

## The Behavioral Determinants of Health In Housewife For Monitoring of Blood Glucose, Uric Acid, And Cholesterol Level

Moh Fairuz Abadi<sup>1</sup>

<sup>1</sup>Medical Laboratory Technology, Wira Medika Health College, Indonesia

Correspondence should be addressed to:  
Moh Fairuz Abadi  
[fairuzabadi@stikeswikabali.ac.id](mailto:fairuzabadi@stikeswikabali.ac.id)

### Abstract:

Indonesia is a country with a low level of participation in routine health checks, one of which is influenced by gender issues. An independent survey involving 9,612 respondents from all over Indonesia stated that 70% of Indonesians had never done a blood test. Housewives are considered unemployed, and they are considered to have no behavioral strength to decide independently about their health needs. This research aims to analyze the determinants of health behavior that influence housewives for routine monitoring of blood glucose, uric acid, and cholesterol level. This research method is an observational correlation, with a cross-sectional approach where researchers use questionnaires to 22 respondents (housewives) using purposive sampling. The results indicate that the support of people around is significant to the behavior of routine monitoring of blood glucose, uric acid, and cholesterol levels in housewives ( $p= 0.035$ ;  $p<0.05$ ). Meanwhile, attitude towards and ease of access is insignificant ( $p>0.05$ ). The support of people around is crucial in fostering a consistent habit of monitoring blood glucose, uric acid, and cholesterol levels among housewives.

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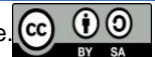
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## INTRODUCTION

Degenerative disease is a problem that can be anticipated through living habits when people are younger. WHO estimates that the fatality rate due to degenerative disease will continue to increase worldwide, and the potential for this increase is expected to occur in middle and poor countries. Data from the Indonesia Ministry of Health through Basic Health Research in 2018 showed that the prevalence of degenerative diseases has increased compared to 2013. That survey predicts that non-communicable diseases, including degenerative diseases, will experience a significant increase in 2030 (Risksdas, 2018).

Degenerative diseases with a high prevalence in people in Indonesia include gout, osteoporosis, diabetes, cholesterol, hypertension, heart and stroke, and decreased kidney function (Faoziyah, 2019). Self regular health medical checks are needed to prevent more severe degenerative diseases, it relates to how to control uric acid levels, blood sugar, and cholesterol, in the other side Indonesia is one of the countries that has a low level of public participation in terms of medical check-up examinations. A survey showed that public awareness to carry out routine health checks to prevent disease in Indonesia is still lacking (Sukmana 2020). The results of a survey involving 9,612 respondents from all over Indonesia stated that 70% of Indonesians said they had never done a blood test at all. The main reason respondents did not do a blood test was that they did not have time (51%) to go to the health facility, 24% said feel afraid of doing medical

checkups, 15% felt medical checkups were unimportant, and 7% said costs constrain them. Reluctance to do medical check-ups is also related to long queues at health facilities (Prihadi, 2019).

In Indonesia, gender inequality has become an issue for women in the health sector. Women experience access, participation, control, and benefits differently from men and even tend to be hampered in meeting their needs for health services. When sick, women often must get their husband's permission to access health services (KEMENPPPA, 2021). In most of the expressions of, men (husbands), when asked what their wife's job is, most of them answer, "The wife doesn't work; she is a housewife." Fixed households are termed "unemployed"; the role of women as housewives in the era of globalization is often not considered by many people as a job (Junaidi 2017). WHO states that in the frame of social determinants of health (SDH), gender becomes an issue in social determinants of population health and health inequalities (Bates, 2009). Based on the description above, the researcher is interested in researching simple medical check-up behavior for housewives to prevent degenerative diseases.

The theory of Planned Behavior (TPB) by Ajzen 1988 is an instrument designed to assist research in the health sector. TPB measures psychological and non-psychological aspects of behavior; TPB is effective for measuring individual behavior using three predictor variables: attitude, subjective norms, and behavioral control (Abadi, 2020). Based on that's theory, the researcher takes several aspects to be used as predictor variables in this study. This research uses attitude, support from people around, and access as determinants of health variables to predict the behavior of housewives for routine blood glucose, uric acid, and cholesterol monitoring. This research aims to prove the significance of the relationship between that variable with routine monitoring of blood glucose, uric acid, and cholesterol level.

## METHOD

This is a nonexperimental research design using descriptive correlations. The population is housewives in the Patih Nambi housing area in Denpasar City. The respondent is 22. The sampling technique is using purposive sampling. The sample criteria in this study were housewives who could read and write, were mentally healthy and had lived for more than 5 years in the Denpasar city area and agreed to be research respondents. the way of collecting data is by visiting respondents to fill out a questionnaire that has been tested valid in equal groups. The research was conducted in July 2022. Data data were analyzed using chi-square non-parametric statistics with the SPSS program.

## RESULT

The results of identifying characteristics show that most respondents are under 45 years old and graduated from high school. Most of their source of income comes from their husbands, and most do not know whether they have a degenerative disease. The following is a table of the characteristics of the respondents.

Table 1. Characteristics of Respondents

Characteristics	n	%
Ages		
<45	15	68.18
>46	7	31.82
Total	22	100
Level of Education		
University graduates	5	22.73
High School graduates	15	68.18
Junior High School graduates	2	9.09
Total	22	100
Source of Income		
From husband	16	72.73
Own Income	5	22.73
Family business	1	4.55
Total	22	100

Table 2 shows that most respondents had an excellent attitude about the routine of medical checks (81.82%), and no respondent had a bad or very bad attitude. The variable of support from people around it showed that's; most respondents had excellent support for their family to take the routine of medical checks in blood glucose, uric acid, and cholesterol levels (64.37%). Some of them (36.37%) had good support. The variable of access showed that most of them had bad access to take routine for that's medical check-ups (45.45%), and 36.36% had good access. The following is a table of the characteristics of the respondents.

Table 2. Variable Proportion

Variable	Excellent (%)	Good (%)	Bad (%)	Very Bad (%)
Attitude	81.82	18.18	0	0
Support from people around	63.64	36.37	0	0
Access	9.09	36.36	45.45	9.09

In this following, is describe about the correlation between the variable of attitude, support from people around and access with routine monitoring of blood glucose, uric acid, and cholesterol level. This research showed that's support from people around has a significant ( $p < 0.05$ ) effect on the behavior of housewives in carrying out routine monitoring of blood glucose, uric acid, and cholesterol levels in the other side in the variable of attitude and access do not significant ( $p > 0.05$ ).

Table 3. The Correlation Between the Variable of Attitude, Support from people around and Access with Routine Monitoring of Blood Glucose, Uric Acid, and Cholesterol Level

Variable	Sig (2-side)
Attitude	0.190
Support from people around	0.035*
Access	0.974

## DISCUSSION

In this study, we found that most respondents had excellent attitudes and excellent support from people around them. Although on the other hand, we found that access still became a

problem. We also found that support from people around becomes the only significant factor for housewives to regularly monitor blood sugar, uric acid, and cholesterol.

There is no significant effect on the variable of attitude. Theory of Planned Behavior from Ajzen states that attitudes are composed of a combination of behavioral beliefs and strengths regarding the evaluation of the advantages and disadvantages of the outcome. From this research, we found that the respondent had a good evaluation of the advantages of routine blood glucose monitoring, uric acid, and cholesterol levels. That is relevant to the respondent character; most respondents are under 45 years old and well-educated, which means they can get information. Education affects patterns of thinking about someone's things later will affect certain decision-making decisions, and it is easier to absorb new information in the case of diabetic therapy (Bertalina, 2016). Although the respondents have a good attitude toward the object of behavior in this study, the attitude does not significantly affect the behavior of the respondents. According to Yuan's research, it has been established that individual attitudes can be categorized into two types: retrospective attitudes and actual attitudes. Retrospective attitudes are shaped by individuals' analytical systems when assessing a situation and making a conscious decision, whereas contextual attitudes are influenced by immediate responses to direct stimuli (Yuan, 2023). In this study, retrospective attitudes were measured using a questionnaire.

Consequently, this finding clarifies why attitudes alone do not directly impact respondents' behavior when undergoing routine checks for blood sugar, uric acid, and cholesterol. The reason is that the respondents must be more directly confronted with the contextual aspects. In this study, we found that the attitude of housewives did not directly influence the behavior of monitoring blood sugar, uric acid, and cholesterol because there was a gap between the expression of past normative attitudes and attitudes when facing problems related to having to carry out these behaviors due to strong reasons—force, e.g., medical recommendations.

The researcher's findings highlight the significance of support from people around housewives, particularly about their behaviors. Social pressure and the expectations of influential individuals, such as significant others, influence individual behavior. This aligns with previous research conducted by Galuh (2021), which revealed that individuals with good self-routines regarding blood glucose tend to have strong family support. In contrast, those who struggle with self-management often lack adequate family support. The data collected on the respondents further reinforces the notion of social support, as most of the participants relied on their husbands as their primary source of income (72.73%). This economic dependency on their spouses further underscores the impact of support from people around them.

Furthermore, Gyasi (2019) also corroborates these findings by suggesting that the social support domain directly influences adults' utilization of health services. Harnila's (2022) work adds another layer to the discussion by pointing out that cultural and traditional norms in patrilineal societies contribute to women's limited empowerment, particularly in making independent decisions regarding their health. Consequently, maternal health decision-making tends to be influenced by the choices and decisions made by husbands. It is plausible to infer that the dependence of housewives on their husbands' income can affect their behaviors related to monitoring blood sugar, uric acid, and cholesterol levels. In this context, the support from people around the respondents plays a crucial role in shaping and influencing these behaviors. Overall, the researcher posits that the behavior of monitoring blood sugar, uric acid, and cholesterol levels among housewives is influenced by their reliance on their husband's income, with support from people around them being a significant contributing factor.

Additionally, their understanding of health and disease influences individuals' access to health services. However, this study has revealed that access does not impact the behavior of

respondents in terms of monitoring blood sugar, uric acid, and cholesterol levels. Although other researchers argue that the underutilization of health services is primarily attributed to factors such as a lack of understanding or knowledge of the benefits, cultural factors, stigma, lack of family support, and perceptions (Powers, 2020), our findings indicate that our respondent exhibited a positive attitude towards seeking healthcare services. However, when conducting statistical analysis, we observed that access to healthcare was deemed insignificant in influencing utilization patterns. In the theory of planned behavior, access is an indicator of perceived behavioral control, which refers to respondents' perceptions of their ability to engage in a particular behavior. It is relevant to the research that perceived behavioral control does not directly affect intention (Barbera, 2020).

### CONCLUSION

The study concludes that the support from people around is a determinant of health behavior that significantly affects the health behavior of housewives to routinely monitor blood sugar, uric acid, and cholesterol levels. The stated p-value ( $p < 0.05$ ) indicates that this relationship is statistically significant and unlikely to have occurred by chance.

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