Empowerment of *Posyandu Lansia* cadres in overcoming depression and violence among elderly women after the Covid-19 pandemic in Dukuh Panggungan

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ABSTRACT

Introduction: The COVID-19 pandemic has significantly impacted the mental health and safety of the elderly, particularly affecting elderly women. Research indicates a rise in anxiety and depression among older adults, with pre-existing elevated depressive symptoms exacerbating their resilience during this period. Increased isolation, financial strain, and restricted access to support services have led to a surge in elder abuse cases, disproportionately affecting women. Effective strategies, such as raising awareness and ensuring timely provision of resources, are crucial to safeguarding the mental well-being of the elderly. Indonesia's commitment to sustainable development and health equity, exemplified through initiatives like the Sustainable Development Goals, must address the specific challenges elderly women face in communities like Panggungan Village. The demographic shift towards an aging population and the pandemic's effects further magnify vulnerabilities. Empowering community-based resources can provide holistic support to elderly women, contributing to sustainable health development and social equity.

Methods: The approach targets 15 *Posyandu Lansia* cadres and 20 elderly women in Panggungan Village through an offline community service program adhering to health protocols. Tools used in this study were the Mental Health Improvement Module, Geriatric Depression Scale questionnaire, and knowledge/skills assessment for *Posyandu Lansia* cadres. A combined quantitative and qualitative analysis was applied.

Results: Results showed that 55% prevalence of verbal violence, 45% neglect, and 35% exploitation violence among elderly women. Post-training, these figures improved to 25% for verbal violence, 10% for exploitation violence, and 15% for neglect violence. Depression tendencies witnessed a 25% shift. Cadres' knowledge increased from 58.2 to 82.1, and skills improved from 63.5 to 79.2.

Conclusion: Elevated violence and depression tendencies that were quite high negatively impact elderly women's mental health in Panggungan Village. Cadre's training significantly enhances residents' well-being and mental health, offering a meaningful solution.

INTRODUCTION

The COVID-19 pandemic has brought significant challenges to the mental health and safety of the elderly population, particularly elderly women. Research indicates a concerning rise in anxiety and depression among older adults since the onset of the pandemic, with depressive symptoms exacerbating the post-COVID-19 outbreak.[1,2] Notably, older women are experiencing higher levels of anxiety and depression compared to men, with pre-existing elevated depressive symptoms compounding their resilience during this period.[2] Contributing to this, factors such as increased isolation, financial strain, and restricted access to support services have led to a surge in elder abuse cases, disproportionately affecting women.[1,3] Various factors, including demographics, socioeconomic status, living arrangements, geographical location, and underlying medical conditions, contribute to the vulnerability of older adults to mental health issues during this crisis.[2] In response to these pressing challenges, the protection of the mental health and well-being of the elderly women is crucial amidst the wide-ranging disruptions caused by the COVID-19 pandemic.

Indonesia's dedication to sustainable development and the pursuit of equitable health outcomes is underscored by its active participation in global initiatives like the Sustainable Development Goals (SDGs). However, within this broader framework, it is essential to recognize and address the specific challenges elderly women face in communities such as Panggungan Village. Often marginalized

and overlooked, elderly women deal with multiple intersecting issues, including health disparities and various forms of violence and neglect, calling for targeted interventions tailored to their unique circumstances.

The demographic shift towards an aging population in Indonesia is evident, with projections indicating a significant increase in the elderly populace in the coming years.[4] This demographic transition, coupled with the exacerbating effects of the COVID-19 pandemic, further magnifies the vulnerabilities elderly women face. Economic uncertainties, exacerbated by job losses and reduced family incomes, alongside strains on familial support systems, disproportionately impact elderly women, making them more susceptible to abuse and neglect within familial structures.[2,5] By empowering community-based resources such as the cadres of the Elderly Integrated Service Post (*Posyandu Lansia*) in Panggungan Village, targeted interventions can be implemented to provide holistic support to elderly women, thereby contributing to sustainable health development and social equity in Indonesia.

METHOD

This research involved two groups of participants, *posyandu lansia* cadres and elderly women in the Panggungan Village area. Inclusion criteria for *posyandu lansia* cadres include being a cadre in the specified area and being willing to participate in the training. Exclusion criteria include not attending all training sessions and having severe medical or cognitive disorders hindering participation and questionnaire comprehension. Inclusion criteria for elderly women involve being female, aged over 60 years, and residing in the Panggungan Village. Exclusion criteria encompass having severe medical or cognitive disorders that impede the understanding of the questionnaire.

The design of this study was a pre- and post-intervention study. The study was conducted in 2023. The post-intervention phase started a month after the initiation of the pre-intervention. During this period, the *posyandu lansia* cadres were trained based on the Module for Increasing the Mental Health of Elderly Women in

Overcoming Mental Disorders Impacted by Violence during the COVID-19 Pandemic. The methods used included lectures, discussions, role plays, practice, and mentoring.

The program implementation details are as follows:

a. Training to enhance the skills of *posyandu lansia* cadres in addressing violence and depression among elderly women. This training was conducted in 3 sessions. Each session included the delivery of material and discussion. Practices and role-plays were conducted during sessions 2 and 3. The training included teaching coping mechanisms, providing emotional and religious social support, and introducing local cultural wisdom games. Daily physical activities were also incorporated, accompanied by songs related to local cultural wisdom games.

b. Assisting the delivery of violence and depression prevention activities to elderly women by the cadres of *Posyandu Lansia.*

Both *Posyandu Lansia* cadres and elderly women groups were surveyed with a demographic data questionnaire. To assess the impact of the training on the *Posyandu Lansia* cadre's knowledge and skills, a pre-and-post-training evaluation was conducted using a knowledge and skills questionnaire. Elderly women were administered the Geriatric Depression Questionnaire (GDS) and questionnaire about violence. GDS is a self-rating scale with a yes/no format, specifically developed to measure depressive symptoms in the elderly population. The GDS used is the GDS Short Form, consisting of 15 questions from the Long Form, with the highest correlation with depressive symptoms.[6]

Quantitative analysis, employing descriptive statistical methods, was applied to examine the collected data. The study incorporated a qualitative dimension by conducting semi-structured interviews with elderly women. This approach aims to supplement the quantitative findings, offering deeper insights and a contextual understanding. This study has ethical clearance approval from the Medical and Health Research Ethics Committee Faculty of Medicine, Public Health and

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RESULT

This study's participants were 15 *Posyandu Lansia* cadres and 20 elderly women of Padukuhan Panggunngan. Tables 1 and 2 show their characteristics.

Table 3 contains data on violence and depression experienced by elderly women before and after the implementation of the program.

Table 4 shows the results of the pre-test and post-test assessing the cadres' knowledge and skills in addressing violence and depression in the elderly. There has been an improvement in all aspects of knowledge and skills for early detection and management of violence and depression (Figures 1 - 3).

DISCUSSION

The study shows that elderly women in Panggungan face verbal abuse the most (55%), followed by physical assault (45%), and exploitation (35%). Comparing our findings with another study on mistreatment among elderly women, we see similarities and differences. Our study found 55% experiencing verbal abuse, like emotional abuse rates in another study. Financial exploitation was significant in our (35%) and Piri et al.'s (35.4%) studies.[7] However, unlike ours, some studies reported measurable physical abuse (13.8%).[7,8] Neglect was prevalent in our study (45%), aligning with emotional (45%) and care neglect (38.5%) in another study.[7] Another study reported lower neglect (11.9%)[8], indicating varying experiences. These comparisons highlight varied mistreatment among elderly women, stressing the need for tailored interventions.

Before the training, the cadre's understanding of violence was limited to physical acts. They didn't recognize behaviors like belittlement, silence, and blaming the elderly as forms of violence. Neglect was poorly understood, with many unaware that it included failing to assist with care, meals, and visiting. Their grasp of sexual violence was also narrow, focusing mainly on violence during

Table 1. Characteristics of Dukuh Panggungan Elderly Women

Characteristics	N	%
Marital Status		
Married	13	65
Widowed	7	35
Education		
Elementary School	4	20
Junior High School	6	30
Senior High School	9	45
Higher Degree	1	5
Occupation		
Housewife	10	50
Retired	2	10
Merchant	2	10
Farmer	6	30

Table 2. Characteristics of Posyandu Cadres

Characteristics	N	%
Age		
21-30	1	6.7
31-40	4	26.7
41-50	5	33.3
>50	5	33.3
Marital status		
Married	14	93.3
Widowed	0	0
Single	1	6.7
Education		
Elementary School	0	0
Junior High School	1	6.7
Senior High School	8	53.3
Higher Degree	6	40

Table 3. Violence and depression experienced by elderly women

	Before		After	
	N	%	N	%
Violence				
Verbal	11	55	5	25
Physical	0	0	0	0
Exploitation	7	35	2	10
Neglect	9	45	3	15
Depression Tendencies				
Depressed	11	55	6	30
Not depressed	9	45	14	70

intercourse and overlooking inappropriate touch. These findings mirror challenges identified in an American study, which highlighted social workers' lack of knowledge in addressing elder abuse and neglect.[9]

Moreover, while they understood exploitation violence as economic exploitation only, our research uncovered a widespread issue of labor exploitation among the elderly. Many served as primary caregivers for grandchildren while financially supporting spouses, children, in-laws, and grandchildren. This aligns with a study in the Indramayu district of West Java, where a quarter of households surveyed had elderly individuals as primary caregivers, facing challenges in finances and disciplining grandchildren.[10] After the training, the cadre showed significant improvement in understanding the various forms of violence against elderly women. Our study highlights the transformative effect of targeted training in increasing awareness among frontline caregivers. These findings resonate with those of Sin et al., emphasizing the importance of training programs in enhancing knowledge about elder mental health concerns.[11]

Our study, revealing that 55% of elderly women in Dukuh Panggungan are prone to depression, corresponds with another study in Indonesia, which found a higher prevalence of depression among female respondents (61.77%).[12] Both studies underscore the significant burden of depression in elderly populations, particularly among women. Interviews with depressed elderly individuals revealed common triggers, including boredom, feelings of inadequacy due to physical limitations, unmet desires, and unfavorable social comparisons.

Before training, cadres had limited knowledge of depression, equating it with sadness or stress. They lacked skills to assess depression in the elderly and knowledge of social and religious support beyond practical help. After training, cadres' knowledge and skills improved significantly, with average scores increasing from 58.2 to 82.1 for knowledge and from 63.5 to 79.2 for skills. In contrast to a study on social work practitioners, where a high knowledge score was observed (79%), our intervention significantly enhanced knowledge and skills among *Posyandu Lansia* cadres.[13] This highlights the effectiveness of targeted training interventions in improving knowledge of late-life depression among community cadres. Post-training, cadres better understood and provided support for elderly women's mental health, including social, emotional, instrumental, and religious support. They also recognized the benefits of cultural-related activities for elderly women's well-being. These findings support previous research indicating the importance of culture-based interventions in enhancing the well-being of the elderly.[14,15]

Following training, verbal abuse decreased to 25%, exploitation to 10%, and neglect to 15%. Depression tendency scores decreased from 55% to 30%, possibly due to increased awareness and

Table 4.   Average Knowledge and Skills Scores of Cadres

	Pre-test	Post-test
Cadres' Knowledge		
Knowledge about violence	54	81.3
Knowledge about depression	50	80
Knowledge about early detection of violence and depression	50	76.6
Knowledge about social and religious support	62	83.3
Knowledge about local games	75	89.3
Cadre's Skills		
Early detection	53.3	71.3
Social support	60.6	77.3
Traditional games	76.6	89
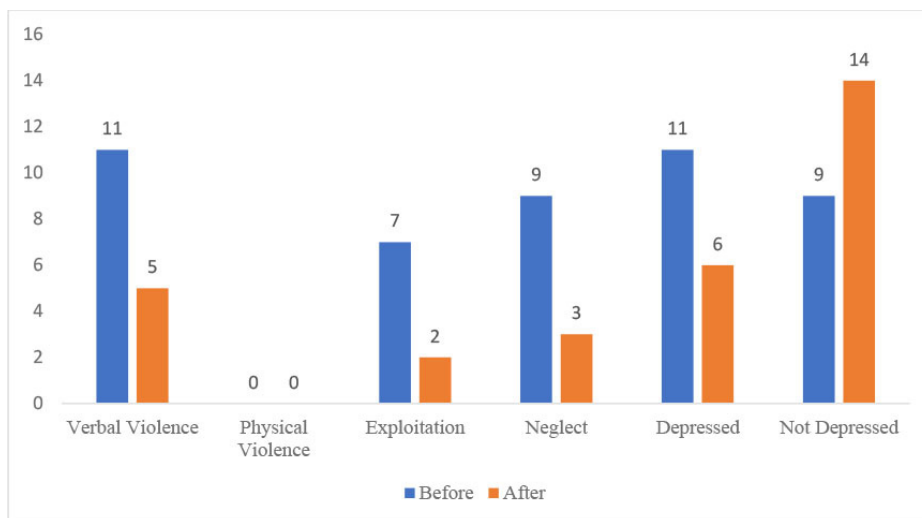
Figure 1. Violence and Depression Experienced by Elderly Women.
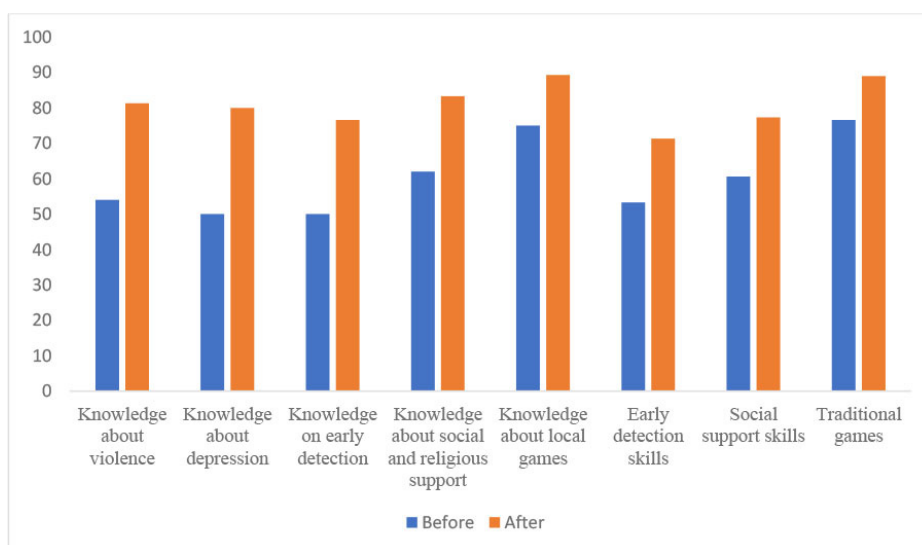

Figure 2. Average Knowledge and Skills Scores of *Posyandu Lansia* Cadres.

improved support systems. The reductions in verbal abuse, exploitation, and neglect following the training program indicate its effectiveness in addressing and mitigating various forms of violence against elderly women. Strategies in addressing depression and violence in the elderly population should integrate principles of promoting healthy aging, focusing on optimizing the physical, social, and mental well-being of older adults, while empowering them to maintain independence and actively participate in their communities.[16]

The findings of this research hold significant importance, particularly in light of the COVID-19 pandemic, which has exacerbated issues of violence against elderly women and increased levels of depression among this demographic. The training program effectively equipped *Posyandu Lansia* cadres with the necessary knowledge and skills to recognize, intervene, and prevent instances of abuse and neglect within their communities. Additionally, the decrease in depression tendency scores highlights the program's positive impact on the mental well-being of elderly women, a particularly vulnerable group during times of crisis. By enhancing awareness and providing support, the training program not only addresses immediate issues of violence but also contributes to the broader goal of promoting mental health and well-being among elderly populations. These results underscore the importance of targeted training interventions, especially in the context of the COVID-19 pandemic, in empowering frontline caregivers and improving outcomes for vulnerable groups such as elderly women.

The strength of this research lies in its comprehensive approach to addressing mental health issues among elderly women in Panggungan Village. By examining the prevalence of depression and its relationship with various forms of violence, the study provides valuable insights into the complex interplay between psychosocial factors and mental well-being in this demographic. Moreover, this study's emphasis on culturally relevant interventions, such as incorporating local cultural wisdom games and songs, highlights the importance of considering cultural context in promoting mental well-being. By leveraging existing cultural practices, the intervention fosters a sense of cultural identity and belonging among elderly women.

There were some limitations to our study. First, this study relied on self-reported data, which may cause recall bias and social desirability bias. Participants were asked to recall their experiences and behaviors, which may not always

Figure 3. Training Session of *Posyandu Lansia Cadres.*

accurately reflect their actual experiences or behaviors. Additionally, the absence of a control group limits our ability to determine causality and isolate the effects of the intervention from other potential influences. Furthermore, the lack of a follow-up assessment prevents us from evaluating the long-term effectiveness and sustainability of the intervention beyond the immediate post-intervention period. Future research should address these limitations by incorporating objective measures, control groups, and follow-up assessments to strengthen the validity and generalizability of the findings.

CONCLUSION

In conclusion, this research emphasizes the importance of paying attention to the violence that occurs in elderly women and its relationship with the emergence of mental health problems, especially depression. The results of this study also show that providing training to *posyandu* cadres has proven effective in increasing the knowledge and skills of cadres. So that this knowledge and skills can be used to provide support to elderly women. As a result, the prevalence of violence and tendencies towards depression among elderly women in Panggungan Village decreased.

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