



## Effect of Family psychoeducation on Low Self-Esteem and Neglect of the Elderly at Ciseeng, Bogor Regency.

*Subandi<sup>1</sup> and Udi Wahyudi*

Bogor Nursing Study Program, Ministry of Health Polytechnic, Bandung. Jalan DR. Sumeru 116 Bogor. Zip 16 111

**Abstract.** Background: The aging process is often accompanied by a decrease in physical, psychological and social conditions that interact with each other. This situation tends to potentially cause psychosocial problems. Psychosocial problems items, namely psychological or psychological problems that arise as a result of social change, include: isolated elderly problems (research, physical abuse, psychological disorders, impaired adjustment to changes, changes in interests, sleep disorders, anxiety, depression, impaired memory reviews). These problems often make families wrong in caring for the elderly, because of limited family knowledge and skills, conflicts between families and the elderly often occur, the family considers the elderly to be unruly, problematic while the elderly consider reviews their family does not understand it and abandon it.

**Method:** This study aims to determine the effect of family psychoeducation on low self-esteem and neglect of the elderly, with a sample of all families who have elderly with low self-esteem problems and neglect in Ciseeng, Bogor Regency. Family respondents were 26 people who took care of the elderly at home. The self-esteem of the elderly is assessed using the self-esteem questionnaire from Rosenberg (Rosenberg Self Esteem).

**Result:** with an average value of 2.663, which means there is low self-esteem in the elderly. Then the elderly are given a questionnaire about perceived neglect; includes physical neglect, neglect and economic psychological financial or neglect, with the results of 2.56 of the highest value of 4, which means there is neglect of the elderly. After psychoeducation in the family, the results of 4.941 showed that psychoeducation had a significant effect on reducing neglect by 61.2 percent ( $p = 0.000$ ,  $\alpha = 0.05$ ).

## Introduction

Aging is a normal process changes associated with time and continues throughout life. Old age is the final phase of the life span of the mark with the changing biological, physical, psychological, and social. [1]This change will affect all aspects of life, including health. Therefore, the health of the elderly need special attention to be maintained and improved so as long as possible to live a productive according to their abilities so that they can participate actively participate in development. [2]

Indonesia is among the countries with the largest elderly population in the world, which ranks fifth. Based on data obtained from the Central Statistics Agency (BPS) in 2014 showed that the number of senior citizens in Indonesia reached 20.24 million, equivalent to 8.03 percent of the entire population of Indonesia, which reached about 237 641 326 people ([http: / /www.bps.go.id](http://www.bps.go.id)). The number of elderly people including elderly people who are still capable of doing the job or activity that can produce goods or services, and the numbers from year to year increase.[2]

When viewed statistics above, an increase in the number of elderly people tend to be even faster. This will affect the increased health problems in the elderly. The health problems that often occur in the elderly includes physical, mental and psychosocial. Psychosocial problems in the elderly can be a condition of loneliness, low self-esteem, and social isolation as a result of negligence would be a risk factor for the health of the elderly.[3]

Based on research conducted by [4]on factors related to the social isolation of the elderly showed 62.5% of the elderly have a healthy psychosocial and 37.5% impaired in psychosocial health problems. Research conducted by[1]found that there is a negative relationship between social support and the incidence of depression. This means that social support given to elderly may inhibit against protracted psychosocial problems at the end prevent the occurrence of depression.[5]

The process of aging is a natural process that accompanied the decline of their physical, psychological and social interacting with one another. This situation tends to potentially cause health problems in general and mental health in

particular in elderly which includes mental health problems related to the meaning and value of life, problems psychosocial namely the problem of psychological or psychiatric arising from social change, include: Problems elderly isolated (neglect, physical abuse, psychological disorders, adjustment disorders to changes, interest changes, sleep disorders, anxiety, depression, disorders of memory, etc.) [5]

Based on the preliminary live survey in RW IV Ciseeng in getting the number of elderly who are in RW 04, some 86 elderly people, according to RW; almost all of them stay with their children and children in-laws and they said that they feel lack of social support both from the family and society. They often feel lonely and lack of attention and neglect. This phenomenon increases related psychosocial factors relationship with the incidence of depression in the elderly due to decreased self-esteem elderly.

## RESEARCH PURPOSES

1. General purpose  
Known to influence family psycho education to low self-esteem and neglect of the elderly.
2. Special purpose
  - a. Known picture of the characteristics of the elderly (age, gender, status, education, activities of daily living)
  - b. Known to influence family psycho education to low self-esteem and neglect of the elderly.

## BENEFITS OF RESEARCH

1. Giving feedback on all stake holders Bogor regency in order to enhance the participation of families in mental health particularly the elderly
2. Informing families about understanding the psychosocial health of the elderly.

## METHODOLOGI

This type of quantitative research with interventions on the subject group, the data that we collect used technic pre and post test. This study will be conducted in the District of Bogor Regency Ciseeng, this place was chosen because at this point there are many families have reported that elderly clients experiencing low self-esteem issues and neglect. Population in this study are all families with elderly clients

with psychosocial problems (low self-esteem and neglect). The research sample of 52 respondents.[6]

## RESEARCH RESULT

### 1. Univariate analysis

Univariate analysis to explain or describe the characteristics of respondents include age, self-respect and neglect variables both before and after psycho education.

#### a. Age

Table 4.1 The frequency distribution of Respondents by age in Ciseeng, Bogor Regency; August - October 2017

characteristics	mean	SD	Minimum - Max	95% CI
Age	56.65	10:13	35-49	35.27 - 48.03

From the analysis of data obtained an average age of respondents was 56.65 years, with a standard deviation of 10:13. the youngest was 35 years old and the oldest was 49 years of age. From the estimation interval can be concluded that 95% believed that the average age of respondents was between 35.27 until 48.03.

#### b. Abandonment scale Before psychoeducation

table 4.2 Distribution Waiver Before Psycho-education in Ciseeng, Bogor Regency, August-October 2017

variables	mean	SD	Minimum - Max	95% CI
Pengabaian Lansia	7:46	1,016	5-9	7:12 - 7.86

This analysis on average get a waiver before psycho education is 7.46, with a standard deviation of 1.016. The lowest is 5 and the highest is 9. From the estimation interval can be concluded that 95% believe the average elderly by omission before psycho education is between 7:12 until 7.86.

#### c. Scale Abandonment After psychoeducation

Table 4.3 Scale Distribution Abandonment After psycho educationIn Ciseeng, Bogor Regency, August-October 2017

Variables	mean	SD	Minimum - Maximum	95% CI
Pengabaian setelah psikoedukasi	2.89	0843	2-5	2.61- 3.17

This analysis in getting an average score of neglect after psycho education is 2.89, with a standard deviation of 0843. The lowest is 2 and the highest interval estimation 5. From the results we can conclude that 95% on average believe elderly neglect after psycho education is between 2.61 until 3:17

### 1. Bivariate analysis

The results of the bivariate analyzes in this study are shown in the table below.

table 4.4  
Psycho-educational influence in the Elderly with Devotion  
In Ciseeng, Bogor Regency, August-October 2017

variables			Difference		
	mean	SD	mean	SD	P Value
neglect Before	7:46	1,016	4,568	1,094	0000
After	2.89	0843			

The mean neglect on before psikoedukasiadalah 7:46 with a standard deviation of 1.016. At the end of the psycho educational neglect the average score is 2.89 with a standard deviation of 0843. Seen the average value of the difference score waiver at the beginning and end of psychoeducation is 4,568 with a standard deviation of 1,094. Statistical test results obtained value of P = 0.000,  $\alpha = 0.05$ , it can be analyzed there are significant differences

between elderly neglect the elderly before and after psychoeducation.

## DISCUSSION

### 1. Univariate Analysis

From the data obtained, the average age of respondents was 56.65 years with the youngest 45 and the oldest 79 years of age. This is in accordance with WHO survey in Java found that ignoring ranks first (49%) of the condition of the elderly. According to a report in 2015 in Bogor elderly aged 55-59 as many as 50 people suffered neglect. Abandonment occurs more frequently in elderly women than elderly men. The average score of neglect in the elderly before 7:46 psychoeducation. The main problem is the neglect of the elderly are caused by ignorance of the family against family in performing maintenance tasks on elderlies which cause the elderly have low self-esteem. Research conducted by Ramlah<sup>3</sup> stated that 30 out of 50 elderly neglect that caused the elderly experiencing low self-esteem as a result of neglect.[7]

### 2. Bivariate analysis

The influence of psycho education of neglect and low self-esteem in the elderly. The results showed that the effect on the psycho educational neglect of the elderly which in turn lead to low self-esteem in the elderly. Results of statistical analysis obtained an average score of neglect before psycho education is 7.46 while after psycho education is 2.89, meaning a decline in the value of a score of 61.2% after psycho education. Statistical analysis showed that psychosocial education a significant effect in reducing the score neglect in the elderly ( $P = 0.000$ ,  $\alpha = 0.05$ ).

The results of the above studies in accordance with the theory that intervention psycho education families can improve the knowledge of the family in performing the duties of the family in the health sector include: Families know and realize that there are family members who are sick, or needs attention due to a disability, helplessness or elderly, family decide what will be done with the family members, the family is able to care for family members, the family is able to modify the environment to facilitate the elderly and families can take advantage of the

health facilities to deal with the problems lansia.[3]

Psycho education with families in families with elderly can indirectly improve the perception of the care of elderly family members, physical improvements progressively and help strengthen self-esteem. Elderly treated by the family who do their job well will feel more comfortable circumstances, the elderly can take care of himself and reduce the level of dependence on others.[8]

## CONCLUSION

1. Family psycho education affects the elderly neglect and self-esteem in the intervention group after psycho education
2. There are significant differences in the intervention group and the control group after psycho family education.
3. Family psychoeducation effect on the reduction of the numbers of elderly neglect, in turn, can improve self-esteem of the elderly.

## SUGGESTION

1. Further research can be done by comparing the intensity of psikodukasi in two different groups to prevent or improve the task of caring for elderly relatives.
2. Public Health Center (PHC) as a health care institution can continue to provide this psychoeducation in families with various health problems.
3. Need for awareness and motivation of the family of the elderly to continue the family psychoeducation training program on an ongoing basis as one yanggung responsibility of caring for elderly relatives. Family duties in the field of health enables the achievement of a prosperous elderly people both physically and psychologically and socially prosperous.

## Reference

- [1] Hasmila. (2009), *Pengaruh family psychoeducation therapy terhadap beban dankemampuan keluarga dalam merawat klien pasung di kabupaten bireuen nanggroe acehDarussalam*. Tesis. Jakarta. FIK UI. Tidak dipublikasikan
- [2] Pusat Penelitian dan Perkembangan Depkes RI. (2008). *Riset kesehatan dasar*

- 20072011 . [www.litbang.go.id](http://www.litbang.go.id), diperoleh tanggal 10 Februari
- [3] Kusumawati, F. dan Hartono, Y. (2010). *Buku Ajar Keperawatan Jiwa*. Jakarta : Salemba Medika.
- [[4] Sabri, L & Hastono, S.P. (2007). *Statistik kesehatan*. Edisi 1. Jakarta: RajaGrafindo Persada.
- 5] Notoatmodjo,S.(2003).*Pendidikan dan perilaku kesehatan*.Jakarta: Rineka Cipta
- [6] Notoatmodjo,S.(2010).*Metodologi penelitian kesehatan*. Jakarta: Rineka Cipta
- [7] Maramis, W.F. (2006). *Catatan ilmu kedokteran jiwa*. Surabaya. Airlangga University Press
- [8] Kazantzis, Reinecke, and Freeman (2010). *Cognitive and behavioral Theories in clinical practice*. America: The Guilford Press.
- [9] Rawlins & Beck, C.K.(1993). *Mental health-psychiatric nursing 3 rd Ed*. St. Louis : Mosby Year
- [