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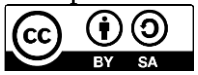
Empowering Active Aging: Self-Care-Based Acupressure Training to Improve the Qualiy of Life of The Elderly in The Era of Healthy Longevity

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ABSTRACT
Older adults require strengthened capacity to participate in their own health care. This community service program aimed to improve health knowledge and practical skills in self-administered acupressure and to identify health conditions requiring further attention through health screening. The program consisted of health education, screening of blood pressure, blood glucose, and uric acid levels, followed by demonstrations and return demonstrations of acupressure techniques at the DU20 (Baihui) and LI4 (Hegu) points with direct assistance. Evaluation was conducted descriptively through knowledge assessment and observation of participants' practical skills. The results showed a change in the distribution of knowledge categories, from 12 participants (40%) classified as having low knowledge before health education to 15 participants (50%) classified as having good knowledge after the activity. Health screening identified 20 older adults (66.7%) with blood pressure ≥140/90 mmHg, 6 (20.0%) with blood glucose levels above the normal range, and 8 (26.7%) with high uric acid levels. Regarding practical skills, 29 of 30 participants (96.66%) were able to perform acupressure techniques at the DU20 (Baihui) and LI4 (Hegu) points according to the established criteria following the demonstration and return demonstration. The program demonstrated the transfer of health knowledge and practical skills that may support older adults' ability to perform acupressure independently. Program sustainability should be supported through the involvement of community health cadres, elderly health posts, health workers, families, and community-based elderly groups through periodic practice and follow-up.

Keywords **:** Acupressure, Community Empowerment, Elderly, Health Education, Self-Care

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INTRODUCTION

Aging is a phase of life experienced by every human being and is characterized by gradual biological, psychological, and social changes (World Health Organization, 2022). Physiologically, the aging process is associated with a decline in the function of various organ

systems, or degenerative processes, so the elderly require more comprehensive attention and health care strategies (Badan Pusat Statistik, 2026). Based on the 2024 Indonesian Elderly Population Statistics, 12.00% of Indonesia's population is elderly (Badan Pusat Statistik, 2024). East Java Province is one of the provinces with a relatively high proportion of elderly people, at 14.91%. At the local level, data from the Surabaya City Government show that the number of elderly people in Surabaya has reached 351,957 (Badan Pusat Statistik Kota Surabaya, 2026). This increase in numbers implies a greater need for health services, social support, and empowerment programs that can maintain the health and independence of the elderly. The phenomenon of the increase in the elderly population globally has also encouraged a change in the paradigm of health services from a curative approach to a promotive and preventive approach that emphasizes maintaining function, intrinsic capacity, and the ability of the elderly to continue participating in social life (Beard et al., 2016).

Increasing life expectancy is one indicator of successful health development, but this increase must be accompanied by the ability to maintain the quality of life, function, independence, and active participation of the elderly. The concept of healthy longevity emphasizes that aging should not only be measured by lifespan, but also by an individual's ability to remain healthy, independent, active, and productive throughout old age (Badan Pusat Statistik, 2026). However, the aging process is often accompanied by a decline in physiological function, an increased risk of degenerative diseases, sleep disturbances, limitations in physical activity, and a decreased quality of life. These changes are related to the biological process of aging which causes a decrease in the body's ability to adapt to internal and external stressors, so that the elderly have a higher risk of experiencing multimorbidity and limited physical function (López-Otín et al., 2023).

Elderly individuals can also experience various complaints such as hypertension, musculoskeletal pain, anxiety, fatigue, and decreased self-care abilities. These conditions can increase dependence on family and health services if not balanced with adequate self-care skills. Research shows that self-care behaviors are significantly related to quality of life in the elderly; those with better self-care skills tend to have a more optimal quality of life (Prastyawati & Yuliana, 2022) (Anggunningrat, 2024). Therefore, increasing the capacity of older adults to perform independent health care is a crucial aspect in supporting healthy longevity. In the context of community empowerment, these needs can be addressed not only through the provision of healthcare services but also through improving the knowledge, skills, and abilities of older adults in managing their daily health. A self-care-based approach positions older adults as subjects who play an active role in maintaining and improving their health, not simply as recipients of services. The community-based empowerment approach has been proven to increase the involvement of the elderly in health management because it provides space for increasing health literacy, strengthening social support, and developing health-related decision-making skills (Kim, An, Yun, & Park, 2024). This strategy is relevant because some common health complaints experienced by older adults require ongoing management and can be supported by simple, non-pharmacological interventions. Therefore, empowering older adults needs to be directed at developing practical skills that are safe, easy to understand, affordable, and repeatable in both home and community settings.

One non-pharmacological intervention that exhibits these characteristics is acupressure. Acupressure is a relatively simple technique of stimulating specific points on the body using finger pressure and requires no special equipment. This technique can be learned through education, demonstrations, and hands-on practice, enabling it to be applied independently by older adults or with the support of family members. Physiologically, acupressure stimulation is thought to be associated with nervous system responses, increased circulation, endorphin

release, and parasympathetic activation, which can provide a relaxing and comforting effect (Fatukaloba & Salim, 2023). These characteristics make acupressure relevant as a complementary approach in elderly empowerment programs, especially when directed not as a substitute for medical therapy, but as a supporting skill in managing daily health and complaints.

Numerous studies and community service activities in Indonesia have demonstrated the potential of acupressure in supporting elderly health. Acupressure has been reported to help lower blood pressure in elderly people with hypertension and support improved sleep quality. Furthermore, training that combines education with hands-on practice can increase community knowledge and skills in performing acupressure independently (Majid & Rini, 2016). Elderly empowerment programs through independent acupressure have also shown improvements in the elderly's ability to maintain sustainable health and support their quality of life (Sumarni et al., 2024). These findings indicate that the strategic value of acupressure in community empowerment lies not only in its potential physiological effects, but also in its ability to develop health skills that can be practiced independently. Therefore, the selection of acupressure for this program was based on its alignment with self-care principles: it is simple to learn, relatively easy to apply, does not require complex facilities, and allows seniors to actively participate in their health care.

This need was also identified in the elderly community in RT 02 RW 05 Wonokromo, Surabaya. Based on the community's initial conditions, some seniors experience chronic health complaints related to the aging process, including hypertension, joint or musculoskeletal pain, sleep disturbances, fatigue, and decreased physical activity. The activities of seniors in this community still tend to be predominantly sedentary, while the use of non-pharmacological interventions to support the management of daily health complaints is not optimal. Some seniors still rely on long-term medication and lack adequate self-care skills to manage health complaints independently. This situation indicates that the community's problems lie not only in the presence of health complaints, but also in the elderly's limited capacity to implement simple, self-administered health care strategies.

On the other hand, RT 02 RW 05 Wonokromo has community potential that can support the development of health empowerment programs. Community social activities and the presence of elderly community health posts (Posyandu) can be a means to strengthen education and develop health skills. However, this potential has not been fully matched by the availability of education and training in complementary therapies that can be performed independently, particularly acupressure. Thus, there is a gap between the elderly's need to be able to independently manage their health and daily complaints and their capacity to apply self-care skills based on non-pharmacological interventions. This gap becomes increasingly important in the context of healthy longevity, as increasing life expectancy requires efforts to maintain function, independence, activity, and quality of life for the elderly.

Based on these conditions, an empowerment intervention is needed that not only provides health information but also builds practical skills that can be applied sustainably. Self-care-based acupressure training was chosen as a strategy because it integrates education and hands-on practice, providing the elderly with the opportunity to understand the benefits and basic principles of acupressure while practicing appropriate techniques. This approach is expected to increase the elderly's knowledge, skills, and confidence in performing independent health care. In practice, acupressure is positioned as a complementary therapy that supports health maintenance efforts, not as a substitute for existing medical treatment or services.

Therefore, a community service activity titled "Empowering Active Aging: Self-Care-Based Acupressure Training to Improve the Quality of Life for the Elderly in the Era of Healthy

Longevity" was implemented as an effort to bridge the gap between the health needs of the elderly and the self-care capacity available at the community level. This program is aimed at improving the knowledge and skills of the elderly in performing acupressure correctly and encouraging their active involvement in health care. Through this empowerment approach, the elderly are expected to develop better self-care behaviors, increase their involvement in health care activities, and maintain independence in daily life. Improving the health capacity of the elderly through community-based interventions is an important strategy in facing the demographic transition because this approach can support the sustainability of healthy behavior, reduce dependency, and maintain the quality of life of the elderly in the long term (United Nasional, 2023). Ultimately, this increased capacity is expected to support the realization of healthy longevity, a condition where increasing age is accompanied not only by a longer life but also by a healthy, active, independent, and quality life (Imandiri et al., 2025).

METHOD

This community service activity employed an educational, participatory, and hands-on approach, using demonstration and re-demonstration methods. This approach was used to improve the knowledge, skills, and independence of seniors in implementing self-care behaviors, particularly through acupressure practices. The activity was carried out in three stages: preparation, implementation, and evaluation.

1. **Preparation Stage**

   The preparation stage began with a survey and situation analysis in coordination with the head of RT 02 RW 05 Wonokromo, health cadres, and the manager of the Elderly Integrated Health Post (Posyandu Lansia). The situation analysis was conducted to identify health conditions, characteristics, educational needs, and community potential that could support program implementation. Based on the results of the joint identification with partners, common health complaints among seniors included hypertension, joint pain, sleep disturbances, fatigue, and decreased physical activity. These conditions served as the basis for determining the health education materials and acupressure skills provided.

   Participants were seniors residing in the RT 02 RW 05 Wonokromo area and were recruited through coordination with health cadres and the Elderly Integrated Health Post (Posyandu Lansia). Participant criteria included seniors aged 60 years and above, able to communicate and follow simple instructions, willing to participate in a series of activities, and able to perform acupressure exercises appropriate to their physical condition. Health cadres helped identify and inform potential participants about the activities, while neighborhood unit (RT) heads and Posyandu (Integrated Health Post) managers assisted in coordinating the time, location, and community mobilization.

   At this stage, health education materials were also prepared regarding healthy lifestyles for the elderly, physical activity, balanced nutrition, healthy aging, and self-care. The team prepared educational materials in the form of leaflets and demonstration materials to demonstrate the locations and techniques for stimulating acupressure points. Knowledge assessment instruments were prepared in the form of a Likert-scale questionnaire administered before and after the health education. In addition, observation sheets were prepared to assess participants' ability to practice acupressure techniques.

2. **Implementation Phase**

The implementation of the activities consisted of health examinations, elderly exercise, health education, and self-care-based acupressure training. First, a health examination was conducted, including measuring blood pressure, blood sugar, uric acid, and body weight. This

examination aimed to provide an overview of the participants' health condition and support the provision of appropriate health education. The examination results are used for health information purposes only and are not intended to replace medical diagnosis or therapy.

Second, participants participate in elderly exercise with light movements tailored to their physical condition. This activity aims to promote physical activity, flexibility, balance, fitness, and social interaction among participants.

Third, health education is provided using interactive lecture and discussion methods. The material covers healthy lifestyles for the elderly, balanced nutrition, the importance of physical and social activity, the concept of healthy aging, and self-care. Prior to the health education, participants complete a questionnaire to assess their initial knowledge level. After the health education is completed, participants complete the questionnaire again using the same or equivalent instrument to measure changes in knowledge after the intervention. The knowledge instrument uses a Likert scale, with the scores for each response added together to obtain each participant's knowledge score. The scores are then used to determine their knowledge level according to the categorization criteria established in the instrument.

Fourth, self-care-based acupressure training is conducted using demonstration and re-demonstration methods. The community service team provides explanations regarding the meaning and benefits of acupressure as a complementary therapy, the location of acupressure points, body positioning, how to apply pressure, the duration of stimulation, and safety aspects during the practice. The points taught were DU20 (Baihui) and LI4 (Hegu). This nomenclature was standardized throughout the materials, demonstrations, observation sheets, and evaluations to avoid differences in point naming.

During the demonstration, the community service team demonstrated directly how to locate the points, finger position, pressure application technique, and stimulation duration. After the demonstration, participants were asked to re-demonstrate in person with the guidance of the community service team and health cadres. Participants who made errors in locating the points or applying the pressure technique were given corrections and the opportunity to repeat the practice. With this method, participants' abilities were assessed not only based on verbal comprehension but also on their ability to perform the acupressure technique directly.

3. Evaluation Stage

Evaluation of the program was conducted to determine the program's achievement in terms of knowledge and practical skills in acupressure. Evaluations were conducted before and after the intervention so that changes in participants' abilities could be observed more systematically.

a. Knowledge Evaluation

The elderly's knowledge regarding healthy lifestyles was measured using a Likert-scale questionnaire. Measurements were conducted twice: before health education (pre-test) and after health education (post-test). The instrument included statements related to healthy lifestyles in the elderly, physical activity, nutrition, health maintenance, healthy aging, and self-care. Each response was scored according to the Likert scale used, and then each participant's score was totaled.

The scores were then categorized according to knowledge level according to the criteria established in the instrument. Success in the knowledge aspect was indicated by changes in the distribution of knowledge categories from before to after health education. Based on the results of the activity, before health education, 40% of participants were in the poor knowledge category, while after health education, 50% of participants were in the good knowledge category. These findings indicate an increase in participants' knowledge after receiving health

education.

b. Acupressure Skills Evaluation

Participants' acupressure skills were assessed through direct observation during practice and redemonstrations. Assessments were conducted on participants' abilities to:

1. correctly locate the DU20 (Baihui) point;
2. correctly locate the LI4 (Hegu) point;
3. place fingers on the designated points;
4. apply pressure with correct and controlled technique;
5. maintain pressure for the duration taught;
6. perform the procedure sequentially; and
7. perform the practice safely and without direct assistance after receiving the demonstration.

Each component was observed by the community service team using a skills observation sheet. Participants were categorized as being able to correctly perform acupressure if they could locate the points and perform the stimulation technique according to the demonstrated procedure. If errors were made, participants were given correction and the opportunity to redemonstrate.

Evaluation was conducted by comparing participants' abilities before and after the demonstration. Before the training, most elderly individuals were unable to correctly perform acupressure on the DU20 (Baihui) and LI4 (Hegu) points. After being given a demonstration and the opportunity to re-demonstrate with assistance, almost all participants were able to perform the acupressure technique correctly and precisely. Thus, the success of the skills training was demonstrated by the increase in the number of participants able to perform acupressure independently according to the procedure.

c. Self-care independence evaluation

Independence in self-care was assessed through participants' ability to re-perform the acupressure technique after receiving a demonstration and assistance. Indicators of independence included the ability to identify the taught acupressure points, correctly perform the stimulation position and technique, adhere to the taught duration, and complete the procedure without direct assistance from the instructor.

The ability to practice independently was an important indicator because the goal of the activity was not only to provide knowledge about acupressure but also to develop skills that participants could apply in their daily lives. Participants who still needed correction were provided with assistance and the opportunity to repeat the practice until they were able to perform the procedure according to the steps taught.

4. Partner and Community Involvement

The program is implemented using a participatory approach involving neighborhood unit (RT) heads, health cadres, and Posyandu managers from the preparation stage through evaluation. During the planning stage, the RT heads, cadres, and Posyandu managers provide information on the conditions and needs of the elderly and help determine the time and location of activities. Cadres also assist in the identification and recruitment of participants according to predetermined criteria.

During the implementation stage, health cadres help condition participants, assist with health checkups, assist with exercise, and assist participants during acupressure demonstrations. Cadre support is intended to create a more participatory learning environment and enable participants to receive assistance if they encounter difficulties during practice.

During the evaluation stage, the community service team, along with cadres, observes

participant engagement, their ability to practice acupressure, and their response to health education. Evaluation results are used to identify areas of the material or techniques that require reinforcement. The involvement of cadres and Posyandus in all activities is also expected to support the sustainability of self-care skills after the program concludes. Overall, the indicators of program success include: (1) an increase in the category of knowledge of the elderly after health education; (2) an increase in the ability of participants to perform the DU20 (Baihui) and LI4 (Hegu) acupressure techniques correctly based on direct observation; and (3) an increase in the ability of participants to perform acupressure techniques independently without direct assistance from the instructor. With these indicators, the success of the program is not only assessed based on the attendance and participation of participants, but also based on changes in knowledge and skills that can be directly observed.

RESULTS

Participant Characteristics and Participation

The community service activity was carried out in RT 02 RW 05 Wonokromo, Surabaya, involving 30 elderly people. Participants participated in a series of activities that included health checks, health education, elderly exercise, and self-care-based acupressure training. The implementation of the activity was supported by the RT head, health cadres, and the managers of the Elderly Integrated Health Post (Posyandu).

The involvement of the cadres and Posyandu managers primarily involved mobilizing participants, providing assistance during the activity, and assisting the community service team in observing acupressure practices. Thus, the activity not only involved participants as recipients of education but also utilized local community resources in program implementation.

Changes in Knowledge about Healthy Lifestyles

Participants' knowledge about healthy lifestyles was measured using a Likert-scale questionnaire administered before and after the health education. The measurement covered understanding of healthy lifestyles, physical activity, nutrition, health maintenance, healthy aging, and self-care. Questionnaire scores were then used to determine knowledge levels according to predetermined criteria.

Table 1. Distribution of Participants' Knowledge Categories Before and After Health Education

Knowledge Category	*Pre-test*		*Post-test*	
	n	**%**	**n**	**%**
Good	8	26.67	15	50.00
Sufficient	10	33.33	7	23.33
Poor	12	40.00	8	26.67
Total	30	100.00	30	10.00

The measurement results showed a change in the distribution of knowledge categories after health education. Before health education, 12 participants (40%) were in the poor knowledge category. After health education, 15 participants (50%) were in the good knowledge category.

Health Screening Results

A total of 30 elderly people underwent health screenings as part of the community service activities. The examinations included blood pressure, blood sugar levels, and uric acid levels.

Table 2. Results of the elderly health screening (n=30)

Examination Parameters	Category	n	%
Blood pressure	≥140/90 mmHg	20	66.70
Blood sugar levels	Above normal limits	6	20.00
Uric acid levels	High	8	26.70

Screening results showed that 20 elderly people (66.7%) had blood pressure ≥140/90 mmHg, while 6 elderly people (20.0%) had blood sugar levels above the normal limit. Furthermore, 8 elderly people (26.7%) had high uric acid levels. These findings indicate that some participants had risk factors or health conditions that require attention in maintaining health in old age.

Acupressure Training Results

Acupressure training was evaluated separately from the results of the health screening and health education. Participants' skills were assessed through direct practice using a skills observation sheet. The acupressure points taught were DU20 (Baihui) and LI4 (Hegu).

Table 3. Participants' ability to perform acupressure before and after the demonstration

Competencies	*Pre-test*		*Post-test*	
	n	%	n	%
Locating the DU20 (Baihui) point	12	40.00	27	90.00
Correctly performing DU20 (Baihui) stimulation	10	33.33	29	96.66
Locating the LI4 (Hegu) point	14	46.66	27	90.00
Correctly performing LI4 (Hegu) stimulation	17	56.66	28	93.33
Performing the entire procedure independently	17	56.66	29	96.66

Before the demonstration, less than half of the participants were unable to correctly locate and stimulate acupressure points. After the demonstration and re-demonstration with assistance, participants' ability to perform acupressure techniques improved. Participants were deemed competent if they could correctly locate the points, place their fingers on them, apply pressure with the appropriate technique, adhere to the taught duration, and complete the procedure without direct assistance from the instructor.

Twenty-nine of the 30 participants (96.66%) correctly performed acupressure techniques on DU20 (Baihui) and LI4 (Hegu) after the demonstration and re-demonstration. These results demonstrate an improvement in participants' practical skills based on direct observation.



Figure 1. Gymnastics With the Elderly



Figure 2. Health Check-Up



Figure 3. Health Counseling



Figure 4. Acupressure Counseling Points DU 20 (Bai Hui) and Point LI 40 (Hegu)



Figure 5. Acupressure Practice Assistance

DISCUSSION

The implementation of community service activities demonstrated that health education and skills training can be used as an approach to improve the capacity of older adults to understand and perform independent health care. Changes in the distribution of knowledge categories were observed after the health education program, from 12 participants (40%) in the

poor knowledge category before the program to 15 participants (50%) in the good knowledge category after the program. These findings illustrate changes in participants' knowledge levels after participating in the program, but are not intended to be evidence of statistically significant improvement because the evaluation was descriptive and not accompanied by inferential analysis. Screening results also indicated that some participants had conditions that required attention, namely 20 elderly (66.7%) with blood pressure ≥140/90 mmHg, 6 elderly (20.0%) with blood sugar levels above the normal limit, and 8 elderly (26.7%) with high uric acid levels. These findings demonstrate the community's need for education and health monitoring for older adults. This is in line with the literature that places self-care and self-management as important components in helping older adults maintain independence and manage long-term health conditions. Lawless et al. emphasize that self-care and self-management in community-dwelling older adults are essential for managing chronic conditions, while González-González and Requena demonstrate that self-care interventions in community-dwelling older adults can support various aspects of physical health (González-González & Requena, 2023; Lawless MT, 2021).

The main achievement of the activity was seen in the participants' skills in performing acupressure independently. Before the demonstration, less than half of the participants were unable to locate and stimulate acupressure points correctly. After the demonstration, re-demonstration, and mentoring, 29 of the 30 participants (96.66%) were able to perform acupressure techniques on points DU20 (Baihui) and LI4 (Hegu) according to established criteria, including accurate point location, finger position, pressure technique, duration, and the ability to complete the procedure without direct instructor assistance. From a Community Service (PKM) perspective, these achievements demonstrate skill transfer to participants, enabling older adults to not only acquire knowledge but also develop practical skills that can be applied independently. The meaning of empowerment lies in increasing the capacity of older adults to participate in their own care. This finding is supported by the Community Service Program (PKM) conducted by Amelia et al., who conducted acupressure training for elderly cadres, and by Islam et al., who empowered caregivers through acupressure massage training for older adults. Both programs demonstrate that practice-based training can be used as a means of transferring skills to the community (Amelia, Setiawan, Wicaksono, Cholifah, & Jakaria, 2021; Meivi Sesanelvira Achiroh Dinul Islam; Dedi Supriadi, 2025). International literature also reports the potential benefits of acupressure for older adults, including improvements in sleep quality, cognitive function, quality of life, and constipation. However, these findings stem from studies with specific interventional designs and clinical outcomes and are therefore used in this article only for context and not as evidence that these PkM programs have produced similar clinical benefits (Aydemir T, 2023; Dincer B, 2022).

Successful skill transfer is related to the use of demonstration, re-demonstration, and direct guidance. Participants have the opportunity to observe procedures, practice them again, receive correction, and then complete them independently. This approach aligns with the principle of community empowerment, which positions participants as actors in activities, not merely recipients of information. Strengthening self-management skills is also crucial because international research shows that self-management programs for older adults with hypertension can support self-efficacy and adherence to treatment, while research in Indonesia indicates that self-management approaches can improve adherence to self-care in older adults with hypertension (Putri, Rekawati, Nurviyandari, & Wati, 2021; Van Truong P, 2021). In the context of acupressure, Dincer et al., through a systematic review and meta-analysis, demonstrated the potential for improved sleep quality in older adults who received acupressure, including self-administered interventions after participants received training (Dincer B, 2022).

However, this Community Service program did not evaluate sleep quality, blood pressure, pain, quality of life, or other clinical outcomes. Therefore, the achievement of 96.66% of participants being able to perform the technique should be understood as a measure of skill attainment at the end of the program, not as a measure of the clinical effectiveness of acupressure.

Cadre participation and sustainability are crucial to ensure the program's success continues after the training concludes. Cadres can serve as facilitators for repeat practice, reminders for the elderly, monitor obstacles in skill implementation, and liaise with healthcare workers if screening results require follow-up. This approach is supported by various Community Empowerment (PKM) activities in Indonesia. Sakti et al. empowered elderly Posyandu (Integrated Health Post) cadres through education, discussions, and acupressure demonstrations to support self-care behaviors in elderly people with hypertension (Sakti, Ariesti, & Purwadhani, 2025). Furthermore, acupressure training for elderly cadres in Penatarsewu Village, Sidoarjo, involved collaboration between the implementation team, village government, midwives, and cadres as part of the implementation process (Amelia et al., 2021). International literature also demonstrates that community health workers can play a role in health interventions for elderly people with complex needs and in the management of non-communicable diseases in the community. Based on this, program sustainability can be fostered through regular refresher sessions, redemonstrations at elderly Posyandu activities, monitoring independent practices, and family involvement. This strategy is more in line with the character of Community Service Programs (PKM) because its focus is not solely on the success of a single training session, but rather on building community capacity that can be maintained after the program ends (Kennedy et al., 2021; Widyasari, Rahman, Lin, & Wang, 2021).

Overall, this activity resulted in three outcomes relevant to the goal of community empowerment: changes in knowledge after health education, identification of participants' health conditions through screening, and the development of acupressure practice skills in the majority of participants evaluated. These results demonstrate that the combination of health education, screening, demonstration, re-demonstration, and mentoring can be an appropriate approach to building the capacity of older adults to perform self-care. This achievement is also consistent with the concept of self-care in older adults, namely maintaining an individual's ability to play an active role in managing their health (González-González & Requena, 2023; Lawless MT, 2021). However, activity results should be understood as program achievements at the time of evaluation, not as evidence of clinical effectiveness or long-term health impact. Sustainability can be strengthened through cadre involvement, repeated practice, and regular monitoring. Subsequent activity evaluations can include follow-up to assess skill retention and frequency of independent practice. Therefore, the success of Community Service Programs (PKM) is measured not only by participants' ability to perform techniques after training, but also by the community's ability to maintain and integrate these skills into their daily self-care practices.

CONCLUSION

Community service activities through health education, health screenings, and acupressure demonstrations and redemonstrations resulted in changes in participants' knowledge distribution and the development of practical acupressure skills. Observations showed that after participating in the demonstrations and redemonstrations with assistance, 29 of 30 participants (96.66%) were able to perform acupressure techniques at the DU20 (Baihui) and LI4 (Hegu) points according to established criteria, including correct point location, pressure technique, duration, and completion of the procedure without direct instructor

assistance. These achievements demonstrate that the activities provided the transfer of knowledge and skills that can support participants' ability to perform acupressure independently.

The screening results also identified participants with blood pressure, blood sugar, and uric acid levels that required attention in health maintenance. These findings provide initial information for participants and implementers to encourage health monitoring and follow-up through appropriate health services. However, this activity did not evaluate changes in quality of life, physical fitness, psychological well-being, or other clinical outcomes, so the impact on these aspects cannot be concluded based on this activity. The program's sustainability needs to be guided by the involvement of cadres, Posyandu for the elderly, health workers, families, and community-based elderly groups. Cadres can play a role in reminding and facilitating repeat practice, providing simple assistance, and directing participants to health workers if conditions requiring examination or follow-up are identified. Regular refresher sessions and redemonstrations are also necessary to maintain participants' skills. Thus, community service activities do not stop at one-time training but can develop into ongoing community empowerment activities to support the elderly's self-care skills.

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