



Relationship between Cultural Capital and Social Capital with Personal Hygiene Habits among Elderly Men

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Background: The decline in function that occurs in the elderly population is considered a characteristic of their aging process. This certainly affects their behavior and ability to maintain personal hygiene. The study aimed to determine the correlation between cultural capital and social capital with personal hygiene among the elderly.

Methods: The research was an observational study using a cross-sectional design. The study sample consisted of elderly men in West Aceh with a sample size of 150. Assessment was conducted on three variables, including cultural capital, social capital (as independent variables), and personal hygiene (as the dependent variable). Data was collected through interviews using the questionnaire as the research instrument.

Results: The results indicated that the average age of the respondents was 70.90 years (SD: 7.97), with a higher proportion having completed upper secondary education (45.3%) and a majority still being employed (72%). Correlation and simple linear regression analyzes revealed

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that cultural capital was significantly associated with personal hygiene ($p = 0.001$), showing a moderate strength of the relationship ($r = 0.339$) and a positive correlation. Additionally, social capital was significantly related to personal hygiene ($p = 0.046$) with a weak strength of the relationship ($r = 0.163$) and a positive correlation.

Conclusion: The study demonstrated that cultural capital had a stronger relationship with the personal hygiene of elderly men compared to social capital, although both played significant roles in personal hygiene. Further studies are still highly necessary to support these findings, both with the same design in different locations and with different designs, such as longitudinal and experimental studies.

Keywords: Aged; cultural capital; healthy behavior; social capital.

1. INTRODUCTION

It is acknowledged that old age is often associated with a range of functional declines, impacting the behavior and abilities of the elderly to adopt healthy lifestyles, such as self-care. One form of self-care is maintaining personal hygiene or engaging in physical care routines. These habits include bathing, maintaining oral hygiene, washing hair, trimming nails, and others. Rahayu et al, in their study report, mentioned that 17.7% of the elderly exhibited poor behavior regarding personal hygiene [1]. Specifically, regarding tooth brushing behavior, the results of the 2018 Basic Health Research (Riskesdas) showed that the highest proportion of tooth brushing (98%) was in the age groups of 15-24 years and 25-34 years. In age groups above that, there is a continuous decrease in the proportion. A drastic decline in tooth brushing behavior is evident among the age groups of 55-64 years (91.2%) and 65 years and above (71.0%) [2]. This illustrates that as age increases, the likelihood of engaging in tooth brushing behavior decreases.

Elderly individuals with poor personal hygiene behavior are at a higher risk of experiencing health problems, especially if such behavior has become a habit since a younger age. This is reinforced by the World Health Organization's statement, which explains that 60% of factors related to an individual's health and quality of life correlate with behavior or lifestyle [3]. A specific study examining oral hygiene in the elderly has proven that this variable is significantly associated with body mass index [4]. The Centers for Disease Control and Prevention (CDC) explains that dirt and bacteria accumulate more on longer nails, contributing to the spread of infection [5]. Additionally, frequently cleaned hair can lead to an increased risk of infection and unpleasant odors [6].

A number of studies on personal hygiene and related factors have been conducted. A study by

Aunger et al revealed that essential materials (such as soap and water), educational level, economic conditions, and comfort are associated with personal hygiene behaviors, particularly in terms of hand and face washing [7]. Ramos-Morcillo et al demonstrated a significant correlation between family and the personal hygiene of children [8]. Miko et al explained from their study results that the perception of socially accepted behavior becomes a motivation for the habits of university students [9]. In a study focused on the elderly population, conducted by Kusumawati, a significant relationship was found between the elderly living with family and personal hygiene compared to those living in nursing homes [10].

Many studies on personal hygiene involve child populations [8,11,12] and adolescent girls [13,14,15]. Meanwhile, studies specifically highlighting the hygiene behaviors of the elderly population are still limited, including studies on the correlation between cultural capital and social capital with personal hygiene among the elderly. This has resulted in difficulties in finding references related to their personal hygiene. Therefore, this study aims to determine the relationship between cultural capital and social capital with personal hygiene among elderly men.

2. METHODS

2.1 Study Design

This study employed an observational approach with a cross-sectional design. The research sample consisted of elderly men aged 60 years or older, with a total sample size of 150. The study was conducted in the West Aceh Regency, Aceh Province, Indonesia.

2.2 Measurement

There are three variables assessed in this study, consisting of two independent variables (cultural

capital and social capital) and one dependent variable (personal hygiene). Interviews were conducted for data collection using the questionnaire. The questionnaire was structured in the form of statements. Five (5) statements were used to assess cultural capital, and 11 statements were used to measure social capital. Personal hygiene was measured using four statements. Before the questionnaire was administered to respondents, validity and reliability tests were conducted, involving 30 participants outside the study subjects. The Cronbach's alpha values were 0.738 for cultural capital, 0.887 for social capital, and 0.813 for personal hygiene.

2.3 Statistical Analysis

To determine the correlation between cultural capital and social capital with personal hygiene, the author conducted statistical analysis. The statistical analyzes used were correlation tests and simple linear regression. The tool used to facilitate the statistical analysis was SPSS version 21.

3. RESULTS

Referring to the analysis results of 150 respondents (Table 1) reveals that the average age of the study participants was 70.90 years (SD: 7.97). In terms of education, the majority of respondents had completed junior high school (45.3%), with a smaller percentage having completed senior high school (8.0%). Regarding employment status, a significant portion of respondents (72%) are still employed. The average scores of respondents' answers about cultural capital, social capital, and personal

hygiene were 2.95 (SD: 0.38), 2.94 (SD: 0.34), and 2.77 (SD: 0.45), respectively.

The results of correlation and simple linear regression analysis (Table 2) indicated that the relationship between cultural capital and personal hygiene showed a moderate correlation ($r = 0.339$) and a positive correlation, indicating that higher cultural capital in elderly men was associated with better personal hygiene. The coefficient of determination (R square) value was 0.115, meaning that the regression line equation obtained could explain 11.5% of the variation in self-care habits. Statistical test results showed a significant relationship between cultural capital and personal hygiene in elderly men ($p = 0.001$).

Furthermore, the relationship between social capital and personal hygiene in elderly men showed a weak correlation ($r = 0.163$) and a positive correlation, meaning that higher social capital in elderly men was associated with better personal hygiene. The coefficient of determination (R square) value was 0.027, indicating that the regression line equation obtained could explain 2.7% of the variation in self-care habits.

4. DISCUSSION

Personal hygiene is a crucial aspect of life, aimed at maintaining health and reducing ongoing health issues. It is stated that the foundation for achieving overall health and well-being is through personal hygiene [16]. Al-Rifaai and colleagues define personal hygiene as the practice of maintaining cleanliness, improving, and preserving body health [17]. This practice

Table 1. Demographic characteristics, cultural capital, social capital, and personal hygiene habits of respondents

Respondent characteristics (n=150)	f	Mean/%	SD
Age		70.90	7.967
Education			
Elementary school	53	35.3	
Junior high school	68	45.3	
Senior High School	12	8.00	
College	17	11.3	
Work			
Doesn't work	42	28.0	
Work	108	72.0	
Cultural capital		2.947	.379
Social capital		2.939	.341
Personal hygiene		2.767	.448

Table 2. Results of correlation and simple linear regression analysis between cultural capital and social capital with personal hygiene among elderly men

Variable	R	R ²	Line equation	P value
Cultural Capital	0.339	0.115	ph = 1.59 + 0.40*cc	<0.001
Social Capital	0.163	0.027	ph = 2.14 + 0.22*sc	0.046

Information: ph = Personal hygiene; cc = cultural capital; sc = social capital

is employed to enhance health, prevent disease, maintain well-being, and manage illnesses and disabilities, with or without the support of healthcare providers. The decline in the immune function of the elderly population makes them a vulnerable group susceptible to preventable infectious diseases through proper personal hygiene. However, personal hygiene is not a standalone variable; it is interconnected with various other factors. Our study specifically emphasizes the relationship between cultural capital and social capital with personal hygiene, as both variables are considered influential in shaping people's habits, including personal hygiene habits.

Cultural capital, in general, is associated with knowledge of the dominant conceptual and normative aspects written within a culture [18]. The concept of cultural capital was developed by Bourdieu, who defined it as 'forms of knowledge, skills, education, and advantages that a person has, which give them a higher status in society [19]. This understanding implies that the cultural resources possessed by an individual serve as the primary constructs of their paradigm when thinking, making decisions, and acting in certain matters. These resources include values, behavioral norms, and knowledge, mostly acquired through social learning [20]. Abel further adds that social learning processes occur under various conditions across all social classes, group statuses, or environments [20].

Our study results indicate that cultural capital significantly contributes to the personal hygiene of the elderly, showing a moderate-strength relationship. This demonstrates that cultural capital serves as a determinant of elderly behavior, particularly in personal hygiene. Elderly individuals with higher cultural capital are more likely to adopt good personal hygiene habits, thereby supporting their health. Conversely, those with lower cultural capital tend to have lower personal hygiene habits. This conclusion is based on statistical test results showing a positive correlation between these two variables. Positive habits, such as personal hygiene, can

be formed when individuals possess strong cultural capital.

Cultural capital, viewed through three aspects, includes institutionalized cultural capital, incorporated cultural capital, and objectified cultural capital. Institutionalized cultural capital is a resource in the form of recognition acquired from an institution. This resource is typically in the form of qualifications obtained by an individual through educational degrees [21]. Additionally, incorporated cultural capital encompasses all the knowledge and skills individuals possess in their daily activities or practices, acquired through 'culture' [20]. Meanwhile, objectified cultural capital refers to physical objects, such as various possessions owned by individuals. Abel reveals that objectified cultural capital can include books, paintings, machinery, technical tools, etc [20]. Our study focuses on two aspects (incorporated and objectified cultural capital). Incorporated cultural capital can be seen as a precondition for most individual actions and a key component in society's capacity for agency in the field of health [22].

In addition to cultural capital, the study results indicate that social capital also has a significant relationship with the personal hygiene of the elderly. Although the strength of the relationship between these two variables is weak, social capital needs attention in fostering elderly individuals with good personal hygiene habits. Elderly men with high social capital are more likely to have better personal hygiene habits, while those with low social capital may exhibit poor personal hygiene habits. This finding is supported by Story's statement, which explains that social capital has been shown to be related to health behavior [23] and personal hygiene is undoubtedly a part of healthy behavior. Furthermore, a study mentioned that lifestyle plays a significant role in mediating the relationship between social capital and health [24]. In the elderly, age-related disorders can be delayed, and chronic diseases can be prevented through a lifestyle that enhances health [25].

Simply put, social capital can be defined as the community's ability to form associations (relationships) with each other. This capital then becomes a crucial force, not only for economic strength but also in every other aspect of social existence [26]. Social capital can be seen as the 'glue' that connects individuals within a society. The relationships in question are related to how people treat someone in line with their treatment of others. This is because of social obligations, reciprocity, social solidarity, and community [27]. Researchers divide social capital into two categories: structural and cognitive. Social capital related to subjective attitudes or people's perceptions of the level of trust between individuals, sharing, and reciprocity falls under cognitive, while that related to the level of tightness in social networks or patterns of civil engagement is considered social structural capital [28].

This study measures the two forms of social capital (cognitive and structural) among elderly men. Cognitive aspects assess their attitudes or perceptions regarding their trust in the community, village officials, and healthcare services. This section also evaluates their perceptions of community concern for vulnerable individuals, such as the poor, the elderly, and those with disabilities. As for the structural aspect, we examine the level of closeness in relationships between the elderly and their family members, community, and village officials in their place of residence.

Using the measurement tools we employed and the results of statistical tests, it illustrates that elderly men who perceive a high level of trust in the community, village officials, and healthcare services, along with a high level of community concern, good village officials, and strong relationships with village officials, the community, and family members, are likely to have good personal hygiene habits. On the other hand, personal hygiene habits among the elderly may deteriorate if they perceive low levels of trust in the community, village officials, and healthcare services, low community concern, poor village officials, and weak relationships with village officials, the community, and family members.

This study suggests practitioners to pay attention to cultural capital and social capital in shaping the behavior of the elderly, especially regarding personal hygiene. The primary focus is on cultural capital because it can explain 11.6% of personal hygiene. In the elderly population, cultural capital can be provided through religious

activities and health education in the community to strengthen incorporated cultural capital. Additionally, objectified cultural capital can be enhanced through the ownership of information media (such as radio, television, and the internet) and technical items (such as soap, toothbrushes, and shampoo). Apart from being part of objectified cultural capital, information media can also enhance the knowledge of the elderly, while technical items can be used for personal hygiene.

Furthermore, referring to the concept of cultural capital proposed by experts, cultural capital is indeed an effort that can be undertaken long before entering the elderly period. These resources can be developed within the household, educational settings, and the community (such as peer environments). Individuals who adopt a healthy lifestyle, including good personal hygiene habits, before entering old age may reduce the risk of various health disorders during the elderly period. Additionally, maintaining good personal hygiene habits during old age, especially in good health conditions, can further reduce the risk of health issues. For the elderly dealing with health problems and practicing personal hygiene, there is a greater opportunity to mitigate and eliminate these issues. Conversely, elderly individuals with health problems but poor personal hygiene habits may face a higher likelihood of experiencing more severe health issues. This could potentially increase the risk of mortality.

5. CONCLUSION

This study concluded that cultural capital and social capital were significantly related to the personal hygiene of the elderly. Cultural capital exhibited a moderate level of relationship strength with the personal hygiene of the elderly, while social capital demonstrated a weak level of relationship strength. Further studies, particularly on cultural capital and health behaviors (including personal hygiene), are still highly needed, involving different design approaches.

CONSENT

As per international standards or university standards, Participants' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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