

## Seeking the Mediating Effect of Optimism toward Hardiness and Health-Promoting Behavior among East Jakarta's Low-Income Community

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## Seeking the Mediating Effect of Optimism toward Hardiness and Health-Promoting Behavior among East Jakarta's Low-Income Community

**Abstract**— East Jakarta, as an administrative city within Jakarta, suffers from increasing number of low-income communities along with unhealthy characteristics that may lead to future problems for residents, such as poor sanitation, lack of education, and low awareness of health and hygiene. East Jakarta is the most populated area in Jakarta and the highest waste-producing. The Indonesian Ministry of Health stated the area has the highest number of households considered unhealthy. The government health-promoting behavior campaign (*Perilaku hidup bersih dan sehat*, PHBS) is not highly applied in the area, and there is a need for residents to be empowered through the campaign to improve their awareness. Hardiness as a dispositional characteristic of individuals may encourage health-promoting behavior (HPB); however, difficulties may occur due to the limited resources of health facilities in low-income communities. Optimism may play a role in increasing health behavior and strengthening hardiness. This study aims to investigate the mediating effect of optimism on the relationship between hardiness and HPB as part of the A purposive sampling technique was used to identify the area with the highest poverty level. One hundred fifty residents aged 18-29 from Kampung Melayu dan Cipinang Besar administrative villages, the area with the highest poverty level in the Jatinegara subdistrict of East Jakarta, were asked to fill out a questionnaire. They all had at least an elementary school education. All were categorized as low-income by local health workers. The data were analyzed using SPSS version 21 with Hayes' PROCESS bootstrap method.

**Keywords:** East Jakarta, hardiness, health promoting behavior, optimism, low-income community

### Introduction

According to the Province Health Office (2016), the population in DKI Jakarta is not well distributed. More than a quarter of the population, or the 2,868, 910 people of DKI Jakarta, live in East Jakarta. East Jakarta is the largest administrative city in DKI Jakarta with an area of 188.03 km<sup>2</sup> (Province Health Office, 2016). Gani, Gitaharie, Husoda, and Kuncoro (2018) argue that East Jakarta's main characteristic is its housing density and crowded space.

The population density raises various problems. For example, the amount of garbage produced in East Jakarta reaches 1,920 tons daily (Gani et al., 2018). Moreover, people living in crowding areas are vulnerable to behavioral problems. Araya, Lewis, Rojas, and Fritsch (2003) noted that mental health problems are common in low-income communities within densely populated residential environments. In addition, poverty is related to a lack of access to health services, both physical and mental (WHO, 2010). On the other hand, Asaria et al. (2016) said that limited access to health services makes low-income individuals more aware of the importance of healthy living behavior.

The application of a healthy lifestyle is *health-promoting behavior* (HPB). HPB is a sub-focus of health psychology that talks about how individuals can change their lifestyle to optimize their physical, emotional, social, spiritual, intellectual, and well-being health (King, 2014). A *health-promoting lifestyle* can increase “clean and healthy living behavior or *Perilaku Hidup Bersih dan Sehat* (PHBS). The rate of PHBS in East Jakarta is categorized as low; households in East Jakarta have the second lowest application of PHBS, after West Jakarta (Province Health Office, 2016). In addition, the East Jakarta area has the largest number of households with a low quality of health in DKI Jakarta (Province Health Office, 2016).

Efforts are needed to prevent and solve the health problems facing East Jakarta. According to Kumar and Preeta (2012), HPB is an effective approach to health globally, and it stretches across multiple areas of health. HPB includes health and social well-being determined by various factors outside the health system, including socioeconomic status, food consumption patterns, communication patterns, demographic factors, neighborhood of residence, family patterns, social order and culture of society, social changes related to the economy and politics, and environmental changes (Kumar & Preeta, 2012).

East Jakarta currently has a low implementation of HPB. The situation can be improved by strengthening factors that affect HPB. Cress and Lampman (2007) studied the influence of hardiness, stress, gender, and HPB in students. Their results showed hardiness was the most significant predictor of HPB and was negatively associated with perceived stress (Cress & Lampman, 2007). Besides hardiness, another psychological positive construct is optimism. Optimism is the strongest predictor of HPB that can motivate later aging (Holahan & Suzuki, 2005). Therefore, we explore the mediating effect of optimism on hardiness and HPB in East Jakarta’s low-income community.

## Hypothesis

H1: Hardiness will have a positive effect on health promoting behavior

H2: Optimism will have a positive effect on health promotion behavior

H3: Optimism will mediate the relationship between hardiness and health promotion behavior

## Literature Review

### 1. Optimism

Optimism is defined as a stable personality trait that relates to positive expectations about future results. The presumption is that if a goal is considered important, one will try to achieve it and anticipate positive results (Scheier & Carver, 1985).

### 2. Hardiness

Kobasa (1979) defined hardiness in terms of more specific dimensions of control, commitment, and challenge that may influence both cognitive appraisal and behavior in response to stressful events.

### 3. Health-Promoting Behavior

HPB encompasses social support, health responsibility, life appreciation, physical activity, and stress management (Chen, Wang, Yang, & Liou, 2003).

## Methods

### *Procedure and Participants*

A purposive sampling technique was used to identify the area with the highest poverty level. One hundred fifty residents aged 18-29 (28 males, 122 females) from Kampung Melayu dan Cipinang Besar administrative villages, the area with the highest poverty level in the Jatinegara subdistrict of East Jakarta, were asked to fill out a questionnaire.

All the participants had completed at least elementary school. They were all categorized as low-income by local health workers.

Table I. Hardiness, Optimism, and HPB Scores

Variable	Skor Minimum	Skor Maximum	Mean	Std. Deviation
<i>Hardiness</i>	14	54	32.53	5,051
<i>Optimism</i>	16	46	34,65	4, 851
<i>HPB</i>	62	191	131.93	21.775
	9	32	20.81	3.953

### *Measures*

- Health-promoting behavior measured by Health-Promoting Lifestyle Profile II (Walker, Sechrist, & Pender, 1995)
- Hardiness measured by Kobasa's "How Hardy Are You?" (Kobasa, 1979)
- Optimism measured by "Life Orientation Test-Revised" (Scheier, Carver, & Bridges, 1994)
- Data analysis using SPSS version 21 with Hayes' PROCESS bootstrap method.

## Result

HPB was positively correlated with hardiness, and hardiness was positively correlated with optimism. Optimism was positively correlated with HPB. Further, optimism partially mediated the relationship between hardiness and HPB.

## Conclusion

The results showed that HPB was positively correlated to hardiness, and hardiness was positively correlated with optimism. Optimism was positively correlated with HPB. Further, optimism partially mediated the relationship between hardiness and HPB. These findings imply These findings imply that optimism may function as an intervention method along with HPB intervention to increase the level of HPB in a low-income community.

## Discussion

The study revealed that HPB has a significant correlation with hardiness, in line with Cress and Lampman (2007). Note that one of the participants in this study had postgraduate education. This goes against the pattern that low-income individuals tend to have low education. Moreover, the researcher did not confirm whether the participants were low-income.

Optimism is a behavioral strategy that makes people happier, more successful, and healthier (Lopez & Synder, 2003). It plays a role as a bridge in different health areas by increasing positive expectations (Dillard & Ellis, 2017). Optimism can strengthen the relationship between HPB and hardiness, by maintaining the positive affect from an individual's initial hardiness level to engage in HPB.

The findings contrast with those of Reinhoudt (2004), who said that hardiness partially mediated the relationship between optimism and mental health, where optimism made a significant although reduced contribution to mental health. However, this study found that optimism can compensate for a low level of hardiness to maintain optimal levels of social functioning (Reinhoudt, 2004).

## Implication

This study adds insight to the role of optimism and HPB in a low-income community. The findings invite further assessment and intervention. This research can be a baseline for intervention in East Jakarta's low-income community.

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