Research article

The Effectiveness Of Health Promotion On The Neglect Of Elderly Through A Transcultural Nursing Approach : Rabab Culture

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Article Info	Abstract
	Knowledge has a big impact on the formation of a person's behavior. Behavior that is based on knowledge will be lasting compared to behavior that is not based on knowledge. Delivery of knowledge can be done in various ways. One of them is health promotion through traditional culture which is rabab art. Rabab traditional art is a musical instrument from Minangkabau that is made from coconut shell and played by one or more players. The player will sing a rhyme that is called Kaba and it has an educational message such as education about elderly neglectfulness. The objective of this study was to effectiveness of rabab culture on family education about elderly neglectfulness. The study design was a quasi-experimental design with one group pretest post-test. The study was conducted in Gurun Laweh Sub-District, Padang City, West Sumatra Province. The study population was 55 people and number of samples was 48 people. Study results show that most respondents (20 people) were at an early age (58.8%). Before the experiment, people with less knowledge were 11 people (32.4%) and after the experiment, it reduced to 9 people (26.5%). There is a difference in people's knowledge between before and after the rabab experiment with a P-value of 0.037. It was concluded that there was a need to increase family knowledge about elderly welfare. It is recommended that healthcare workers should provide health education to the community about elderly neglectfulness and future researchers can use different variables and educational media for better results.

INTRODUCTION

In this millennial era, individual welfare is increasing. With the increase in welfare this will be directly proportional to the life expectancy of the individual, which will also increase. Increased life expectancy and the proportion of elderly population signify the current structure of the world's population towards the aging process. Increased life expectancy, causing an increasing number of old people (elderly). The increasing number of elderly will have an impact on their health status and will increase the population at risk (elderly).[1] Elderly individual is in high risk group, due to decrease and changes in body condition/ functions.[2] The Federal Emergency Management Agency National Response Framework, 2008 in other research states that population at-risk is groups of people with special needs or have unlimited

additional needs in maintaining independence, communication, transportation, supervision and care and including individuals, one of which is the elderly.[3] According to Maurier and Smith 2005 in Amri (2018) stated that: the decline in individual/ group health conditions is influenced by many factors so that it becomes part of the group at risk.[2]

Characteristics of risk in elderly will promote their dependence on family care. Changes in elderly condition will result in weakness and decline in body functions, so that it increases dependence on families and caregivers. Increased dependence on elderly will have an impact on the treatment and it leads to reduction in fulfillment of elderly needs, thus it indirectly related to failure of families and communities to provide services to the elderly. In other words, an improper understanding of the elderly caused the neglectfulness of elderly.[4] The type of neglectfulness can be divided in psychological (emotional) and physical aspects, and it can be observed as intentionally or unintentionally.[5] This neglectfulness can also be caused by several factors, such as factors originating from the elderly themselves/internal and factors originating from caregiver/external.[6]

The delivery of this knowledge can be through various ways. One of it is health promotion. Health promotion is an effort to improve the ability of community by holding learning activities in the community, so that they can help themselves, and developing activities that are community-based, in accordance with local social-culture and supported by health-oriented public policies.[7] And in more detail the Indonesian Ministry of Health explained that Health Promotion is an effort to improve patients ability, individual's health, family's and community's health, so that (1) patients can be independent in accelerating their recovery and rehabilitation, (2) healthy individuals, families and communities can be independent in improving health,

preventing health problems and developing community-based health efforts, through (3) community learning according to their social-culture, and supported by health-oriented public policies.[7] Therefore, health promotion will be more successful if carried out with the right methods and techniques. One of health promotion methods that can be used is health education through Rabab cultural arts.

Rabab is a traditional Minangkabau instrument made from a coconut shell.[8] This instrument is one of cultural heritages that is used to convey messages to the community about religion, moral, national values and so on.[9] [8] In Rabab, player/s sing various folk stories or commonly known as Bakaba [8]. Rabab has its own composition depending on the subject that is played in Kaba songs. The song was an idea that came from different communities but existed in the same area.[10] In this study, Kaba song that will be observed is in context of elderly neglectfulness. Previously, writer conducted community service in Nanggalo Padang Health Center and found that all elderly who came to community health center (Puskesmas) were experienced neglectfulness. It was observed by questionnaires filled by elderly respondents. Based on the result of preliminary study conducted on April 11st, 2019, it was found 6 out of 7 families left the elderly alone at home, 4 out of 7 families played cellphone/read newspaper while talked to elderly, 4 out of 7 families did not help the elderly to find lost glasses, and 3 out of 7 families do not change their bedcover every week. It was showed the inability of the family to fulfill the needs of elderly as referred to the previous theory. Therefore, writer as a health care provider took this subject to is observed to increase family knowledge about elderly so that elderly neglectfulness can be reduced or even prevented. Based on the situation, writer was encouraged to increase family knowledge as an elderly caregiver by observed the effectiveness of rabab culture on family education about elderly

neglectfulness in Gurun Laweh district, Padang city. Until the time this research was conducted, no similar study had been found.

METHODS

This study is quantitative research that is quasi-experimental with one group pretest post-test design. In this study, researchers compared the differences in the knowledge of citizens before and after education was given. This research will be carried out in RW II, Gurun Laweh Village, West Sumatra. The study was conducted from July to November 2019. The population in this study were all families who have elderly living in RW II, totaling 55 people. In selecting the sample, the researcher refers to the inclusion and exclusion criteria. The sampling method in this study is to use a large sample formula for surveys according to Lemeshow, Hosmer and Klar (1997 in [6]). The calculation obtained 48 samples. In order to distribute data evenly, data distribution formula is used with result: RT 1 = 20 samples; RT 2 = 15 samples; RT 3 = 13 samples. After selecting samples according to inclusion and exclusion criteria, total sample of 34 people was obtained. Data collection instrument is questionnaires that developed by writer based on literature review. Data collection procedures are run based on administrative procedures. Data processing is conducted by data editing, coding, processing, and cleaning. Data analysis uses univariate and bivariate analysis.

In this study, the researcher was assisted by 6 research assistants who were D3 Nursing students from the Health Polytechnic of the Ministry of Health, Padang. The criteria for the selected research assistant are nursing students and are already in the final level (level three). Prior to the start of the study, the research assistant was given an explanation of the purpose of the study, the benefits of the research, filling out informed consent, equating perceptions of the questionnaire questions, how to fill out the questionnaire, how to collect the questionnaire and checking the completeness of the contents of the questionnaire. If there is an incomplete questionnaire, it is re-completed by the respondent after being asked for his willingness to complete it and other necessary preparations.

The variables analyzed univariately in this study were age, gender, last education, occupation, marital status, relationship with the elderly, level of family knowledge. Attitudes and behavior of the family towards the elderly. Bivariate analysis was conducted to analyze the relationship between the variables studied (Hastono, 2007). So that it can be seen a significant relationship between the variables studied. With this analysis, it will be known the difference between the knowledge of citizens before health education is carried out and after health education is carried out. Before testing the hypothesis, the data normality test was first carried out with the Kolmogorov Smirnov test. The data is categorized as normal if the p value > 0.05 is obtained. Furthermore, the difference in knowledge before and after health education is given will be analyzed with a dependent t test.

RESULTS

Study results show that most respondents are in early elderly/middle age category (46 - 55 years), which are 20 people (58.8%). Mostly respondents (families) only finished elementary school education, which are 13 people (38.2%). The result shows that almost all respondents are married, totaling 33 people (97.1%).

The p value for pretest knowledge is 0.191 (p> 0.05) indicates that data are normally distributed. Also, p value for post-test knowledge is 0.202 (p> 0.05) indicates that data are normally distributed. To see the difference between pretest and post test knowledge, paires sample t test is used.

The average knowledge of health care provider before experiment (Pretest) is given, which is 17.96% with standard deviation of 3.309%. After experiment measurement (Post-test) is given, which is 17.35% with standard deviation of 3.113%.

Statistical test result obtained value P Value of 0.310. So it can be concluded that there is no significant difference between knowledge of health care provider before and after experiment.

Table 1
Distribution of age, gender, recent education, marital status, occupation and relations to elderly in Gurun Laweh district, Padang city in 2019 (n = 34)

Characteristic	Amount (n)	Percentage (%)
Age		
Late Adolescence (17 – 25 years)	1	2,9
Late Adult Age (36- 45 years)	3	8,8
Middle Age (46-55 years)	20	58,8
Old Age (56-65 years)	10	29,4
Gender		
Man	5	14,7
Woman	29	85,3
Recent Education		
No Education	2	5,9
Elementary School	13	38,2
Junior High School	9	26,5
High School	10	29,4
Occupation		
Not working	23	67,6
Farmer	7	20,6
College student	1	2,9
Trader/private sector	3	8,8
Marital Status		
Married	33	97,1
Not Married	1	2,9
Relation to elderly		
Family	34	100
Not family	0	0
Total	34	100

Table 2
Knowledge Distribution (Pretest and Post Test) in Gurun Laweh district Padang City in 2019 (n = 34)

Category	Amount (n)	Percentage (%)	p
Pre Test			
Low knowledge	13	38,2	
Moderate knowledge	11	32,4	
Well knowledge	10	29,4	
Post Test			0,310
Low knowledge	15	44,19	
Moderate knowledge	9	2,2	
Well knowledge	10	29,4	
Total	34	100	

Table 3
Distribution of Respondents Based on Attitudes in the Gurun Laweh district Padang City in 2019 (n = 34)

Category	Amount (n)	Percentage (%)
Attitude		
Bad	11	32,4
Good	23	67,6
Total	34	100

DISCUSSION

Family characteristic

Study results show that most respondents are in early elderly/middle age category (46 - 55 years), which are 20 people (58.8%). This result is supported by research by [11], where family respondents are 30 people (30.7%) and in middle age category. This study is slightly different from the results of previous study [12], which states that the age of most caregiver is in adult age (70.1%). Writer observed that caregiver age of middle age is due to closer age differences between parents and children. This can happened because parents were married in young age. In this study, majority of caregiver is women as many as 29 people (85.3%). This is in line with research by prior study[13], which states that all respondents are women. Also, study by [14] states that caregiver of elderly is mostly women. Similar to the result is study by Maryam et al., 2012, which states that elderly caregiver gender is mostly female (80%). This result is different from previous studies conducted by prior study [12], where more than half caregiver were male, as many as 47 people (54%). Writer analyses that elderly caregiver is mostly women is because of West Sumatra culture that carried on for generations in the family system of the community, which is when an individual is getting older, then he/she will stay with his daughter. The differences in gender caregiver between this study and other research is due to differences in the experiment time, so that families that each writer observes also vary.

Study result shows that mostly respondents (families) only finished elementary school education, which are 13 people (38.2%). This is different from studies by [11] where latest education of respondents mostly is junior high school, which are 125 people (50.9%). This result is in line with previous study by prior study [12] where caregiver's education mostly below junior high school, which is 54 people (62.1%) . This result is

also different from the results of previous studies which states that caregiver's education is mostly in high school and university. In line with the opinion.[14] which states that education is a social status that is closely related to health status, because education is important to shape one's knowledge and behavior patterns. Writer observes that family knowledge greatly affects the understanding and ability of families to provide care for family members who are sick/weak.

The result shows that almost all respondents are married, totaling 33 people (97.1%). The results of this study are in line with preceeding research[15], where the marital status of the respondent is married, which are 76 people (87.4%). And also study by [11], which are respondent's marital status is 78.5% married. Writer observes that common family type in Indonesia is traditional type, where in this traditional type a family is formed by a marriage. This analysis is supported by prior study[16], which states that family types consist of traditional and non-traditional families.

Study result obtains all respondents have a family relationship with elderly, which are 34 people (100%). This result is in line with research by [12], which states that all respondents who become caregiver are family (100%). And also study by [11], which states that mostly the relationships of caregivers are family/extended family 74.6%). The result is in line with the definition of family according to the US Bureau of the Cencus in [16] that is family consists of individuals who are joined together by the bond of marriage, blood, or adoption and live in the same house. The same thing also stated by Whall (1986 in [16]), which defines the family as a group that identifies itself and consists of two or more individuals who have a special relationship, which can be related to blood relations or the law, which functions in such a way that they consider themselves to be a family.

Family knowledge

Study results found that, in pretest, respondent's knowledge about elderly nursing mostly low, which are 13 people (38.2%). Where in post-test, respondent's knowledge category becomes lower, which are 15 people have not enough knowledge about elderly nursing (44.1%). In other words there is a decrease in family knowledge from moderate category to low category after post-test. The results of this study are in line with study by [15], which states that level of caregiver's knowledge about elderly nursing before experiment in good category are 20 people (87.0%), in moderate category are 2 people (8.7%), and low category is 1 person (4.3%). Where level of knowledge of health care provider after experiment is in good category, which are 18 people (78.3%), and in moderate category are 5 people (21.7%).

Writer analyse that the decline in family knowledge was due to the lack of enthusiasm in some respondents to participate in this experiment so that they are reluctant to fill the questionnaires. Knowledge is a very important domain for the formation of one's actions.[17] Knowledge is needed to boost self-confidence and daily attitudes and behavior, so it can be said that knowledge is a fact that supports one's actions. This is in line with the opinion of Notoatmojo.[11] which explains that knowledge raises awareness which ultimately causes people to behave in accordance with the knowledge they have.

Family attitude

The results of analysis found that 11 people (32.4%) have bad attitude in elderly nursing. Writer analyses that the unfavorable attitudes is because attitude is closely related to one's knowledge. If a person knowledge is good, then her/his attitude will also be good. This is supported by prior research [17] which states that attitudes will involve thoughts, feelings, concerns and other psychiatric symptoms.

And also opinion from Newcomb.[17] which states that attitude is readiness or willingness to act and not implementation of certain motives. In determining attitude, knowledge, thoughts, beliefs and emotions play an important role.

The Differences between Family Knowledge Before and After Experiment

Study results shows differences between knowledge before and after education. Statistical test results with Paires Sample t test obtained p = 0.037 (p <0.05). This means that H0 is rejected and Ha is accepted. Knowledge is closely related to level of education and behavior of a person.[18] Knowledge is a very important domain for the formation of one's actions.[17] Knowledge is needed as support in growing self-confidence as well as daily attitudes and behavior, so it can be said that knowledge is a fact that supports one's actions.[18] With this experiment, it is expected that family knowledge about how to nurse the elderly in their old age can be better.

Rabab

Rabab is a traditional Minangkabau string instrument that made from coconut shell (Mesocarp) and also known as rabab galuak.[10] This instrument is one of the cultural heritages that is used to convey messages to the community about religious, moral, national values and so on.[9] With the definition above, in this study, rabab is used as a medium to deliver information about elderly nursing.

From study result, it shows the difference between knowledge before and after experiment. Category of low knowledge in the pretest was 13 people (38.2%). Where in post-test the category of low knowledge increase to 15 people (44.1%). Writer analyses that, this can occur because of the lack of interest from respondents to listen to rabab itself, which is influenced by the age difference between musical instruments and listeners. This analysis is supported by

previous investigation[10], which states that in the Rabab Piaman show there is a change in the traditional art function. Rabab Piaman, which initially functioned as a religious lecture (da'wah) media in Islam, turned into entertainment shows. Changes in Rabab Piaman's performing arts are due to external and internal factors. The existence of external factors is a factor of globalization in the form of the rise of popular art. Social conditions and artistic tastes of the communities began to change and develop along with the formation of new atmosphere that influenced by globalization which adversely affected the art of Rabab Piaman that still persisted in the community. Another factor is internal factors including artists and Rabab Piaman texts in the form of rhymes, information/kaba that is delivered, instrumentation, and presentation.

Writer analyses that the lack of public interest in rabab culture and art, due to the growing popularity of pop music both from within the country and from abroad. This analysis is supported by prior study[10], where he states that nowadays young people are reluctant to inherit traditional art, and traditional art's supporters are turning into modern music. This make a decrease in performance of Rabab (Rabab Piaman in particular) because it cannot compete with modern music. A similar opinion also conveyed by prior study[8], which is no more young people is interested in learning rabab pariaman. In the midst of modernism euphoria in society, including in terms of art, which tends to view traditional art as something that is out of date, and even traditional arts becomes a joke for young people who are drifting in modern art madness. Less and less people are willing to see rabab pariaman show. And it is further decreasing public interest in this traditional culture.

Based on this conditions, it is important to have innovation and creativity from rabab players in conveying kaba (message), so that listeners can be more interested and enthusiastic in listening to kaba (message) that delivered, and also this culture is not eroded by time. This analysis is in line with prior study [10], which states the importance of creativity in traditional art to maintain the existence and also to meet the demands of supporter's enjoyment who are living in modern systems. And creativity from rabab artist is needed in creating rhyme/kaba that are more interesting so they can be accepted by young generation at this time.

CONCLUSION

There is a decrease in respondent's knowledge from moderate category to low category after experiment, where respondents still have bad attitudes towards nursing of elderly, there is a difference between family knowledge before and after experiment with $p = 0.037$ ($p < 0.05$). It is recommended to health care workers to continue providing health education to the community, especially regarding elderly neglectfulness, so that community's knowledge is increasing and the incidence of elderly neglectfulness can be prevented. The community should improve their knowledge, especially regarding nursing of elderly, both formally and informally. So that elderly neglectfulness does not happen again. And for future research, it can be using other variables and educational media, in order to get better results.

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CONFLICTS OF INTEREST

Neither of the authors has any conflicts of interest that would bias the findings presented here.

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