

## Community Empowerment Can Improve the Mental Health of Elderly People Who Experience Limited Movement Due to Stroke In Cakung District, East Jakarta

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**Abstract:** Elderly people who suffer from stroke and have limited mobility will experience complex problems. The consequences of physical disability will result in a decrease in the quality of life. Problems will also be experienced by the families who care for them, long-term care will be a burden for the family which will have an impact on reducing the level of life satisfaction. The aim of this community service is to increase community participation in caring for elderly people with stroke who experience limited mobility. The method used uses a family and community empowerment approach. Implementation of community service is carried out using planning, implementation and evaluation methods. The results of community service show that 90% of health workers, cadres, families and patients are able to carry out various therapies such as assertive training, deep breathing, cognitive therapy and passive active training. Ninety percent of the elderly experienced an increase in the mental health of the elderly from a value of 38.82 percent to 43.88%, which means that the mental health of the elderly increased. In conclusion, family and community empowerment plays an important role in improving the health status of elderly patients who experience stroke with limited mobility.

**Keywords:** Elderly, Family, Limited mobility, Society, Stroke

### 1. Introduction

The number of elderly people in Indonesia in 2015 was 8.5%, while in 2016, the number of elderly people in Indonesia was 8.7% of the total population and it is estimated that in 2025, the number will reach 11.8% of the total population (Ministry of Health of the Republic of Indonesia, 2015).

Based on the 2013 Basic Health Research, the prevalence of stroke in Indonesia is 12.2 per 1000 population. This figure is an increase compared to 2007 which was 8.3 percent. (Basic Health Research, 2013). The results of the study showed that patients with stroke experienced cognitive disorders (33%), extremity disorders (30%) and 20% speech disorders (Tarwoto, 2013).

The impact of stroke on the physical aspect is weakness or stiffness and paralysis in the extremities due to physical problems, which will affect biopsychosocial health. In order to achieve holistic health, namely biopsychosocial spiritual, full participation and support from the government, health team, cadres and family is very necessary. Optimal efforts are needed that involve the community and family from the start. Starting from recognizing and identifying the main problems that are felt as well as increasing the ability of families and communities to recognize existing health problems. The aim of increasing community capacity is so that the elderly, families, health workers and stakeholders know and understand health problems and the influencing factors so that they can participate voluntarily in overcoming them.

The Mitra Village Implementation Development Model in implementing community service is an effort to organize and involve the community so that the community can identify needs and determine priorities for these needs, and develop the confidence to try to fulfill needs according to a priority scale based on resources. – sources that exist within the community itself and those that come from outside through mutual cooperation efforts (Ross, Murray, 2014).

## Method

Community service activities are carried out in Cakung District, East Jakarta. This activity was carried out in 7 (seven) meetings involving various cross-sectoral components with related sectors and programs to improve. The aim of this activity is "Increasing the functional capacity of health workers, assisting cadres and increasing the ability of families to maintain, improve and improve the mental health of the elderly through planned, regular and sustainable and organized activities in the West Cakung sub-district area."

### 1. Preparatory stage.

The preparatory stage was carried out to obtain secondary data related to demographic data for elderly people who experienced limited movement due to stroke, next. Next, an elderly health profile is analyzed and drafted. The health profile is the basis for carrying out mental health service activities for the elderly

### 2. Problem Formulation and Planning Stage

Together with the West Cakung District Health Center Health Team, we carried out early detection of mental health problems for the elderly. The data found is used to provide interventions to the elderly, families and health cadres. Next, a discussion was held to agree on activities to provide mental health services to the elderly.

### 3. Implementation Stage

The main activities are:

- a. Strengthening the capacity of partners: health cadres and health workers at the West Cakung Subdistrict Health Center as well as the community service team.
- b. The activities take the form of training elderly posyandu cadres in monitoring the mental health of the elderly through psychoeducational activities regarding helplessness, low self-esteem, depression and anxiety in the elderly, as well as active and passive exercises for the elderly.
- c. Provide training on assertive and cognitive therapy, deep breathing, and reminiscence
- d. Provide refreshment to elderly cadres to make referrals to community health centers if elderly people are found experiencing mental health problems
- e. Improving mental health services for the elderly every time the Pos Yandu Lansia activities are carried out by combining the health team, cadres and families with the elderly and the elderly themselves
- f. Assistance to health cadres to monitor the health of the elderly

### 4. Evaluation Stage.

Monitoring and evaluation, supervision and guidance of health service activities are carried out continuously through monitoring, observing, discussing results as well as improving and developing them. Evaluations are carried out periodically at least every month.

## Results

### 1. Number of mental health cadre training participants.

The number of training participants consisted of 30 cadres, 30 elderly families with limited mobility and 3 health team members (nurses).

Participants take part in all activities that have been mutually agreed upon. The activity went smoothly, participants were enthusiastic and very eager to take part in the series of activities. During the activity, no participants withdrew. Follow activities from start to finish. Although sometimes there are families who arrive late for reasons of taking care of their family first.

## 2. Ability of training participants

Participants' ability to provide care to improve mental health increased.

- a. This can be seen from the pre and post test scores during training which have increased. On average, the 60 participants achieved an increase in cognitive abilities after training of 30% from before training
- b. Increasing the ability of cadres and health workers to provide active and passive exercise to families and family members, especially the elderly who experience limited mobility due to stroke
- c. Increasing the ability of cadres and health workers to provide education about caring for stroke patients at home
- d. Ability to carry out early detection of mental health problems in health cadres and teams
- e. Cadres are able to accompany nurses in providing assertive training and cognitive therapy, breathing exercises and reminiscence therapy (reminiscing about the past)
- f. Increasing community empowerment through increasing the capacity of health posyandu cadres and their cadres followed by providing health services.

## Conclusion

One way to improve the quality of life of the elderly is through the application of a restorative care model. Cadre training, inauguration of mental health cadres, assistance to cadres in providing several skills training, namely active passive training, can reduce the level of dependency and burden on the family which will ultimately increase the self-esteem of the elderly.

Providing cognitive therapy, positive affirmation therapy, deep breathing exercises, passive active exercises. Next, an assessment of the success of the activity is carried out by re-measuring the health condition of the elderly after participating in various activities. The activities will start from June to September 2023, and will be attended by 70 participants consisting of cadres, the elderly, and the community service team as well as RW 05 administrators. The place is at Posyandu RW 05, West Cakung sub-district, East Jakarta.

Accompanying activities for elderly cadres are carried out periodic, to maintain the continuity of the implementation of elderly group activities and to maintain and improve the ability of cadres to facilitate elderly group activities to improve their health.

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## References

1. Boyd, M.A., & Nihart, M.A. (1998). *Psychiatric nursing contemporary practice*. Philadelphia: Lippincott.
2. Carolyn, C.G., et al. *Management of depression in older people : why this is important in primary care*. National Mental Health. 2011.
3. Creswell, J.W. (1998). *Qualitative Inquiri and research design: choosing among five traditions*. United status America (USA): Sage Publication Inc.
4. Denzin & Lincoln. (1998). *Collecting and interpreting qualitative materials*. Thousand Oaks: Sage Publications, Inc.
5. Fortinash, K.M. & Holoday, P.A. (2004). *Psychiatric mental health nursing, Third editions*. Louis Missouri: Mosby – Year Book Inc.
6. Kaplan, H.I., & Sadock, B.J. *Comprehensive Textbook of Psychiatry, 7th ed*. Williams dan Wilkins, Baltimore, 2000.
7. Kozier et al. (2004). *Fundamental of nursing: concepts, process, and practice, 7 th edition*. Upper Saddle River: Pearson Education, Inc.
8. Mohr.WK, (2006). *Psychiatric mental health nursing (6 th edition )*, Philadelphia, Lippincott Williams & Wilkins.

9. Pollit, D.F., & Hungler, B.P. (1999). *Nursing Research: Principles and methods*. 6th edition. Philadelphia: Lippincott Williams & Wilkins.
10. Streubert, H. J. & Carpenter, D. R. (1999). *Qualitative Research In Nursing: Advancing the Humanistic Imperative*. Philadelphia: Lippincott
11. Videbeck, S.L. (2006). *Psychiatric Mental Health Nursing*. (3<sup>rd</sup> edition). Philadelphia: Lippincott Williams & Wilkins.