

Community Service: Self Help Group in Persadia Salatiga, Central Java

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Abstract

Background

Diabetes Mellitus Survivor got bore in diet, exercise and medication. Boring caused the non-adherence. There are many interventions to solve non-adherence. They are family-support, motivation, stress management. Those are, could be represent in “self help group”. “Self Help Group” is an intervention by empowering peer, family, health worker and others to solve the diabetes Mellitus Survivor’s problems. Support to Diabetes Mellitus survivor in “Self Help Group” effects in maintaining the adherence the survivor in diabetes mellitus management. Persadia (Association of Diabetic Survivor around Indonesia) has 500 members including 200 Diabetes Mellitus survivor, and the others are family, health worker.

Aim

The Activity is aim to establish the “self help group” in Persadia Salatiga, Central Java.

Method

The method is training for 60 hours, including 20% theory and 80% practice. Twenty persons involve the training. After training, every 2 members have responsibility to conduct one “self help group”. Every group consist 7-10 members.

Result

It was established the self help group at Persadia. In discussion, members have issued many problems. The others would have countered them with many ideas and experiences. Every member felt supported each others. Meanwhile, many survivors struggle in arranging the diet.

Recommendation

Supervising and supporting in diet in daily living for survivor in order to be adherence.

Keyword: Self Help Group, Diabetes Mellitus

Background

Persadia establish Diabetes Association throughout Indonesia. Persadia is an independent non-profit organization for people who are concerned about the disease diabetes mellitus (DM) . Persadia members consist of health professionals (doctors , nurses, nutritionists), diabetics, diabetics family, as well as those interested in becoming members Persadia (observer DM) . The purpose of the establishment are set Persadia are : 1) Raise the diabetes (Diabetes) , sympathizers , and health professionals (doctors , nurses , nutritionists) that are involved in diabetes healthcare Indonesia, 2) Cultivate unity and awareness in order to develop , promote , and maintain knowledge of diabetes mellitus to be carried for the welfare of the Indonesian people with diabetes in particular and humanity in general, 3) Assist the government in addressing the problem of diabetes in Indonesia, 4) Establish and maintain relationships with the kind of unity - unity inside and outside the country.

Persadia exist in every district or hospital in Indonesia . Especially Persadia Salatiga which has stood since 2002 , has the largest diabetes member in Indonesia that as many as 500 people . Salatiga Persadia members consist of physicians , nurses , dietitians , observers DM , DM patients families , and people with diabetes . Of the 500 people, accounting for some 300 active members and 200 of them are people with diabetes . According to the chairman Persadia Salatiga , many members are not due to social status and solidarity considers the interwoven unity between management and members.

The Persadia's problem are Extension of the Board Persadia Salatiga had not been optimal because many medical uses language that is difficult to understand and is only limited to the increase in the aspect of knowledge yet on psychomotor aspects (DM self-care skills)

- The absence of a means of diet DM applicative extension (food models)
- Not available educational tools that can be brought home self-care related to diabetes which also includes a personal health record
- The majority of patients with DM said still confused in arranging diet conducive to health .

- Among members of people with diabetes in Persadia Salatiga , as many as 5 people have been affected by complications of a stroke , 5 others affected by complications of chronic kidney disease , and a total of 12 people suffered a gangrenous wound complications due to uncontrolled blood sugar .

Theoretical Framework

Self-help groups, also known as mutual help, mutual aid, or support groups, are groups of people who provide mutual support for each other. In a self-help group, the members share a common problem, often a common disease or addiction. Their mutual goal is to help each other to deal with, if possible to heal or to recover from, this problem.

In traditional society, family and friends provided social support. In modern industrial society, however, family and community ties are often disrupted due to mobility and other social changes. Thus, people often choose to join with others who share mutual interests and concerns. In 1992, almost one in three Americans reported involvement in a support group; more than half of these were Bible study groups (“According to a Gallup Poll” 1992). Of those not involved in a self-help group at the time, more than 10 percent reported past involvement, while another 10 percent desired future involvement. It has been estimated that there are at least 500,000 to 750,000 groups with 10 million to 15 million participants in the United States and that more than thirty self-help centers and information clearinghouses have been established (Brunner & Suddarth, 2006)

Diabetes Mellitus is generally classified into 4 categories with different causes:

- **Type 1 Diabetes Mellitus:** It was called “Insulin-dependent Diabetes Mellitus”. It is related to factors of genetic and immune system which result in destruction of insulin producing cells, leaving the cells completely incapable to produce insulin for the need of body. Most affected people are children and juvenile, representing 3% of the patients.
- **Type 2 Diabetes Mellitus:** was called “Non-insulin-dependent Diabetes Mellitus” which represents more than 90% of diabetes mellitus cases. It is mainly

related to unhealthy diet, obesity and lack of exercise. The body cells are resistant to insulin and thus cannot uptake and use dextrose effectively and excess sugar in blood is resulted. This type of diabetes mellitus has higher genetic predisposition than Type 1.

- **Gestational Diabetes Mellitus:** It is mainly due to the change in hormones produced during pregnancy and usually subsides after delivery. Studies in recent years show that women with gestational diabetes mellitus have higher risk of developing type II diabetes mellitus later on, thus such women should pay more attention to healthy diet to reduce such risk.
- **Other types of Diabetes Mellitus:** There are other causes which are different from those of the above three types, including insufficient insulin secretion caused by certain genetic diseases, caused indirectly by other diseases (e.g. pancreatitis, i.e. inflammation in the pancreas), resulted from drugs or chemicals. (Brunner & Suddarth, 2006)

Acute complications

- **Acute Hypoglycemia** (abnormally low level of blood sugar)
Patients may have cold sweat, shakiness, pallor, racing heartbeat, drowsiness or even unconsciousness. If the patient is conscious, 10-15g of carbohydrate can be applied, e.g. 2-3 lumps of cube sugar/ fruit candies, or 1/3 glass of normal soft drinks/fruit juice, and take 3-4 biscuits after the symptoms are improved.
- **Acute Hyperglycemia** (abnormally high level of blood sugar)
Patients may have deep, rapid breathing, nausea, vomiting and excessive thirst leading to unconsciousness or coma (a state of prolonged unconsciousness). Patients in this stage should be admitted to hospital as soon as possible (Brunner & Suddarth, 2006).

Chronic complications

If diabetes mellitus is not adequately controlled and glucose level remains high over prolonged period, blood vessels and nervous system are easily impaired and result in long-term damage of organs or even failure (Brunner & Suddarth, 2006).

Patients need to learn properly through learning classes and other means and be committed to manage their illness, including the following aspects:

- Illness control
 - Follow diabetes mellitus diet principles
 - Monitor glucose condition at home, e.g. glucose test by themselves
 - take drugs timely and understand the effects and side effects of drugs
 - Technique of insulin injection
 - Exercise everyday and control body weight
- Complication prevention
 - Understand the symptoms, prevention and management of hypoglycaemia
 - Foot care, keep your feet dry and clean, wear protective footwear and prevent injury
 - Oral care, regular dental examination and prevent infection
 - Monitor blood pressure and blood lipid, detecting problems in the early stage
 - Quit smoking and alcohol to reduce the risk of complications
- Carry hand band or card indicating that you are a people with diabetes mellitus.
- Attend follow-up consultations and assessments, detecting and managing complications in the early stage.

Method

Efforts need to be made to achieve the targets and outcomes that meet the indicators as contained in Chapter II is the provision of diabetes education for the first partner (Brunner & Suddarth, 2006), by following the steps as follows :

- Apersepsi the necessary educational materials for people with diabetes in Persadia Salatiga .
- Preparation of educational materials necessary for patients with DM in Persadia Salatiga .

- Making a pocket book guide for people with diabetes self-care in Salatiga Persadia within 1 month .
- The provision of self-care pocket guide for people with diabetes in Salatiga Persadia of 200 pieces .
- Provision of food models 2 sets (each set includes 50 types of food that have been listed calorie levels) as a means of education for extension activities Persadia diet DM in Salatiga .

Efforts needed to achieve the targets and outcomes that meet the indicators as contained in Chapter II is the creation and training of a cadre of Self Help Group for partners II , by following the steps as follows :

- Selection of 20 candidates cadre Self Help Group in accordance with the criteria
- Assessment to determine the extent to which a candidate's knowledge of the basic concepts of disease cadre DM (definition , etiology , signs and symptoms , and complications) , diet DM , and diabetes self-care in the form of a written test
- Submission of the basic concepts of matter DM (definition , etiology , signs and symptoms , and complications) for a period of 1 hour (30 minutes of material and 30 minutes of discussion) .
- Submission of diabetes self-care materials (foot care , medication compliance management , and control penantalaksanaan health) for a period of 1 hour (30 minutes of material and 30 minutes of discussion) .
- Training on calculation of daily caloric needs and choose the food according to the caloric needs during the training period of 5 hours (taken within 2 days) .
- Training on effective communication within the group to motivate the target group members in the group Self Help Group which will be cultivated with a period of training for 5 hours (taken within 2 days) .
- The written test on material that has been studied include basic knowledge of DM disease (definition , ethology , signs and symptoms , and complications) , setting diet DM , and DM self-care (foot care , medication compliance management , and management of health control) within 1 day .

- Test calculation skills daily caloric needs and choose the food as needed calories in 1 day .
- test effective communication skills in a group to motivate the target group members in the group Self Help Group in 1 day .
- Announcement of results of proficiency tests cadre Self Help Group at 3 days after the test .
- certifications cadre Self Help Group for trainees (prospective cadres) who passes the test .
- Development of 2-3 people with diabetes by 1 person cadre Self Help Group after 2 months of training .
- cadre Assistance Self Help Group in the management of the group Self Help Group by the board Persadia Salatiga

Results and Discussion

The result of the activity are:

- Up to 20 people with diabetes (diabetic patients) Cadre members Persadia Salatiga into Self Help Group that has skills in motivating members of auxiliaries in diabetes self-care, the outcomes are as follows :
- Cadre of self help group can calculate daily caloric needs , knowing the calorie content of different types of food , and determine the composition of the daily diet according to the caloric needs .
- Cadre of self help group can understand how other diabetes self-care (foot care , medication compliance management , and management of health control)
- Cadre of self help group can communicate effectively in groups to motivate members of auxiliaries in performing self-care .
- Volunteers are certified as group facilitator of self help group.
- After training , each cadre of self- help group can foster ditergetkan 2-3 the other members of DM patients (who still has not been good value GDS) . Manager

Persadia Salatiga have adequate educational facilities for self- treatment counseling activities for people with DM DM , with the criteria as follows :

Benefits of diabetes mellitus diet is providing all the essential food elements, achieving and maintaining an appropriate body weight, energy needs, prevent fluctuations in blood glucose levels each day by seeking near-normal blood glucose levels in ways that are safe and practical as well as lowering blood fat levels if the levels increase (Smeltzer & Bare, 2002).

Meaning obtained during the diet depend on the willingness of patients to perform regular diet . Availability in the diet will also affect the outright success of the diet . Diabetic diet program is broad enough to be socialized to people , but the reality in practice there are still many cases of diabetes are not able to implement it properly according to the program given. This is related to the conflict within the patient . One hand there is a desire to get well , but on the other hand do not like the dietary rules are set patterns and types of foods that should be eaten . This is what makes people feel there is a necessity in the diet (Smeltzer & Bare, 2002).

Refference

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