Enfermería Clínica

Reducing neglect and improving social support for older people following a self-help group in the poor urban community of Jakarta, Indonesia

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KEYWORDS
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Self-monitoring;
Self-intervention

Abstract
Increasing age has an impact on the decline of organ function and results in increasing dependence on others, including family. Efforts must be made to increase older adult's independence to help them overcome naturally occurring changes and health problems. This research aims to determine the effects of the self-help groups as nursing interventions using guidelines of self-health monitoring and management on the incidence of neglecting and the social support of older people. A quasi-experimental design was used on a total sample of 208 people, consisting of 103 in the intervention group and 105 in the control group. An independent t-test was conducted before and after the intervention model to analyze the social support variable, and chi-square test was applied to analysis the neglect variable. The results showed the effects on the incidence of neglect of older people, and there were significant differences between and within the intervention and control groups ($p < 0.05$) in terms of social support. The intervention model demonstrated reduction of the incidence of neglect and an increase in social support. The results indicate that this program can be used as a guideline for health care center nurses in fostering self-help groups for older people in the community.

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Introduction

As population is rapidly increasing around the world, Indonesia is currently entering an era of aging population. Indonesia was ranked fourth—after China, India, and the United States—with a population of 249 million, or 8% of the world population[1]. There has been a steady increase of older people in Indonesia, as life expectancy has increased from age 65.5 in 1990 to 68 in 2000, then to 68.5 in 2004 and finally to 70.6 in 2009[1,2]. Aging is often accompanied by the onset of various diseases, such as hypertension, arthritis, heart disease, diabetes, and emotional and mental disorders[3] which can cause disabilities in older people and increasing dependence on family. Self-neglect is more common in older people who live alone and lack family support[4].

In the urban communities of Indonesia, more women are working than in previous eras, resulting in less attention paid to older people. This condition is a risk factor for neglect of the elderly. The type of neglect that most often occurs is personal neglect, such as poor hygiene[5], along with social neglect, followed by financial and physical abuse of the elderly in urban as well as rural areas[6]. The level of social relations and low social involvement are themselves associated with an increased risk of neglect[7]. To address this problem, the researchers in this study developed an empowerment model for older people through a self-help group

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using monitoring and intervention guidance. Independent management intervention increases interaction between peers and family[8], which is effective at increasing abilities, understanding, and management of health[9].

The purpose of this study was to examine the social support and neglect incidence following the intervention model of the self-help group using self-monitoring and intervention in Jakarta, Indonesia.

Hypothesis:

A. The average score of social support of older people in the intervention group will be significantly higher than the control group.
B. The percentage of neglect incidents of older people in the intervention group will be significantly lower than the control group.

Method

A quasi-experimental design with pre- and post-test intervention and control groups was used in this research study. The population was older people who live in Jakarta, Indonesia. A multistage sampling method was used to select two municipalities, from which two villages were randomly selected. The eligibility criteria were as follows: age of 60-74 years; live with family; not experiencing any visual or hearing disability; able to read and write; willing to follow self-help group activity; and willing to participate. The sample size was calculated by comparing two means formula[10] with a significance level of p = 0.05 (two-tailed) and power of 80% to detect ≥ 20% difference in means. A total of 208 people were randomly selected and allocated to the intervention group (103) and the control group (105). Two participants in the intervention group dropped out due to illness. Instruments used were a demographic questionnaire; social support survey from Sherbourne and Stewart[11] that had been used in Jakarta, Indonesia by Sahar, Courtney, and Edwards[12] and Wati and Riasmini[13] with reliability test-retest of 0.95 and 0.896; and Hwalek-Sengstock Elder Abuse Screening Test[14] used by Wati and Riasmini[13] in Jakarta, Indonesia with a reliability test-retest of 0.849 This study was approved by the Nursing Research Ethics Committee, Faculty of Nursing, University of Indonesia and the local government. Participants were fully informed about the research before being asked to provide written consent. The paired t-test, non-paired t-test, and chi-square test were used in this research.

Intervention model

Self-help group activities were done every two weeks for three months. The facilitator explained to the intervention group how to use the self-monitoring and the autonomy intervention guidance book. The facilitators consisted of the research team in cooperation with the nurse from the public health center. Processes followed by the self-help group were 1) elderly reflected their experience of using the guidance book to solve health problems; 2) elderly responded to their friend reflection; 3) at the end of session, the facilitator offered reinforcement. Every member of the intervention group received the guidance book and did self-monitoring and intervention at home. At the end of the research, the control group also received the same guidance book, and the processes were facilitated by the nurse from the public health center.

Results

Majority participants were less than 70 years old (71%) and 75% were female. Sixty-one percent of participants were married with educational background less than senior high school (66%), and most participants were not working (67%). Analysis showed no difference in participant characteristic between groups. In social support and neglect variables, there was also no significance. Both groups were equals, except the job. There was more not working in the control group compared to the intervention group.

The majority of participants were younger than 70 years old (71%), and 75% were female. Sixty-one percent of participants were married, with an educational background of less than senior high school (66%), and most participants were not working (67%). Analysis showed no difference in participant characteristics between the two groups. In terms of social support and neglect variables, there was also no significance. Both groups were equivalent except in terms of employment. The control group had more members who were not working than the intervention group.

Table 1 describes the mean score of social support in the intervention group increased from 46.51 to 53.94 after the implementation while the mean of social support in the con-

Table 1 Analysis of social support and neglect before and after intervention with an elderly self-help group model at Bukitduri and Ps. Minggu, in Jakarta Indonesia (n = 208)

Variable	Group	Mean	SD	95%CI	T	p value
Social support	*Intervention*					
	Before	46.51	10.55	4.947-9.907	5.940	0.000
	After	53.94	8.55			
	Control					
	Before	47.72	11.85	1.554-7.875	2.958	0.004
	After	43.01	10.49			
Neglect	*Intervention*					0.002
	Control					0.361