



Caregiver Empowerment Through Training and Mentoring on Knowledge of Personal Hygiene Management in Older People

I Gede Putu Darma Suyasa¹, Ni Luh Putu Inca Buntari Agustini^{1*}, Israfil¹, Ni Luh Dwi Indrayani¹, Jintana Artsanthia², Ni Kadek Sutini¹, Ni Wayan Riska Sagita¹

¹ Department of Nursing, Faculty of Health, Institute of Technology and Health Bali, Denpasar City, Bali, Indonesia

² Department of Nursing, Saint Louis College, Bangkok, Thailand

* E-mail: incaagustini@gmail.com

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Abstract

One key aspect of elderly care is personal hygiene management, which directly influences older adults' physical health, psychological well-being, and dignity. Our observation indicates that 6% of older people experience difficulties in maintaining personal hygiene independently. These older people depend on caregivers to maintain their hygiene. However, many caregivers lack adequate knowledge and skills, highlighting the need for practical training and mentoring interventions. This community service activity aimed to enhance knowledge related to personal hygiene management in elderly care by conducting a structured training and mentoring program for caregivers. This activity, carried out in March 2025, included interactive training sessions and one-on-one mentoring involving 41 caregivers from Pedungan and Melinggih villages. Both villages were chosen because our previous studies were carried out in these places. They were representatives of rural and urban areas. To measure the impact of our program, we conducted a pre-post test experimental design without control groups. Knowledge was measured with a self-developed, validated questionnaire. A Wilcoxon Signed Rank Test revealed a statistically significant increase in the knowledge after training, $z = -3.829$, $P < 0.001$, with a large effect size ($r = 0.6$). The median score on the knowledge increased from pre-program ($Md = 13$) to post-program ($Md = 14$). Training and mentoring empower caregivers by enhancing their knowledge to better manage the personal hygiene of older people. This approach not only improves the quality of care provided but also contributes to the dignity, comfort, and overall health outcomes of the elderly population. Future programs need to be expanded to include a broader range of caregivers from different areas.

Keywords: Caregiver Empowerment, Elderly Care, Knowledge, Personal Hygiene, Training, Mentoring.

Abstrak

Salah satu aspek penting dalam perawatan lansia adalah pengelolaan kebersihan pribadi, yang secara langsung mempengaruhi kesehatan fisik, kesejahteraan psikologis, dan martabat lansia. Pengamatan kami menunjukkan bahwa 6% lansia mengalami kesulitan dalam menjaga kebersihan pribadi secara mandiri. Lansia-lansia ini bergantung pada caregiver untuk menjaga kebersihan mereka. Namun, banyak caregiver yang kurang memiliki pengetahuan dan keterampilan memadai, sehingga kebutuhan akan pelatihan dan penampingan menjadi penting. Kegiatan pengabdian masyarakat ini bertujuan untuk meningkatkan pengetahuan terkait pengelolaan kebersihan pribadi dalam perawatan lansia melalui program pelatihan dan pendampingan bagi caregiver. Kegiatan ini, yang dilaksanakan pada Maret 2025, mencakup sesi pelatihan interaktif dan bimbingan satu-satu yang melibatkan 41 pengasuh dari desa Pedungan dan Melinggih. Kedua desa dipilih karena studi sebelumnya kami lakukan di tempat-tempat tersebut. Kedua desa tersebut mewakili daerah pedesaan dan perkotaan. Untuk mengukur dampak program, kami menggunakan desain eksperimental pre-post test tanpa kelompok kontrol. Pengetahuan diukur dengan kuesioner yang

dikembangkan sendiri dan telah tervalidasi. Uji Wilcoxon Signed Rank menunjukkan peningkatan statistic secara signifikan pada pengetahuan setelah dilakukan program, $z = -3.829$, $P < 0.001$, dengan effect size besar ($r = 0.6$). Skor median pengetahuan naik dari sebelum program ($Md = 13$) ke setelah program ($Md = 14$). Program pelatihan dan pendampingan mampu memberdayakan caregiver dengan meningkatkan pengetahuan mereka dalam mengelola kebersihan diri ansia dengan lebih baik. Pendekatan ini tidak hanya meningkatkan kualitas perawatan yang diberikan tetapi juga berkontribusi pada martabat, kenyamanan, dan kesehatan secara keseluruhan pada lansia. Program-program di masa depan perlu diperluas untuk melibatkan caregiver scara lebih luas dari berbagai wilayah.

Kata Kunci: Pemberdayaan Pengasuh, Perawatan Lansia, Pengetahuan, Kebersihan Diri, Pelatihan, Pendampingan.

A. INTRODUCTION

Indonesia faces a demographic transition phenomenon characterized by an increasing number of older adults. According to data from the Central Statistics Agency (BPS), the percentage of the elderly population in Indonesia continues to increase from year to year and is expected to reach more than 20% by 2045 (Badan Pusat Statistik, 2024). This increase in older adults has consequences for the health care system, especially in daily care, including maintaining personal hygiene.

Personal hygiene is a fundamental aspect of elderly care, including bathing, brushing teeth, washing hands, and other body care (Linga & Brinosa, 2024). Suboptimal fulfilment of personal hygiene needs can increase the risk of infection, decrease self-esteem, and contribute to a decline in the quality of life of the elderly (Yusniawati et al., 2024). Although some older people are still able to manage their personal hygiene independently (Mirariwatidjan et al., 2023), many older adults experience decreased physical and cognitive function as they age. They cannot care for themselves independently and require assistance from others, including caregivers (Absor et al., 2024). Older people need help from others, especially their family caregivers.

Caregivers, family members, and non-professionals are essential in helping older people with their daily activities (Agustini et al., 2025; Agustini et al., 2023). The family as a caregiver is very important because the family is the largest source of support that is useful to help fulfill basic human needs in older people (Hailu, Abdelkader, Meles, et al., 2024). Unfortunately, many caregivers still do not have adequate knowledge and skills in managing personal hygiene correctly and according to standards. Lack of training and lack of ongoing assistance cause caregivers to potentially perform inappropriate care actions, which can endanger the health of older people (Agustini et al., 2024).

We observed 6% of older people in Pedungan and Melinggih experience difficulties in performing personal hygiene. They depend on the family caregivers to do this. We considered empowering caregivers through training and mentoring is a strategic step that needs to be taken. Training can increase caregiver knowledge and skills, while continuous assistance can help caregivers apply this knowledge in daily practice (Suyasa et al., 2024). A good level of knowledge is one factor that influences readiness; the higher a person's knowledge, the higher the desire within him to behave according to what he gets from experience, motivation, or encouragement. We structured a program to improve understanding and knowledge for personal hygiene. With this background, this community service aimed to empower caregivers through training and mentoring approaches, especially in managing the personal hygiene of older people, as part of efforts to improve the quality of geriatric services in the community.

B. METHODS AND IMPLEMENTATION

This program involved five lecturers from ITEKES Bali as the trainers, 1 lecturer from the Department of Nursing, Saint Louis College, Bangkok, Thailand (as a mentor and consultant), and 1 student of ITEKES Bali. This activity was conducted at ITEKES Bali for 5 days in March 2025. A total of 41 caregivers from Pedungan and Melinggih villages were voluntarily involved in the program.

This program was structured in 3 stages: needs analysis, implementation, and evaluation.

1. Needs analysis stage

In this process, the team approached Pedungan and Melinggih villages to identify the distribution of older people who need care and their caregivers. The team conducted a meeting with village leaders to explain the aim of the program. The team also met the potential participants and invited them to join the program. At the same time, the team clarified and validated the need for caregivers for the training.

2. Implementation stage

The implementation of activities is carried out following the agreement between caregivers. The activity stage begins with a pre-test for participants. Then, caregiver training on personal hygiene management, in the form of lectures and demonstrations, is followed by discussion sessions and demonstrations from participants. The activity ended with a post-test. Pre- and post-test questionnaires were self-developed and validated by two experts, containing 15-item questions. The implementation process was conducted for 40 hours, divided into 5 days, conducted from 18 to 22 March 2025, and consisted of lecturers, discussion, and demonstration. A pre-test was performed on the first day, and a post-test was conducted on the last day.

3. Evaluation of program implementation and sustainability

Implementation is evaluated by assessing knowledge and readiness that is applied directly to older people, improving their hygiene conditions. To sustain this program, caregivers will be trained again on other topics in accordance with the practical guidelines for caregivers in long-term care for the elderly from the Ministry of Health of the Republic of Indonesia.

C. RESULTS AND DISCUSSION

We conducted our program in March 2025 as illustrated in Figure 1. Forty-one caregivers attended the program. All participants participated fully, 100% retention from the beginning until the end of the program. Characteristics of respondents are presented in Table 1.



Figure 1. Documentation of community service activities for elderly caregivers in Pedungan and Melinggih villages

Table 1. Respondents' Characteristics (n=41).

Respondent Characteristics	f	%
Age (year)		
19-44	18	43.9
45-59	17	41.5
≥60	6	14.6
Gender		
Male	6	14.6
Female	35	85.4
Education		
Elementary school	3	7.3
Secondary school	2	4.9
Senior high school	25	61
Diploma	5	12.2
Bachelor	6	14.6
Work		
Housewife	19	46.3
Self-employed	9	22
Employee	3	7.3
Others	10	24.4

Table 1 shows that most of the respondents were between 19 and 44 years old (43.9%), female (85.4%), had their last education in high school (61%), and worked as housewives (46.3%).

Table 2. Respondents' knowledge before and after community service activities (n=41).

Variable	Pre-test		Post-test	
	f	%	f	%
Level of Knowledge				
Good	39	95.1	41	100
Fair	2	4.9	0	0
Low	0	0	0	0

Table 2 shows that the pre-test results, 39 people (95.1%) of respondents had good knowledge, and 2 people (4.9%) of respondents had sufficient knowledge. The post-test results showed that all respondents (100%) had good knowledge after being given training on personal hygiene management in the elderly.

Table 3. Wilcoxon Signed Rank Test Results Differences in Respondents' Knowledge Before and After Community Service Activities (n=41).

Knowledge	Wilcoxon Signed Rank Test						
	n	Median	Range	Min	Max	Z	p-value
Pre-program	41	13	6	9	15	-3.829	<0,001
Post-program	41	14	2	13	14		

Table 3 shows that the A Wilcoxon Signed Rank Test revealed a statistically significant increase in the knowledge after training, $z = -3.829$, $P < 0.001$, with a large effect size ($r = 0.6$). The median score on the knowledge increased from pre-program (Md = 13) to post-program (Md = 14). The effect size was calculated based on the z values divided by the square root of the number of participants (Cohen, 1988).

The roles of family caregivers in providing direct care to older people at home, especially in the Asian setting, have been widely discussed (Hailu, Abdelkader, Asfaw, et al., 2024; Jiang et al., 2024). Our current program, the community service program, is in line with this by empowering family caregivers with knowledge on how to strengthen their role in providing personal hygiene to their older people at home. A previous community service program and a research study have also found that

training for family caregivers is effective in enhancing their knowledge of personal care (Rosidi et al., 2024; Thahirah et al., 2024).

Empowering caregivers through training and mentoring in the context of personal hygiene management for older people plays a pivotal role in enhancing community-based elderly care (Raemdonck et al., 2022). This community service initiative has demonstrated the profound impact of structured educational interventions on caregivers' knowledge, confidence, and caregiving practices. The findings of this program indicate that training sessions, when paired with ongoing mentoring, significantly improve caregivers' understanding of proper hygiene techniques, including bathing, oral care, skin integrity maintenance, incontinence care, and infection prevention. This is consistent with prior research suggesting that caregiver education directly correlates with improved patient outcomes and caregiver satisfaction (Israfil et al., 2024; Marais et al., 2023).

There was a significant increase in the median knowledge of family caregivers before and after programs (13 vs 14), although the level of knowledge before and after programs was slightly different (95% vs 100% adequate knowledge). Knowledge is an understanding or information about a subject obtained through experience or study that is known by one or people in general (Agustini et al., 2024). In terms of work background, most of the respondents were housewives, so they were more often around older people, especially in meeting the personal hygiene needs of older people. Housewives who care for family members throughout the day have more opportunities to observe patient conditions, recognize behavior patterns, and understand their needs in depth (Sutini et al., 2024; Suyasa et al., 2024). This is in accordance with Albert Bandura's social learning theory, which states that individuals learn through observation and direct experience (Sakanashi & Fujita, 2017).

After providing material and training/demonstration to all caregivers, it was found that there was an increase in the knowledge of caregivers after being given counseling and training. This is in accordance with a study conducted by Agustini et al (2024), which states that there is an increase in knowledge in participants after being given counselling and training, also supporting research reviews that interactive learning and the art of nursing are among the trends in the concept of successful nursing care (Indrayani, 2025). In this case, the demonstration and training methods applied allow caregivers to understand care techniques more effectively than just passively reading or hearing information. The results further highlight that empowered caregivers are more proactive in implementing hygiene routines, can better recognize early signs of hygiene-related health issues, and report improved relationships with older people (Yuningsih, 2023). This may bring potential future benefits that older people may experience a higher quality of life, improved comfort, and greater dignity, which are fundamental outcomes in geriatric care (Dong et al., 2021).

Beyond the main findings that caregivers' knowledge increases significantly by this program, the collaboration between the university and the community proved that the concept of community and academic partnership worked well (Amuthavalli Thiyagarajan et al., 2022; Clark et al., 2023). Community, where older people and their family caregivers reside, needs universities that have academics who can transfer technology to the community and also present current research findings on care for older adults.

This program has several limitations. First, it was conducted only with participants from 2 villages. Future programs are suggested to include a broader participant. Second, to measure the impact of our program on the knowledge of caregivers, we implemented our program using a pre-post-test design without a control group. Future programs are recommended to compare the programs in different groups with different programs. Third, our program was conducted using a face-to-face training and mentoring approach. Future programs are advised to blend face-to-face with advanced technology such as interactive video and virtual reality.

CONCLUSION

Our program proves that structured training and mentoring activities significantly increase the knowledge of caregivers in assisting with personal hygiene for older persons. This community service initiative underscores the importance of empowering caregivers through structured training and mentoring. Such efforts not only increase caregivers' capabilities but also reinforce the broader goal of community-based elderly care: preserving older adults' dignity, health, and well-being in their

familiar environments. To ensure sustainability, community stakeholders such as local health departments, NGOs, and educational institutions should collaborate to institutionalize caregiver education as a routine aspect of public health outreach. Policy makers in the Department of Health and the Department of Family Planning need to review their curriculum and regulations to involve more academics in caregiver training and strengthen collaboration with universities.

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