

THE EFFECTIVENESS OF TERAPI TARI MANASAI (TTM) OVERCOME POWERLESSNESS IN THE ELDERLY WITH CHRONIC DISEASES

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Abstract

Purpose: To determine the effect of Therapy “Terapi Tari Manasai” (TTM) or Manasai Dance on the powerlessness of the elderly with chronic diseases in the Menteng Health Center

Methodology: This study used a quasi-experimental pre and post-test design. The sample in this study was elderly with chronic diseases recruited in the Menteng Public Health Center, Palangka Raya City as many as 33 respondents, taking a simple random sampling technique. The data collection strategy was to give TTM for four weeks, three times a week, for 5-10 minutes. Researchers assessed powerlessness before and after TTM with a questionnaire consisting of 10 questions. This research pays attention to ethical principles during the research. Analysis of the data used is a Dependent sample t-test.

Findings: “Terapi Tari Manasai” (TTM) effectively overcame powerlessness in the elderly with chronic diseases significantly p -value = 0.005.

Limitation: TTM was not carried out together in one place, and there was less interaction between the elderly, so it was not optimal.

Contribution: “Terapi Tari Manasai” (TTM) was one of the treatment programs for the elderly with chronic diseases who experience powerlessness

Keywords: elderly, dance therapy, powerlessness, manasai

1. Introduction

Mental health problems that are handled start from mild conditions, such as psychosocial problems often experienced by the elderly, considering they are vulnerable, especially those who experience chronic diseases, such as hypertension, diabetes mellitus, and osteoarthritis. The 2018 Central Kalimantan Province Basic Health Research results show that there are 59.07 people with hypertension in the 55-64 year age group, 49.06 in the 65-74 year age group, and 72.51% in the age > 75. There are 17.63% of Osteoarthritis sufferers in the 55-64 year age group, 23.74% in the 65-74 year age group and 21.03% in the age > 75. Patients with Diabetes Mellitus in the age group 55-64 years there is 5.9%. In the age group 65-74 years, there are 3.6%; at the age > 75, there are 4.9%. Existing data shows that the elderly are vulnerable to chronic diseases. These various conditions can cause psychosocial problems in the elderly such as powerlessness, so the elderly lack the energy to carry out activities.

The elderly feel frustrated in their activities, are depressed, avoid interaction with others, and depend on others. The decline in physical condition affects the mental attitude of the elderly so that, in the

end, it can reduce the quality of life and aggravate chronic diseases. Stress conditions will trigger a decrease in body resistance so that the welfare of the elderly is not optimal. (Noviestari, Ibrahim, Ramdaniati, Deswani. 2019). The results of a preliminary study on the elderly in 10 elderly found that 70% had hypertension, 20% had osteoarthritis, and 10% had Diabetes. The results of unstructured interviews of the elderly said that they often asked for help, were limited, and were less enthusiastic in participating in daily activities, doubted their abilities and experienced a decrease in energy in carrying out various activities.

Psychotherapy in 2000 can be a problem of powerlessness and improve the quality of life of the elderly, one of which is tariff therapy. The results of research by Koch, Riege, Tisbom, Bido, Martin and Beelmann (2019) on "The Effect of Dance and Dance Movement Therapy on Psychological Outcomes Related to Health. A Meta-Analysis Update shows that there is a significant effect on dance therapy to reduce depression and anxiety, in addition to improving a person's quality of life and psychomotor abilities.

2. Literature review and hypotheses development

Elderly

The elderly are included in the elderly group, namely those aged 60 years and over (Center for Data and Information of the Indonesian Ministry of Health, 2009). Meanwhile, according to the Law of the Republic of Indonesia Number 13 of 1998 concerning the Welfare of the Elderly and the Central Statistics Agency in 2010, it is stated that the elderly are men or women aged 60 years or more. Based on the consideration of the elderly age limit above, the researcher refers to the determination of the elderly age of the Ministry of Health of the Republic of Indonesia and the Law on Elderly Welfare, aged 60 years and over.

The development of the elderly, based on Erikson's theory, is at the stage of ego integrity versus despair; that is, individuals who successfully pass this stage will be able to achieve self-integrity. On the other hand, those who fail will pass this stage. the stage of despair (despair), the elderly experience a stressful condition. , rejection, anger. Furthermore, despair from the reality they face (Keliat, Helena & Farida, 2011). The experience of loss in childhood causes depression, and low personality appearance in daily life, a person with cognitive problems, such as negative thoughts about himself, the environment and the future, have thoughts and beliefs that he cannot do something

(Stuart, 2009)). The decline in health conditions causes the problem of powerlessness in the elderly so that their quality of life decreases.

Townsend (2009) states that various factors in a person's life can cause depression if there is no good coping in dealing with it. The current development of the elderly is a continuation of previous developments. This failure is not addressed with good coping and causes a sense of dissatisfaction and hopelessness, which can cause depression in the elderly.

As a person ages, he slowly detaches from social life or withdraws from his environment. In addition, there will be Triple Loss, namely losses that occur simultaneously, namely roles, social contacts and reduced value of social commitment (Cumming & Henry, 1961 in Meiner and Lueckenotte, 2006). These are confirmed by Maryam (2008) that the elderly will experience depression due to changes in social roles in society. Furthermore, Fontaine (2009) states that life events that are considered stressful such as a lack of interaction with other people, cause depression.

Powerlessness

NANDA (2012) states that powerlessness is the perception that one's actions will not significantly affect the outcome, the perception of a lack of control over the current situation or situations that will occur in the future. At a low level, one will reveal fluctuations in energy level, passive. These symptoms are anger, dependence on others that results in irritability, not performing self-care being challenged, not increasing facial expressions regarding the inability to perform previous activities, expressions of performing previous tasks, expressions of doubt about role performance, and expressions of frustration at the inability to perform previous activities. , fear of being separated from the caregiver, guilt, inability to know care information, not participating in care, not participating, passive, expressing true feelings, and hatred. Furthermore, in the severe stage with characteristics, namely apathy, depression to poor physical conditions, stating that they cannot control the situation, including treatment.

With elderly depression, as a response to the powerlessness of the disease, the physical experience is getting worse. It increases the mortality rate due to the inability to seek treatment in the direction of improvement. The impact of depression is based on epidemiological studies showing that depression experienced for more than four years raises the risk of cancer by around 88% (Mauk,

2010). Then physical health conditions because someone who suffers from depression can not metabolize glucose in the brain properly.

Terapi Tari Manasai (TTM)

Dance/movement therapy, also known as therapy, is the use of movement and dance psychotherapy to support the body's intellectual, emotional, and motor functions. As a form of expressive therapy, it looks at the correlation between movement and emotion. Dance therapy can be performed on a person while recovering from an eating disorder, but it can also help improve body image and self-esteem. The meaning of dance therapy is the existence of interrelated movements and emotions, expressions and creativity that can help improve communication skills for better relationships.

Dance therapy consists of several types ranging from traditional dances, such as ballroom, to more subtle forms of movement, such as yoga and stretching. A therapist will use movement to help clients achieve emotional, cognitive, physical and social integration. Benefits include stress reduction and mood management. The therapist responds to movement, assessing body language, nonverbal behaviour, and emotional expression to develop interventions to address the client's specific needs. Movement is the therapist's primary way of observing, paying attention, and implementing therapeutic interventions.

Important skills that can be acquired during the dance movement therapy process include:

1. Learn how to develop and trust the ability to be empathetic present.
2. Able to respond authentically and honestly.
3. Learn how to translate nonverbal gestures into insights that can be used in recovery.

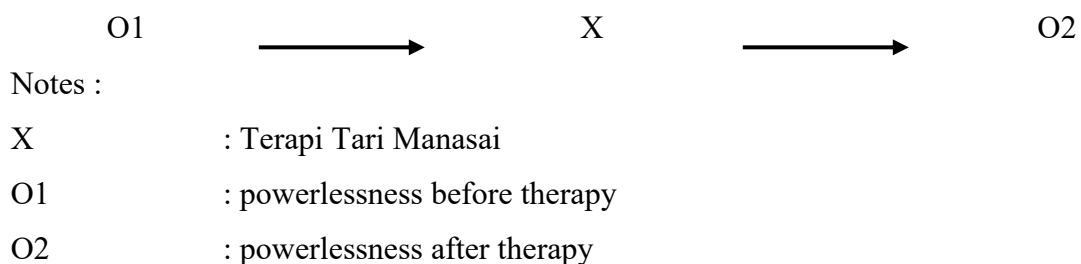
Manasai dance is a traditional dance from Central Kalimantan. This dance is a social dance that pleases the community in welcoming guests who come. While dancing, a person uses properties such as a shawl and performs rhythmic movements. The joy of doing this dance is expected to impact the elderly who experience powerlessness and social isolation positively. The results of research by Jimenez, Brauninger and Meekums (2019) on "Dance movement therapy with elderly people with mental conditions: A systematic review. There is increased social interaction, communication and cognitive function in the elderly who are given motion therapy rates.

The results of Yonisa's research (2018) show that (1) a form of presentation in traditional Manasai dance is a social dance or group dance in which there is a presentation structure that includes; Movement, make-up, and clothing, musical accompaniment, property, and floor patterns. (2)

characteristics in the Manasai dance represent the values in the conception of the Ngaju Dayak people's view of life, namely "Belom Bahadat", which is the ideal of life for the Dayak people. The conception of "Below Bahadat" in behavior and actions includes the words of each person, which is a picture of the culture or identity of the Dayak people. "Below Bahada" is also described in the philosophy of "Betang Culture", namely "Different ethnicity, religion is not a barrier, it has been entrenched from our ancestors, living in harmony always develops, that is what is called Betang Culture". The philosophy of "Betang Culture" also means "Where the Earth is Stepped on.

3. Research methodology

This quantitative research method used a "Quasi-Experimental Pre-Post Test without a Control Group" design. Researchers provided treatment to one group, and it was conducted before and after.



The hypothesis in this study are as follows:

The condition of the elderly's powerlessness improved after manasai dance therapy.

The population in this study was elderly living in the the Menteng Public Health Center coverage area.

The sample in this study was taken by simple random sampling, with the following inclusion and exclusion criteria.

Inclusion Criteria:

1. Elderly > 60 years old
2. Elderly with chronic disease > 6 months
3. Elderly could communicate, read and write.
4. Elderly participated in dance activities
5. Elderly had family members who can communicate online through Online

Exclusion Criteria:

1. Elderly have severe mental disorders.
2. Elderly with chronic disease with severe physical condition and unable to carry out activities.

The sample size in this study was 33 samples, and the determination of the sample size with a limited formula, namely:

$$n = \frac{N \cdot Z^2_{1-\alpha/2} \cdot \sigma^2}{(N-1)d^2 + Z^2_{1-\alpha/2} \cdot \sigma^2}$$

Notes :

- n : Minimum Sample Size
 $Z^2_{1-\alpha/2}$: Normal distribution value
 σ^2 : variance in population
d : precision (0,01)
N : Population

This research was conducted in September – December 2020; starting from the administration of research, TTM was carried out for 12 meetings at the UPT Puskesmas Menteng Palangka Raya. Data collection was carried out in 1 month. The research was conducted in Menteng Health Center, Jekan Raya District, Palangka Raya City, Central Kalimantan Province. Ethical considerations were considered in this study, considering that this research is related to humans, and its application considers the rights of research subjects.

The technique of collecting data from this study was to collect data from respondents using a list of questionnaire questions to measure powerlessness before and before TTM. Data collection and implementation of guided therapy online. Researchers and enumerators coordinated with the elderly with the assistance of family members or caregivers and elderly cadres who mastered online communication.

Researchers, enumerators, and elderly cadres held a meeting. Researchers explained the research process and the Manasai Dance Therapy (TTM) module and shared youtube links as a tool to implement therapy. Respondents who were monitored in the implementation used smartphones at the agreed time. Therapy was given three times a week, 5-10 minutes for four weeks.

The data processing used in this study is as follows:

1. Edit

The editing process was carried out after the data has been collected to check the completeness of the data for data continuity and uniformity.

2. Coding

Coding was conducted to facilitate data processing, namely providing symbols for each data that has been collected

3. Tabulation

Grouping data into a table containing the nature of each variable and following the research objectives were processed using a computer program, with the results presented in tabular form.

The data was collected and processed. Next process was to analyze the data as follows:

Univariate data analysis was carried out on the characteristics of the respondents. The formula calculates this analysis:

$$P = \frac{f}{N} \times 100\%$$

Information :

P : Presentation

f : Number (frequency of occurrence)

n : All samples presented.

According to Nursalam (2013), bivariate analysis produces a relationship between the two variables concerned, namely the dependent variable and the independent variable. The statistical test is determined based on the type of data to be tested and the type of hypothesis. The analysis in this study is as follows:

Table 1
Bivariate Analysis of Research Variables

No	Variable	Variable	Analysis
1	powerlessness before TTM in the treatment group (data ratio)	powerlessness after TTM in the treatment group (data ratio)	<i>Dependent</i> sample t-test

4. Results and discussions

A. Result

Table 2
Characteristics of the elderly who are powelessness with chronic diseases. (n=33)

Variable	n	%
Gender		
• Women	21	63,6%
• Man	12	36,4%
Education		
• Advance	8	24,2%
• Intermediate	15	45,5%
• Basic	10	30,3%
Profesi		
• Worked	14	42,4%
• Retired work	9	27,3%
• Unemployment	10	30,3%
Marital status		
• Marry	18	54,5%

• Widow / Widower / Divorce	15	45,5%
Cronic Disease		
• Hypertention	14	42,4%
• Diabetes Mellitus	7	21,2%
• Osteoarthritis	4	12,1%
• Heart disease	2	6,1%
• Gout	2	6,1%
• Others (Gastritis, Asthma, COPD, Deafness)	4	12,1%

Table 2 shows the characteristics of the elderly, 21 people (63.6%) of respondents were female, 15 people (45.5%) had secondary education, 14 people (4.42%) worked, 18 people (54.5%) were married, 14 people (42.4%) hypertention.

Table 3

Characteristics of Respondents by Age (n=33)

Variabel	Usia (tahun)
Mean	67,48
Median	67
Modus	70
Minimum	60
Maximum	87

Tabel 4

The effect of Manasai dance therapy (TTM) on the problem of increasing powerlessness in the elderly in the Menteng Health Center (n=33)

Variable	n	MIN - MAX	Mean	Standard Devices	CI (95%)
Before	33	12 - 36	25,27	5,84	23,20 – 27,34
After	33	11 - 27	20,33	5,04	18,33 – 21,11

The questionnaire about powerlessness consists of 10 questions, with the best scale of 1 and the highest being 4. The minimum score is ten, and the maximum is 40. Powerlessness increases the lower the score.

Table 4 shows the condition of powerlessness in the elderly before giving manasai therapy intervention; for as many as 33 respondents, the average score of powerlessness was 25.27, with the lowest score of 12 and the highest of 36. After administering manasai therapy to

these 33 people, the average score of powerlessness was 20.33 with the lowest value of 11 and the highest of 27.

Table 5
Normality test (n=33)

Variable	Normality Test Used	Result (Skewness / Se skewness)	Range value (-2 s.d. 2)	Information
Score powerlessness before TTM	Skewness : 0,214 Standard error skewness : 0,409	0,214 / 0,409	0,523	Normal distribution
Score powerlessness after TTM	Skewness : 0,294 Standard error skewness : 0,409	0,294 / 0,409	0,71	Normal distributed data

Table 5 shows that the data is normally distributed. Therefore the data analysis used was paired t-test.

Table 6

Table of Analysis of Differences in Powerlessness Scores Between Before and After TTM (n=33)

Variable	n	MIN - MAX	Mean	Standard Deviation	Value of correlation	Difference means	P value
Before	33	12 - 36	25,27	5,84	0,876	4,93 (3,94 – 5,93)	0,005
After	33	11 - 27	20,33	5,04			

In Table 6, the average score of powerlessness before the Manasai dance intervention was 25.27; after the intervention, the average score of powerlessness was 20.33. The difference in the score of powerlessness after the manasai dance was a decrease of 4.93 points. Statistically, there was a difference in the mean score of powerlessness before and after treatment with a p-value of 0.005 ($\alpha < 0.05$). The correlation value (r) squared was 76.7%, which shows that presenting the Manasai dance played a role of 76.7% in decreasing the score of powerlessness, while other factors cause the rest.

B. Discussions

The results showed that the elderly were more female than male (63.6%). This condition is generally following the demographic distribution of the population in Indonesia (Muhith & Siyoto, 2016). There are more women, but on the other hand, women are prone to psychological problems.

Elderly with secondary education, namely junior high and high school, in this study, were accounted for more than 45.5%, this condition certainly affected a person's mindset in responding to the circumstances around him and what he was experiencing. However, psychological conditions are not solely dependent on cognitive patterns. Even though they have secondary education, the elderly can experience powerlessness.

The number of elderly who worked in this study was 4.42%. This condition shows that the elderly were still productive. Being productive in the elderly needs to be a concern considering having chronic diseases and a helpless response. It is important to pay attention to the welfare of the elderly.

The results shows that 54.5% of married elderly had benefits that were one of the support systems for the elderly, in line with the theory proposed by Sunaryo et al. (2015). Spouses, both husband and wife, are a source of support for the elderly, considering that in their old age, they live far from children who already have their own household lives.

The Effect of Manasai Dance Therapy (TTM)

Manasai Dance Therapy (TTM), based on research results, is effective in overcoming the problem of powerlessness, where there is a decrease in powerlessness scores of 4.93 points. This shows that Manasai Dance Therapy (TTM) can be used as an alternative treatment for the elderly with powerlessness because it has a significant positive impact on p-value 0.005 ($\alpha < 0.05$). Some of the comments from the elderly who participated in this manasai therapy activity were that they became more enthusiastic because it was accompanied by cheerful music and some of the elderly felt happy to do it with their grandchildren and supported by their children, husband or wife.

Starting the TTM activity requires effort to move the body and a lack of enthusiasm to follow the movement, but after a few times starting to get used to it even though it is different from the existing

guidelines. However, when they enjoy his upbeat music, they start to get excited and feel like a fun sport.

The effectiveness of this TTM in overcoming powerlessness, in line with the research of Koch, Riege, Tisbom, Bido, Martin and Beelmann (2019), when performing dance movements, the elderly psychomotor moves and the music from the accompanying dance becomes a spirit stimulator so that eventually the elderly who previously felt unable, less enthusiasm and less activity for the better. This is in line with the correlation of Manasai dance which played a role of 76.7%.

However, this TTM still needs improving, considering the problem of powerlessness did not reach the lowest value. Several things cause this condition; among others, this activity will be better if done together because the energy of the elderly with each other will increase with the interaction in doing this TTM. The existence of communication in performing this dance gives more meaning to overcoming the psychological problems of the elderly such as the results of research by Jimenez, Brauninger, and Meekums (2019), namely social interaction and communication during dance movement therapy. Therefore, it is necessary to reconsider TTM at home by involving the participation of family members if the situation does not allow the elderly to gather with other older people.

Another interesting thing from the study's results, namely TTM, is that other factors can reduce the problem of powerlessness in the elderly who experience chronic diseases. This needs to be explored and improved further so that elderly care is more comprehensive and the elderly become prosperous in old age.

5. Conclusion

a. Characteristics of the elderly who experience powerlessness, namely the average age of 67 years, female (63.6%) secondary education (45.5%) 14 people, working (4.42%), married (54.5%) and older people with chronic diseases who suffer from hypertension (42.4%).

b. Manasai Dance Therapy (TTM) is effective in overcoming the problem of powerlessness significantly, namely p value 0.005 ($\alpha < 0.05$), as well as having a positive impact of 76.7% in overcoming the problem of powerlessness. This is in line with other studies that have shown a positive effect of dance therapy on the elderly.

Limitation and study forward

Further research needs to be conducted on Manasai Dance Therapy (TTM) with different settings to make it more optimal, which must be done together so that there is interaction and mutual activation of the energy of happiness between respondents. In addition, quasi-experimental research can be carried out with the control group or combined with other treatment techniques to overcome the problem of powerlessness in the elderly at home.

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