companies Workers in Yogyakarta	Nur Pratiwi Novianti
<i>Topic: Social</i> <i>Monitor: Weipeng Lai</i> <i>Venue: Huajiachi Room, Alumni Building</i>			
B	1	How Do Indonesian College Students Spend Their Time?	Sumedi Priyana Nugraha
	2	Identity Crisis on Teenagers Towards Disagreements in the Different Marital Cultures in Indonesia	Irada Nur Annisa
	3	Power and the Endowment Effect	Yuan Tao
	4	Role of Demographic Factors on Academic Staff Job Satisfaction in Malaysian Universities	Aida Mehrad
	5	The Norm Transition Mechanism of a Consistent Contributor	Qionghan Zhang

Guidelines for Poster Presentations

ICP-HESOS conference will host one or two Poster sessions during lunchtime. This will be a great chance for all attendees to see your research and offer suggestions and comments.

Please follow the guidelines below.

1. The poster board to be provided is approximately A0. Please limit the size of your entire poster to approximately 80CM x 110cm size, in a portrait
2. Be sure to include the abstract title, author names, and the institution where the work was completed, in large letters centered at the top of the poster. Place your address, phone number and email address in the upper right-hand corner. Your contact information is however not mandatory.
3. No computers or extra aids may be used during a poster presentation.
4. The presentation number assigned to the poster presentation should not be placed on your poster. The poster boards will be numbered for you.
5. Lay your poster sections in a logical order so that other scientists can follow your presentation. A good method is setting up your poster in a column format so that individuals interested can read your poster first vertically, then top to bottom, and then left to right.
6. Space your information proportionally: divide your poster either horizontally or vertically into three or four sections, and place your materials within those spaces. Like a layout of a magazine.
7. Use a type size that can be read easily from a considerable distance (1 meter or more).
8. Use fonts that are easier to read from a distance, such as Arial, Geneva and Sans serif
9. Posters should stimulate discussion, not give a long presentation. Therefore, keep text to a minimum, emphasize graphics, and make sure every item in your poster is necessary.
10. When choosing a background, remember that neutral or grey colors will be easier on the eyes than a bright color.
11. Try not to stand directly in front of your poster, allow other scientists to view the entire poster. Stand to the side.
12. Carry your poster to the meeting, using tubular packaging or a portfolio case. Do not mail your poster to the conference headquarters or to the meeting site.
13. Come prepared with any relevant handouts you may wish to share and business cards to hand out.
14. Keep your poster presentation to up to 15 minutes per visitor.

For more information visit the following website:

<http://www.pitt.edu/~etbell/nsurg/PosterGuide.html>

Poster Session

Time: 8:20—9:00 November, 6st 2015

Venue: Zijingang Room, Alumni Building

No	Title	Presenter
1	Verbal and Spatial Operations of Number-space Associations	Shuangxia Li
2	Internet Use And Negative Behavior in Adolescent	Endah Mastuti
3	Is CFIT (culture Fair Intelligence Test) Still Fair ?	Fitri Andriani
4	Parent's Secure Attachment and Decision Making Style of Senior High School Students	Hariz Enggar Wijay
5	The Pathological Lier of a Student that Has a Procastinating Habit	Sumi Lestari
6	Sexual Education in the Classroom: Indonesian Students' Point of View	Ratih Febrian

Development of An Intervention Strategic Model to Attain the Biopsychosocial Needs Among Elderly in Surabaya

Jatie K. Pudjibudojo¹, Marselius Sampe Tondok¹, Eko Setiawan²

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2. Center for Medicine Information and Pharmaceutical Care (CMIPC), Faculty of Pharmacy, University of Surabaya, Indonesia

Abstract

One of the most threatening problems for elderly is the decrement profile of quality of life due to unmet phenomenon of biopsychosocial needs. Incremental of quality of life among elderly is ultimately need to be improved by implementing an intervention that should be developed based on the real finding in daily life. Present study was conducted to 1) analyze the need, impact, and factors influencing the developmental of an intervention strategic model, 2) develop an intervention strategic model to attain the biopsychosocial needs among elderly, 3) empower the elder by organizing an event based on an approach “from elder, by elder, and for elder”.

A qualitative exploratory with phenomenology approach and participatory action research were used in present study. Elder and person in charge at elderly community group, called “karang werdha”, were included in this study. Combination of focus group discussion and gathering event were used to enable a detailed exploration of elder’s biopsychosocial needs.

There were 91 elderly people were participated in present study, and 38 people among them were considered as person in charge at “karang werdha”. Focus group discussion and gathering event were conducted 5 times and 2 times, consecutively. Focus of data exploration found that psychological well being aspects consist of: 1) acceptance, 2) social relationship, 3) autonomy, 4) environmental management, 5) goal of life, and 6) personal improvement, were innermost needed by elderly. Three aspects of 3 A’s of happiness, i.e: acceptance, autonomy, and achievement were also disclosed by participants in present study. Exploration in health aspect of elderly elucidated the need of kind and emphatic health care professionals, exclusively health care facility for elder person, and social support to be able to comply with medication regimen.

Present study pointed out the importance of developing an intervention strategic model to attain the biopsychosocial needs of elderly based on ultimate perceived importance value among elderly, i.e: acceptance, autonomy, and achievement. Multidisciplinary approach should be implemented in developing ideal and desirable intervention strategic model. All parties, either public or private parties, must have strong collaboration in order to realize the proposed intervention strategic model.

Keywords: intervention strategic model, biopsychosocial needs, psychological well-being.

Background

The data of Indonesian Population Census in 2010 showed that nowadays Indonesia becomes one of the top five countries with the highest number of elderly people in the world with 18.1 million people or 7.6 percent of Indonesia's population. The elderly population with old of 60 years or older, is expected to increase so that by 2025 year, the number will reach 36 million according to General Director of Indonesian Health Services (2013). The increasing of elderly population in Indonesia is in line with the growth of the elderly population in the world, which can be seen from the shift in the elderly population from year 2002 to 2025 (projection) as stated in Figure 1 below.

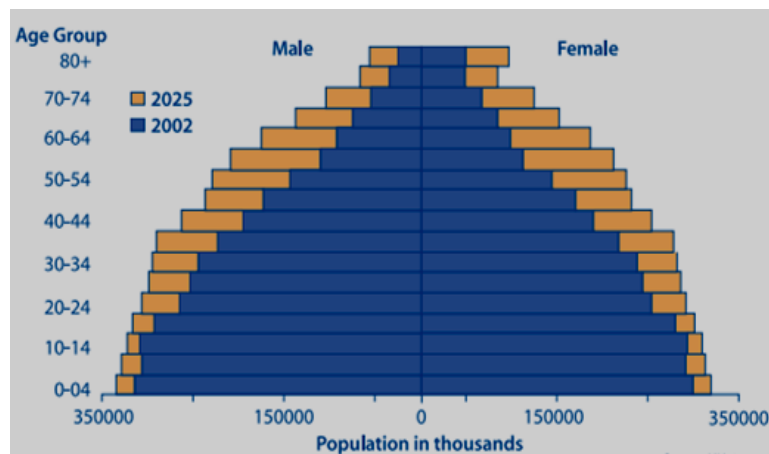


Figure 1. World Population Pyramid in 2002 and 2025 (Source: WHO, 2002:7)

Surabaya as well as other major cities in Indonesia have a fairly high percentage of the elderly population growth. Data in 2011 showed that the number of elderly population in Surabaya was 276,346 people (9.1%). The increasing number of elderly population encourages the City Government of Surabaya to improve the service quality to the elderly through relevant agencies such as Social Department and Bapemas (“Badan Pemberdayaan Masyarakat” or Community Development Agency). In addition, the government establishes “Karang Werdha” (association for the elderly) which are spread throughout the districts and villages in the city of Surabaya. At the city level, the government sets up a commission of elderly which has various programs for the elderly. The city government of Surabaya has declared the city of Surabaya as a friendly city for the elderly.

The process of aging or being elderly is a natural process that accompanied the decline of physical, psychological as well as social interaction with others. Being older means there will be changes during the aging. These changes generally lead to the deterioration of physical and mental health which will ultimately affect the activities of daily life. The changes experienced by the elderly in physical, social, economic, psychological, and role (Makai, et al., 2014; Prayitno, in Oswari, 1997; Santrock, 2011). These conditions tend to cause problems in health, social and economic (Santrock, 2011; Makai, et al., 2014). Elderly health problems caused by the aging of the body's cells that can decrease the body's immune. Consequently this condition will increase the risk factors of generative diseases and the

emergence of psychological disorders, impaired independence, easily hurt, and suffering from degenerative diseases. The health problems commonly experienced by the elderly in Indonesia are pain in joints, hypertension, cataracts, stroke, heart disease, mental emotional disorder, and diabetes mellit (Indonesian Health Ministry, 2013).

According Setiabudhi & Hardywinoto (2005) there are some social problems associated with well-being that arise during the aging. These problems are: 1) the increasing number of the poor elderly, 2) the decreasing of the care quality as well as the healthcare guidance for the elderly, 3) the changing of the value of kinship in the community and society toward individualistic community, 4) the emergence of physical, psychological and social problems in line with the process of growing old that makes the elderly more dependent on others, 5) the decrease of working productivity, 6) the lost of some roles, 7) the death of the spouse, 8) empty nest, and 8) are not considered a family or live in institutions.

Every human being would want to live happily as well as the elderly. The concept of happiness in psychology known as the Psychological Well-Being is happiness related to the quality of life, life satisfaction, and well-being of the ideal life both physical and psychological. The six dimensions of well-being stated by Ryff, namely: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. These dimensions of well-being make people live their lives in a positive direction because people can accept themselves positively, can give and receive in a positive relationship and quality, have the autonomy to make decisions, have the ability to master the environment, have a useful purpose in life, and have a positive personality development, which is based on openness to the improvement and development of life (Springer & Hauser, 2002, in Pudjibudojo, 2008). Through psychosocial theories related to the aging process, Erikson stated that the success of the individual in old age (achieving well-being) is highly dependent on how the person solves his/her conflicts, both personal form of anxiety and loneliness, as well as social relationships with others. Causes of relative happiness depend on 3A, or three A's of happiness, namely: acceptance, affection, and Achievement (Erikson, 1963 in Pudjibudojo, 2008).

The result of need assessment reseach on elderly in Surabaya done by Setiasih, Pudjibudojo and Sugoto (2013) showed that the community support and health services become the main priorities that need to be developed. In order to attain these expectations, the elderly need: integrated home services and activities for the elderly, integrated activities between older and younger generations, a forum for communication among associations for the elderly in Surabaya, job opportunities according to the potential and interests of elderly in favor of self-actualization, as well as integrated services for *polygeniatric* (policlinic for elderly) which includes the services of psychiatric and psychological so that the elderly do not have to move from one clinic to other clinic.

Based on the above background, this study aims to: 1) map the biopsychosocial needs of the elderly in Surabaya which affects the elderly's quality of life, and 2) develop a model of intervention strategies to attain the biopsychosocial needs of the elderly in Surabaya.

Methods

Exploratory qualitative research design with a phenomenological approach is used to answer the first research purpose. Phenomenological approach is used to analyze the meaning of subjective experience of some individuals about a phenomenon or the same concept (Creswell, 2007). Qualitative research design approach to participatory action research (PAR) is used to answer the second research purpose. Through PAR approach the researchers involve with the participants to take collective action for social change (Nelson & Priletsky, 2005).

The data to answer the problem formulation are obtained through the method of direct observation and exploration of the phenomenon. Direct observation is carried out to obtain a holistic overview of the issues related to the attainment of the biopsychosocial needs of the elderly and map the relationships between aspects that influence directly or indirectly, to the attainment of the biopsychosocial needs of the elderly in the city of Surabaya. Phenomenon exploration process is done through the method of in-depth interviews in the form of focus group discussion (discussion group).

The subjects are elderly people who come from 9 “karang werdha” in 4 selected districts in Surabaya that are Rungkut, Kenjeran, Kendangsari, and Tenggilis. Subjects of this study consisted of 91 people, and 38 of them are “karang wredha” organizers. The data obtained through observation and exploration of the phenomenon through the FGD are analyzed with the following steps: transcribing the interviews and group discussions, categorizing the theme, integrating the theme in order to developing models of intervention strategies. Techniques of quantitative and qualitative descriptive analysis will be used to construct models of the intervention strategy.

Result

Respondent of this study consisted of 91 elderly people in which 38 of them are “karang wredha” organizers. Description of the demographic characteristics of this research respondents in terms of gender, occupation, education level are shown in following tables.

Table 1. Data of respondent demographic characteristics

Demographic Characteristics	Category	Frequency	Percent
Sex	Female	55	60.4
	Male	36	39.6
	Total	91	100
Employee status	Employed	66	72.5
	Unemployed	25	27.5
	Total	91	100
Education level	Master	2	2.2
	Undergraduate	15	16.5
	Diploma	6	6.6
	Senior high school	41	45.1
	Junior high school	8	8.8
	Elementary school	19	19.9
	Total	91	100.0

The data in Table 1 shows that based on gender, the respondent of this research consists of female (55 people or 60.4%) and male (36 people or 39.6%). In term of employee status, most of this research respondent are employee (66 people or 72.5%) and others are unemployed (25 people or 27.5%). Based on educational level, majority of this research respondent in sequence are senior high school (45.1%), elementary school (19.9%), undergraduate (16.5%), junior high school (8.8%), diploma (6.6%) and master (2.2%).

Furthermore, through the open questionnaire several data on respondent experiences are gathered namely: with whom the respondents usually spend their leisure time, respondents' perception on their happiness, the presence and type of chronic illness. The result of the data are shown in following table.

Table 2. Data of Respondent Experiences

Demographic Characteristics	Category	Frequency	Percent
With whom the respondents usually spend their leisure time	Family	82	61.7
	Friends	32	24.1
	Alone	11	8.3
	Others	8	6.0
	Total	133	100
Perception of happiness	Feel happy	82	90.1
	Feel unhappy	9	9.9
	Total	91	100
The presence of chronic diseases	Yes	70	76.9
	No	21	23.1
	Total	91	100
Type of chronic diseases	Dislipidemia/cholesterol	29	24.8
	Hipertention	22	18.8
	Uric acid	19	16.2
	Cardiac disorders	13	11.1
	Gastrointestinal disorders	12	10.3
	Eye disorder	11	9.4
	Diabetes mellitus	11	9.4
	Total	117	100

Note: for type of chronic diseases, respondents with chronic diseases be possible to mention more than one.

Based on the above data it is known that the majority of subjects (82 or 61.7%) spent their leisure time with their family, then with friends (32 people or 24.1%), alone (11 people or 8.3%) or others (8 or 6%). The perception of the respondents happiness revealed that most of the respondents feel happy (82 people or 90.1%) and others feel unhappy (9 people or 9.9%).

One of the characteristics that accompany the aging in the elderly is declining of physical condition characterized by the appearance of various chronic diseases experienced by several elderly people. The health profile of research subjects related to the presence or absence of chronic disease experienced by the subject as stated in Table 2. The table shows that the majority of the subjects, or 76.9% suffered from health problems with chronic diseases, while others (23.1%) do not have a chronic disease. The chronic diseases that most widely experienced by the respondents are dislipidemia (24.8%), hiptertensi (18.8%), and uric acid (16.2%).

In line with the theoretical concept that the cause of the relative happiness depends on 3A, or three A's of happiness, namely: acceptance, affection, and achievement (Erikson, 1963 Pujibudoyo, 2008). An overview of the three predictors of happiness in term meaning, appearance, and expectancy are acquired through FGD on 38 “karang wredha” organizers. The results are summarized in following the table.

Table 3. Summary of the three predictors of elderly people's happiness

No	Aspect	Meaning	Appearance	Expectancy
1	Self-acceptance	<ul style="list-style-type: none"> - Receive funds from child - Received in the family and society - Feeling be humanized - Maintaining family ties - Quran recitation in society - Welcomed in community activity 	<ul style="list-style-type: none"> - Money / goods / charter - Socialization of the elderly people membership every month - Visited frequently by children, grandchildren, relatives and friends - Gathering with family, neighbours, friends, and quran recitation's member in community - Attention, affection and emotional closeness - Welcomed - Harmony in the household - Improving faith and God-fearing 	<ul style="list-style-type: none"> - Receiving much sustenance to improve personal achievement - Fostering well-being among family members - Live in peace and happiness, have long life, healthy, enthusiastic, qualified life - Having mutual attention and support with others - Free from loneliness because have many best friends - Can increase fraternity - Being oseful - Being closer to God Almighty - Activity of elderly can be accepted in the community and can motivate the young generation
2	Affection	<ul style="list-style-type: none"> - Relation parents with children, with neighbors and community members - Compensation to orphanages/ nursing home for elderly - Mutual respect, appreciate and care for one another - entertainment and the desire - Embracing all people regardless of age 	<ul style="list-style-type: none"> - Dutiful to parents - Gathering and mutual respect - Mutual aid in words as well as deeds - Mutual listening and paying attention - Physical and psychological happiness, charity - Giving a gift on a person's birthday - Being active in social activities 	<ul style="list-style-type: none"> - Giving affection with sincerity - Being loved continuously - Relieve the burden and arouse feelings - Personal relationship and communication - Peace in the household - Making the family be famous
3	Achievement	<ul style="list-style-type: none"> - Becoming the winner of any competition - The realization of success - The ultimate achievement - The success in any activity - As the elderly can be a good model 	<ul style="list-style-type: none"> - Trophies, certificates, money and coaching - No troublesome child and can be independent - Can preventing illness - Championship in the race that followed - Administrator of elderly organization - Glad and spirit - Devoted parents 	<ul style="list-style-type: none"> - Can improve performance in the future - Can live independently - Free from any deficiencies - Still being active in elderly organization - Be health and have long life - Work more optimally - Having a successful child - Can perform activities - Having pious and useful children

The table above shows the happiness of the elderly in acceptance, affection, and achievement are illustrated by meaning, appearance, and expectancy/hope. Furthermore, based on FGD to elderly organization's activist, psychological achievement of the elderly PWB in the six aspects can be implemented in several activity programmes, as stated in the table below.

Table 4. Activity to fulfill the Elderly PWB

Program 1: Self-acceptance	Program 2: Social Relationship	Program 3: Authonomy	Program 4: Environmental Mastery	Program 5: Purpose in life	Program 6: Personal growth
<ul style="list-style-type: none"> - Religious activity - Quran recitation - Being a caretaker in elderly organization: "Posyandu"/elderly clinic - Establish "Karang Werdha" /elderly organization - Being a local/community leader/organizator 	<ul style="list-style-type: none"> - Elderlyclinic - Picnic - Fraternal visit - Quran recitation - Visiting the orphanages and homes for the elderly - Visiting the sick - "Arisan"/ regular social gathering - Spiritual activity - Art activity - Being a church or mosque caretaker - Sports - Sharing meals - Elderly tour 	<ul style="list-style-type: none"> - Having skills in recycling - Planting medicinal plants - Cultivating catfish - Having personal medical devices such as blood pressure and blood sugar checks - Being a caretaker in elderly organizattion - Doing self-medication - Participate in course and training 	<ul style="list-style-type: none"> - Doing green and clean community - Community service - Planting medical plants - Recycling bins - Providing information to community member - Doing exercise together - Eradicate mosquito larvae - Doing Quran recitation together 	<ul style="list-style-type: none"> - Doing Quran recitation for peace of soul - Doing sports - Providing seminars about the purpose of life - Having recreation together 	<ul style="list-style-type: none"> - Following any socialization, seminar - Providing information to community and increasing personal skills - Doing sports - Participate in choir - Creating sewing course - Creating a salable handycraft - Making studio for elderly - Doing the hobby and developing talent - Participate in religious activities

Discussion

The findings of this study are consistent with the profile of health problems nationwide as stated by a study coordinated by the Indonesian Ministry of Health, namely the Basic Health Research (Risikesdas) stating dyslipidemia, hypertension, diabetes mellitus as a major health problem in Indonesia, especially for the elderly population. In addition to the seven such disorders, chronic health problems others mentioned by respondents are: low blood, impaired kidney function, hernia, insomnia, joint pain, hearing loss, COPD (chronic obstructive pulmonary disease), prostate, sinusitis, disorders of the womb, calcification of the bone, osteoarthritis, TB (tuberculosis), vertigo, asthma, nervous disorders. Diabetes mellitus (DM) is a major health problem in many countries in the world (International Diabetes Federation/IDF, 2012). Based on data from the IDF in 2012 is known that the prevalence of DM in Indonesia in 2012 approximately 4.8% and the majority of diabetic patients living in urban areas. Indonesia was ranked fourth after India, China, and the US with a number of people with diabetes in the world (Wild et al, 2004).

Results of research under the direct coordination of Indonesian Ministry of Health (Ministry of Health RI), the Health Research (RISKESDAS) in 2013, showed East Java has the prevalence of diabetes is higher than the national average prevalence (RISKESDAS, 2013). Distric or city in East Java which have prevalence of diabetes that is higher than the provincial prevalence average that are: Malang, Ngawi, Situbondo, Mojokerto, Magetan, Kediri, Jombang, Pasuruan, Madiun, Sidoarjo, Gresik, City Probolinggo, and Surabaya (RISKESDAS, 2013). RISKESDAS research results showed the prevalence of diabetes increases with age (RISKESDAS, 2013). The prevalence of DM mostly in the age group 55-64 years and 65-74 years old. Patients who had never attended or not completed the primary school education, and those who only completed primary school education are in a group of patients with the greatest prevalence of DM. In line with the results of the IDF investigation, RISKESDAS also prove the greatest prevalence of diabetes found in people living in urban areas.

Data in Tabel 2 show that a total of 23.1% of the respondents claimed to have no chronic health problems. These results indicate that the respondent is not actually free from chronic health problems by considering the elderly as much as 33.30% of respondents in this study no health check regularly, and even some of them are never do the medical check up at all. These results need to get the attention of the various stakeholders, especially the ministry of health. The ministry of health must be more proactive in identifying health problems in the community, especially in the elderly population.

The data in Table 3 shows that the three predictors of happiness (self-acceptance, affection, achievement) in elderly get meaning, appearance, and expectancy in various ways among this research respondent. These three predictors of happiness are related to biopsychosocial needs among elderly. The meaning, appearance, and expectations of elderly people about the happiness associated with the fulfillment of biopsychosocial among elderly can be a powerful starting point in developing an intervention strategic models to attain the biopsychosocial needs among elderly. The main principle in designing activities of elderly people is to make

elderly people as a subject is not the object of the program. For that empower the elder by organizing an event based on an approach "from elders, by elders, and for the elders". The data in Table 4 shows the program interventions in the elderly are related to aspects of PWB in implementation are related to the aspect of health, economic, spiritual, social, artistic, psychological and intellectual.

Bibliography

- Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nded.). Thousand Oaks: Sage Publications, Inc.
- Dirjen Bina Upaya Kesehatan (2013). Workshop kesehatan lanjut usia: menuju lansia sehat dan aktif melalui pendekatan siklus hidup. Diunduh dari <http://buk.kemkes.go.id/> 18 Februari 2014.
- Kementerian Kesehatan Republik Indonesia. (2013). *Riset Kesehatan Dasar*. Jakarta: Badan Penelitian dan Pengembangan Kesehatan Departemen Kesehatan RI.
- Makai, P., Brouwer, W.B.F., Koopmanschap, M.A., Stolk, E.A., & Nieboer, A.P. (2014). Quality of life instruments for economic evaluations in health and social care for older people: A systematic review. *Social Science & Medicine*, 102(Feb), 83-93.
- Oswari, E. (1997). *Menyongsong Usia Lanjut dengan Bugar dan Bahagia*. Jakarta : Pustaka Sinar Harapan.
- Pudjibudojo, J.K, (2008). *Mencapai Psychological Well Being pada Lanjut Usia, Tinjauan Psikobiososial*. Surabaya: Universitas Surabaya.
- Pudjibudojo, J.K. (2013). Quality of Life: WHO-5's Wellbeing Index in Indonesian and Chinese Eldery. *International Conference on Psychology in Health, Educational, Social and Organisational Settings (ICP-HESOS)*. Universitas Airlangga Surabaya, 21-23 November 2013.
- Santrock, J.W. (2011). *Life-Span Development, 13th edition*. New York: McGraw-Hill.
- Setiabudhi, T. & Hardywinoto (2005). *Panduan Gerontology Tinjauan Dari Berbagai Aspek*. Jakarta: PT. Gramedia Pustaka Utama.
- Setiasih, Pudjibudojo, J.K., Sugoto, S. (2013). *Surabaya Kota Ramah Lanjut Usia*. Laporan Penelitian, tidak diterbitkan.
- WHO (2002). *Active Ageing: A Policy Framework*. Second United Nations World Assembly on Ageing, Madrid, Spain.