

# Selp-help\_group\_therapy

*by* Ah Yusuf

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# Self-Help Group Therapy: The Enhancement of Self-Care Ability and Quality of Life Among the Elderly in Bali, Indonesia

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## ABSTRACT

Worldwide, the number of people aged 60 years and over has rapidly increased along with the increase in life expectancy. An aging population faces challenges in relation to improving self-care ability and quality of life. This study has aimed to identify the influence of self-help group therapy on the self-care ability and quality of life of elderly people in Bali, Indonesia. We employed a quasi experimental analysis using a pre-test and post-test. A total of 25 retired military officers participated in the study. Two questionnaires (WHO-BREF and WHOQOL-OLD) were adopted to compare the self-care ability and the quality of life results before and after the self-help group therapy was implemented. The data was analysed using an independent t-test. The results showed that the self-help group therapy had a significant effect on the improved self-care ability among the elderly with a mean difference of 0.2,  $t = 2.449$  and  $p$ -value of 0.02. The self-help group therapy also significantly improved quality of life with a mean difference of 11.7,  $t = -8.476$ , and  $p$ -value of 0.00. Empowering the elderly and their families as well as the community is strongly recommended in order to establish effective self-help group therapy for the elderly.

**Keywords:** Self-help group therapy, elderly, self-care, quality of life

## INTRODUCTION

After six decades, the number of people aged 60 years or older has increased fourfold from 205 million in 1950 to 810 million in 2012.<sup>1</sup> Almost two in every three elderly people in the world live in developing countries.<sup>1</sup> Based on the 2010 national census, approximately 18 million or 7.6% of the Indonesian population is aged 60 years old or over. This was projected to reach 12.7% by 2050.<sup>2</sup> The increased elderly population is related to the increased life expectancy.<sup>2</sup> However, longer life expectancy has been challenged by health problems, primarily chronic non-communicable diseases.<sup>3</sup> Various sociodemographic factors and shifts in disease burden from communicable to non-communicable disease has influenced strategies to improve the health of older adults.

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According to the World Health Organization (WHO), improving the health status of the elderly is aimed to promote quality of life, which can be measured through physical health, psychological health and social and environmental relations.<sup>3</sup> Promoting the quality of life among the elderly is conducted by empowering older adults with the capability to execute self-care and to maintain healthy daily life activities. A self-help group is a strategy that can be used to empower the elderly, to optimise the role of the elderly in providing mutual support and to share overcoming life problems.<sup>4</sup> Empowering through creating activities in a group can boost self-confidence and self-esteem, as well as increasing the self-abilities of the elderly.<sup>5</sup> By joining a self-help group, elderly women can learn skills to carry on their daily activities independently and adopt a healthy lifestyle which lead to an improved quality of life (QOL).<sup>6</sup>

In Indonesia, self-help groups for the elderly are established through a community-based activity for sharing problems and encouragement among members of the group. The integrated coaching post, or *Posbindu*, as one of the community health-based activities for

monitoring non-communicable disease has been utilised to support the elderly in maintaining their health status and performing self-care.<sup>7</sup> However, only the elderly who are physically active can attend the integrated coaching program.<sup>1</sup> For the adults who stay alone at home and are unable to perform activities of daily living (ADL) independently, they cannot attend without support from other people. Therefore, this study aims to assess the effect of the self-help group on enhancing self-capability and quality of life among the elderly.

**METHOD**

To support the study aim, we conducted a quantitative study using a quasi-experimental research design with a pre-test and post-test. The sample of population studied was retired military officers aged 60 years or older who lived in Kuta Utara sub-district in Badung district, Bali, Indonesia. Selecting the retired military officers was based on the assumption that the elderly people would have a better physical condition than another group of people. A simple random sampling method was applied in selecting the study sample, resulting in 25 people recruited to participate in the study.

The data was collected for the pre-test and the post-test using two questionnaires, including the independence scale of Activity Daily Living (ADL) as measured by the Katz index, and quality of life as measured by a combination of the World Health Organisation Quality of Life Assessment (WHOQOL-BREF)<sup>8</sup> and the WHOQOL older adults module (WHOQOL-OLD).<sup>9</sup> The data analysis was performed using an independent t-test.

**RESULTS**

The majority of the study subjects were female (60%), with the mean of the respondent's age being 73.6 years old. This finding confirmed the results of many reports that females have a longer life expectancy than males. The average age among the study respondents was higher than the current Bali life expectancy at birth which is 72.1 years old.<sup>10</sup> Most of the respondents in our study were widows or widowers (62%). As our respondents were retirees, all of them were no longer engaged in active employment. Most of them lived with their extended families (72%). Most of the respondents had a secondary educational level (76%), while the remaining respondents had a higher education level (24%).

Based on the respondent's answers to the WHOQOL-BREF and WHOQOL-OLD questionnaires during the pre-test and post-test, the scores of self-care skills and quality of life were analysed using the independent t-test and displayed in Table 1 and 2. A higher self-care score indicated that more self-care skills were unable to be conducted. Before the self-help group therapy, the mean of the self-care scores was 2.52, as shown in Table 1. After the therapy, the mean of the self-care scores was 2.32.

**Table 1: The self-skill scores before and after the self-help group therapy**

Self-care score	Before		After	
	f	fx score	f	fx score
2.00	17	34	18	36
3.00	3	9	6	18
4.00	5	20	1	4
Total	25	63	25	58
Mean score		2.52		2.32

From Table 2, the mean score of the quality of life increased from 73.2 before to 84.9 after the respondents joined the self-help group therapy. On average, the QOL scores increased by 1.7 points after the self-help group therapy was implemented.

**Table 2: The scores for quality of life before and after the self-help group therapy**

Quality of life score	Before	After
Minimum score	62	75
Maximum score	90	97
Average score	73.2	84.9

Table 3 shows that the mean change in self-care skills before and after the self-help group therapy was 0.2 with a standard deviation of 0.4 and a standard error of 0.8. The t value was 2.449 on the degree of freedom of 24. The significance level showed a p-value of 0.02, smaller than 0.05. This result explained that Ho was rejected and suggested the significant effect of the self-help group therapy on the ability of the respondents in performing self-care. The significant reduction of self-care therapy after the implementation of the self-help group therapy suggested the effectiveness of the therapy in promoting the respondents' self-care skills.

**Table 3: The results of the t-test analysis on the effect of self-help group therapy on self-care skills**

X	SD	SE	t	df	Sig 2 tailed 95 %
0.2	0.40	0.8	2.449	24	0.02

Self-reliance and self-care capability reflects someone's ability to meet the needs of self-care as shown by their ability to perform daily activities. Activity of Daily Living (ADL) is a routine activity performed by humans. However, due to the aging process, the elderly often experience a decrease in their ADL ability.<sup>11</sup> ADL includes self-care such as bathing, dressing, toileting, transferring, continence and feeding.

Table 4 shows that the QOL mean score results had changed by -11.7 after the self-help group therapy, with a standard deviation of 6.91 and standard error of 1.38. The t value was -8.476 on the degree of freedom of 24. Further analysis yielded a p-value of 0.00 ( $\alpha < 0.05$ ). This result concluded that  $H_a$  was accepted and  $H_o$  was rejected. There was a significant influence from the self-help group therapy on improving the respondent's QOL. A higher QOL score indicates an improved QOL. The mean change of the ADL score after the self-help group therapy was 0.2, reflecting the awareness among the members of the elderly group to share motivation and to educate one another in order to promote abilities related to self-care and quality of life. The self-help group therapy was effective in improving the respondent's QOL. Therefore, the activities of the self-help group among the elderly with impaired self-care compliance was very helpful in improving their ADL abilities.

**Table 4: The results of the t-test analysis on the effect of the self-help group therapy on quality of life**

X	SD	SE	t	df	Sig 2 tail 95 %
-11.7	6.91	1.38	-8,476	24	0.00

## DISCUSSION

Most of our study participants were women and widows who lived with their extended families. According to Miller, losing a partner increases the risk of an elderly person experiencing more physical and psychological problems than those who still have a partner.<sup>12</sup> As a result, having no partner increases the

risk of illness and impaired self-care ability, which leads to a low quality of life.<sup>12</sup> Living in an extended family also increases the risk of stress, which also leads to a lower quality of life.<sup>13</sup> On the other hand, ageing often brings in the consequence of declined anatomy and body functions, which affects self-care ability.<sup>12</sup> Improving the self-care ability would be beneficial for the elderly which also reduces the risk of having further chronic diseases.

Our results showed that the self-care score indicated an improvement of the elderly individual's ability to do self-care after the self-help group therapy. This result confirmed the results of some of the previous studies on the effectiveness of self-help group therapy on improve the elderly participant's ability to perform self-care.<sup>14,15</sup> Caregivers have a potential role in improving the ability of the elderly to perform self-care through various interventions, such as family counselling, emotional support, education, skills training, communication, and self-reliance.<sup>16</sup> A self-care intervention by caregivers who are non-nursing or medical professionals is sufficient to improve the elderly ability to perform self-care.<sup>16</sup>

The results of our study also showed that the respondent's quality of life status had significantly increased after the self-help group therapy, from an average score of 73.2 up to 84.9. A previous study among breast cancer survivors in Iran also reported the significant effect of peer support on improving quality of life.<sup>17</sup> Optimum quality of life among the elderly can be interpreted as having an optimum functional condition which enables them to enjoy a meaningful, valuable, useful and happy life.<sup>18</sup> Having an optimum quality of life can be achieved by providing the elderly with the ability to adjust and accept changes, adapt to functional declines due to ageing, to build a respectful environment, to ensure the rights of the elderly for a fair treatment, and to understand the physiological and psychological needs of the elderly by providing the opportunity and facilities for them to actualise their potential and abilities.<sup>18</sup> Support from their family and close friends can help an elderly person to better adjust and accept their successes or failures in life.

Some suggested development tasks which support the improvement of the elderly's quality of life includes 1) adjusting to physical decline, 2) adjusting to retirement, 3) adjusting to the death of their spouse, 4) self-acceptance as an elderly individual, 5) maintaining life-satisfaction, 6) redefining the relationship between children and

family, and 7) finding ways to maintain their quality of life.<sup>19</sup> Although this developmental task is common for the elderly, the capability of the elderly in adjusting to changes in their life differs from individual to individual. Self-help group therapy can facilitate the elderly in bettering adjusting to and accepting their condition.<sup>14</sup>

The aging process may cause some vulnerable elderly people to experience various physical complaints.<sup>12</sup> Their perception toward the pain feeling also affects their decrease in activity participation and their sleep quality. Sleep disorders were among the conditions complained about by the elderly in this study. A reduction in the number of neurons in the nervous system due to the ageing process causes changes in function, including the sleep cycle regulation. Sleep disorders among the elderly might be exacerbated by the shortening sleep cycle, medication effects, frequent bladder emptying, pain or psychological disorders.<sup>19</sup> Without minimising the importance of medication to help the elderly reduce their physiological and psychological problems, self-help group therapy can be useful in reducing complaints related to the ageing process.<sup>14</sup>

### CONCLUSION

The declining ADL and quality of life among the elderly with limited mobility affects the ability of the elderly to adjust and accept life changes due to the ageing process. Lack of access to health workers and low caregiver support increases the risk of the elderly having a lower quality of life. Self-help group therapy has been significantly effective in improving the self-care ability and quality of life of the elderly people in our study. Empowering the elderly and their families, as well as the community, is strongly recommended to establish effective self-help group therapy for the elderly of the population. Despite the significant results, it should be noted that our study has some limitations including the small sample size and the limited study setting. Further study is recommended in a more extensive study setting and with a bigger sample size.

**Ethical Clearance:** Ethical approval was granted by the Faculty of Public Health in Airlangga University, Surabaya.

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**Conflict of Interest:** The authors have declared that we had/have no conflict of interest.

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