
A SUPPORT GROUP PROGRAMME WITH INFORMAL CAREGIVERS TO PREVENT ELDER ABUSE

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ABSTRACT

The article aims to describe an evaluation on the effectiveness of a support group with informal caregivers of older people in an urban and rural community setting in Namibia. The support group programme equipped informal caregivers with knowledge on aging and caregiving. In addition, coping skills and support were offered to the informal caregivers. Standardised measuring instruments that assessed the outcome of the group at pre-test, post-test and postponed post-test were the Zarit Burden Interview (ZBI) and the Potentially Harmful Behaviour (PHB) scale. The Group Engagement Measure (GEM) assessed the group processes at the fourth, sixth and eighth group sessions. Results indicated that rural caregivers experienced more burden than urban caregivers. Generally, potential harmful behaviour has decreased significantly. Caregivers from the urban group were more engaged in the group process than the rural group. Support group interventions indeed contributed positively towards community care of older people. Implications for social work practice are discussed.

Key words:

support group, informal caregivers, older person, abuse, neglect, prevent

INTRODUCTION

The establishment and strengthening of community care systems for older people is of global interest seeing that most of the care of older people is still informal in both developed and developing countries (AU Policy Framework and Plan of Action on Aging, 2003; United Nations report of the Second World assembly on Aging, 2003). Within the Namibian context as is the case globally, family relations have broken down because of urbanisation and migration (Dima, 2003). Furthermore, the draft green paper from the Ministry of Health and Social Services (1997) maintains that Namibian families are no longer able to care for their older relatives due to poverty and modernisation, as traditional norms to care for older people are fading. The social development approach to social welfare has only been adopted by the Namibian Government after independence (Ananias and Lightfoot, 2013), this approach can be useful to strengthen and promote informal care systems within community settings that enhance the quality of life of the increasing aging population. This article describes the evaluation of a support group programme with informal caregivers of older people in an urban and rural setting in Namibia. The need for such a support group programmes was identified after a needs assessment was conducted that explored the quality of care and elder abuse and neglect within informal caregiving situations. The needs assessment revealed that informal caregivers as family, friends and neighbours, experience, amongst others, stress and burden. Informal caregivers also lacked knowledge about the unique needs of older people, while some older people had no caregiver or received poor quality of care and even elder abuse and neglect. The central theoretical argument of this study is:

“A social work support group programme with informal caregivers can offer a platform to express positive and negative experiences about informal caregiving, can ultimately result in prevention or reduction of elder abuse and neglect.”

The support group programme equipped informal caregivers with knowledge on caregiving and aging, as well as skills on stress and self-care.

PROBLEM STATEMENT

Many older people live in non-institutionalised settings and receive care from the family and community (Choi and Mayer, 2000). Informal caregiving, largely done by women, is often unpaid and undervalued (Bookman and Kimbrel, 2011). To point out the actual value of caregiving, some scholars

estimate that informal care could cost 257 billion US dollars annually in America alone (National Alliance for Caregiving and AARP, 2004).

Although family members may have good intentions to care for their older relatives in their homes, they may not understand the basic care needs that may even sometimes last up to 24 hours a day (Splinter, 2009). It is further argued by Hsieh, Wang, Yen and Liu (2009) that caregivers may lack training or education on aging and caregiving, and as a result, may develop negative attitudes towards older care recipients. The demands and responsibilities of the day to day care of older people can become stressful to caregivers, and this may lead to burnout and eventually emotional abuse of older care recipients (Von Heydrich, 2009). Therefore, community-based support interventions in the form of respite care and support groups, can have a positive impact on caregivers and older care recipients (Choi and Mayer, 2000). However, community-based support systems that promote the social wellbeing in African communities in the past, has not been recognised by social development scholars (Patel, Kaseke and Midgley (2013).

According to Wallhagen and Yamamoto-Mitani (2006), most intervention research on family caregiving was conducted in Western countries, with fluctuating reports on success. According to Hsieh et al. (2009) some of the positive outcomes of support groups are that they provide an opportunity for caregivers to reflect and share personal and emotional stressors that are associated with caregiving. Such group exchanges enable caregivers to cope with the stress and emotional burdens associated with caregiving. Involvement of caregivers in support groups offers chances to socialise and therefore reduce the social isolation of caregivers.

Little literature is available concerning rural-urban differences about informal caregiving provided to older care recipients. In particular, rural informal caregiving of older care recipients from diverse ethnic groups is understudied (Chadiha, Feld and Rafferty, 2011). Therefore, this article is an attempt to fill the gaps in the literature concerning supportive interventions to informal caregivers from urban and rural community settings. The research question that arose was:

“To what extent does a support group programme for informal caregivers reduce caregiver burden and prevent elder abuse and neglect in urban and rural community settings in Namibia?”

THEORETICAL FRAMEWORK

The intergenerational solidarity theory provides an understanding of the associations between informal caregivers and older care recipients. The theory further describes the relations between and amongst people in multi-generational family networks and amongst different age groups (Kim, 2010). According to Lüscher (2011), the intergenerational solidarity theory was developed in the United States in response to the concept of the isolated nuclear family, and became popular through research on aging and inter-generational solidarity relations. Moreover, the intergenerational bonds amongst family members are regarded as more important because older persons live longer these days (Katz and Lowenstein, 2012); therefore, the needs and wellbeing of older persons can be better understood within the family caregiving context. Many older people in Namibia live in community settings in mutigenerational households, while informal caregivers may consist of people from different age groups. According to the Madrid International Plan of Action on Aging (MIPAA, 2002), the promotion and strengthening of solidarity amongst generations is regarded as a key element for social development.

RESEARCH METHODOLOGY

The intervention research design was the most appropriate for this applied study (De Vos and Strydom, 2011); that aimed at strengthening informal care of older persons in urban and rural communities through evaluation of an innovative support group programme to prevent elder abuse and neglect. The exploratory mixed method approach was utilised in this intervention study (Delport and Fouche, 2011), which involved a qualitative exploration on informal caregiving situations that may lead to elder abuse and neglect. Based on the qualitative information the support group programme for informal caregivers was developed, implemented and evaluated (Delport and Fouche, 2011; Creswell, 2009). The last two phases of the intervention research model, namely, evaluation and advanced development and dissemination, apply to this article.

Research setting

The study was carried out from May to August 2013 in the Khomas region, one of the fourteen political regions in Namibia. The Khomas region is centrally located, and a practical choice for the feasibility of this intervention study. This region consists of ten constituencies; the research took place in two constituencies only, namely Katutura Central Constituency and

Windhoek Rural Constituency. The Katutura Central constituency has an estimated population of 21243. The Katutura residential area was established in 1959 after the forced eviction of black residents from the Old Location (Nangombe and Ackermann 2013), and has a high concentration of older people in the urban setting. The Windhoek Rural constituency has an estimated population of 20212 and consists of nine settlements. The study was done in Groot Aub, one of the nine rural settlements in the Windhoek Rural constituency, located approximately 60 km south of Windhoek, where residents mainly consist of farmers and pensioners (National Planning Commission, 2003).

Overview of the support group programme

An eight-week support group programme was implemented and evaluated. A follow-up session was also held six weeks after the group session has ended. The intervention, co-facilitated by the researcher and a practicing social worker, aimed at offering a platform for informal caregivers of older people to share both positive and negative experiences about caregiving, and to find effective ways to better respond to older persons that could reduce chances of abusive or neglectful behaviour towards older care recipients. The programme content covered the following topics: the normal processes of aging, handling of difficult caregiving situations, caregiver stress, self-care of the caregiver, elder abuse and neglect as well as caregiver grief and loss.

Participants

Twenty-two female informal caregivers of older people took part in two support groups, with ten caregivers from the urban area in one group and twelve caregivers from the rural area in another group. Participants were identified through community leaders who have invited informal caregivers to a community meeting. The purposive sampling method was used to select informal caregivers for the urban and rural group settings. Caregivers were eligible for the study if they met the following criteria: they were a child, spouse, sibling or extended family member in the role of primary caregiver; they were assisting an older person with one or more Activities of Daily Living (ADL); they were willing and available to participate voluntarily for the duration of the programme, and they were residing in the urban or rural constituency in the Khomas region. The following procedures were followed:

- The recruitment and selection of participants for the rural and the urban support group were conducted individually at the homes of the participants.

- All the selected participants gave oral consent to participate in the groups before the groups commenced because of the low literacy levels of some caregivers. Generally, all the participants took part in the group work, and group sessions were well attended, although some members were absent from some group sessions.
- With the aid of translations from a research assistant, the pre-test, post-test and postponed post-test measuring scales for the Zarit Burden Interview (ZBI) and the Potentially Harmful Behaviour (PHB) scale were completed by the researcher individually at the homes of the participants.
- The Group Engagement Measure (GEM) to assess the group process was completed by the researcher at the fourth, sixth and eighth group sessions.

Measuring instruments

Standardised measuring instruments were used to evaluate the effectiveness of the support group program with informal caregivers.

The Zarit Burden Interview (ZBI) is a 22-item self-report measure to assess two domains, namely, personal strain and role strain of caregivers (Whitlatch, Zarit and Von Eye, 1991; Zarit, Reever and Bach-Peterson, 1980). Each item on the interview was a statement which caregivers were asked to support or reject by using a 5-point Likert scale, ranging from 0 (Never) to 4 (Nearly Always).

The Potentially Harmful Behaviour (PHB) scale is a 10-item instrument which was used to assess poor or inadequate care displayed as physical or psychological abuse towards the older care recipient. Employing a 5 point Likert scale ranging from 0 = never to 4 = all the time, caregivers were asked to report how each behaviour occurred during a conflict situation between the caregiver and care recipient whenever the care recipient displays undesirable behaviour. Because of the sensitive nature of the questions, Miller, Lewis, Williamson, Lance, Dooley, Schulz and Weiner, (2006) suggest that these questions be placed towards the end of an interview schedule.

The Group Engagement Measure (GEM) is a standardised 27-item measuring instrument that was used to measure the process of the support group programme. The researcher completed the measure to assess the engagement of each group member in the group process at the 4th, 6th and 8th group sessions. According to Macgowen (2006), engagement of group members in the group process entails seven dimensions, namely, attending, contributing, relating to the group worker, relating with group members, contracting with

group service, working on own problems and working with other's problems. A five point Likert scale ranging from 1= rarely to 5 = most of the time, was used to rate each item on the scale.

Reliability and validity of the measuring instruments

The concept reliability refers to consistency or dependability (Neuman, 2011). Validity refers to how well an instrument measures what it is supposed to measure (Delpont and Roestenburg, 2011; Neuman, 2011). The most commonly used reliability measure is the Cronbach's Alpha coefficient, which ranges between 0 and 1. A coefficient closer to 1 (.8 -.9), is regarded as highly reliable (Delpont and Roestenburg, 2011).

The Zarit Burden Interview (ZBI) is used internationally and has been translated into different languages (Ruiz-Gonzalez, 2012). In a Canadian study with 312 caregivers Hérbert, Bravo and Preville (2000), found that the Zarit Burden Interview (ZBI) had a good internal consistency and construct validity. In this study, the Cronbach alpha test for the Zarit Burden Interview (ZBI) varied between .68 and .83. The Potentially Harmful Behaviour (PHB) scale has been found to possess good convergent and discriminant validity and internal consistency to measure abusive behaviour displayed by caregivers of older people with dementia (Cooper, Blanchard, Selwood, Walker and Livingston, 2010). In this study, the reliability of the Potentially Harmful Behaviour (PHB) according to the Cronbach-alpha test varied between .59 and .81. Four research studies that assessed the usefulness of the Group Engagement Measure (GEM) found that this measurement is indeed reliable, valid and useful in social work groups (Macgowan, 2006). The Group Engagement Measure (GEM) was found to be highly reliable in this study, with a Cronbach alpha reliability that varied between .80 and .97.

Ethical aspects

Ethical permission was obtained from the Ethical Committee of the North West University, Potchefstroom Campus. In addition, ethical permission was also obtained from the research committee of the Ministry of Health and Social Services of the Republic of Namibia. The ethical aspects that were considered in this study were avoidance of harm, voluntary participation of both urban and rural groups, informed consent and confidentiality (Babbie, 2010; Creswell, 2009; Strýdom, 2011).

Data analysis

The data were analysed with the SPSS version 21.0. The hierarchical linear modelling, often applied in groups where elements of a group are inter-dependent, was chosen as an appropriate approach for this analysis. The researcher chose the hierarchical linear model because it takes into account the dependency of measurements on the same person within and across a group or cluster (McCroach, 2010). The effect size used in this analysis describes the practical significance of differences between two means. The larger the effect size between two means, the more it is of practical significance (Olivier, 2009). Guidelines alluded to by Ellis and Steyn (2003) to interpret effect size were the following: (a) small effect $d = .2$; (b) medium effect $d = .5$ and (c) large effect $d = .8$. Normally the p -value should be smaller than $.05$, but for the purpose of this study, a small sample size was used, therefore, p -value of smaller than $<.1$ will be regarded as significant. For this study, it was important to establish whether as a result of the support group intervention programme any differences were observed between the rural and urban group, any differences observed over a time period as the group progressed, and whether these differences are of practical significance.

RESULTS

The results of the hierarchical linear models over time, effect sizes and reliability will be presented on the following page.

Profile of respondents

Table 1: Profile of respondents

	Urban (n=10)	Rural (n=12)
Age of caregiver:		
20-29	1	3
30-39	1	3
40-49	5	3
50-59	2	2
60-69	1	1
Above 70		
Marital status of caregiver:		
Single	7	7
Married	1	3
Divorce	2	2
Highest educational level:		
Never been in school		1
Grade 7:	7	7
Grade 10	1	3
Grade 12:	2	1
Relationship with care recipient:		
Parent	7	7
Sibling	3	2
Grandparent	2	1
Uncle		1
Neighbour		1

Table 1 above indicates that the age of caregivers varies from young to middle adulthood, including seniors above 70 years. Most of the caregivers are single or divorced, with only a primary education. The parent-child relationship also happens to be the most dominant caregiver and care recipient relationship.

Results from the Zarit Burden Interview (ZBI)

The Zarit Burden Interview (ZBI) (in Table No 2) was measured at pre-test, post-test and postponed post-test. According to Whitlatch et al. (1991) two domains investigated were personal strain and role strain.

Table 2: Results of hierarchical linear models over time, effect sizes and reliability for the Zarit Burden Interview (ZBI)

Domains	Rural/urban differences			Residual estimate	Differences over time: pretest (1), post-test (2), postponed post-test (3)			Reliability
	Means Rural/Urban	P-Value Rural/Urban	Effect size of Rural/Urban		Means (time: 1,2,3)	P-Value (time: 1,2,3)	Effect size (time: 1,2,3)	
Personal	R: .91	.02	1.02	.43	1: 1.21	<0.001	1 & 2: 1.20	.83
	U: 1.34				2: .70		1 & 3: .60	
					3: 1.48		2 & 3: 1.80	
Role	R: .56	.01	1.16	.41	1: .75	.46	1 & 2: .20	.68
	U: 1.02				2: .67		1 & 3: .52	
					3: .96		2 & 3: .72	

Personal strain

The Cronbach alpha reliability test indicates that a score of .83 was attained for the 12-items measure on personal strain. The rural group indicated that they encounter personal strain less frequently as a mean response of .91 was attained, than the urban group who also reported that on average they almost never encounter personal strain with a higher mean response of 1.34. The p-value regarding personal strain between the rural and urban group was measured .02, which was of statistical significance. The effect size for the difference of the means for personal strain between the rural and urban group is 1.02, which indicates a large effect and is of practical significance. The mean response for personal strain at pre test was 1.21, the mean response decreased slightly at post test to .70, and at postponed post test the mean response increased to 1.48. The p-value regarding personal strain tested at different times was measured <0.001 which is of statistical significance. The effect size for the difference of the means for personal strain between the pretest and post test was 1.20 a large effect of practical significance, however, the effect size for the difference of the means between the pretest and postponed posttest for personal strain decreased to a medium effect of .60. The effect size for the difference of the means between the post test and postponed post test was significant as it produced a large effect size of 1.80.

Role strain

The Cronbach alpha reliability of the 6-item measure of role strain was .68. The rural group encountered less frequently role strain, with a mean response of .56, than the urban group who almost never encountered any role strain with a mean response of 1.02. The p-value regarding the role strain for the rural and urban group was measured at .01, which is of statistical significance. The effect size for the difference of the means for role strain between the rural and urban group was found to be 1.16 which indicates a large effect of practical significance.

The mean responses for role strain at pretest, post test and postponed post test were all very low. The p-value regarding role strain during different test was measured .46, and thus of no significance. The effect size for the difference of role strain between the pre and post test was .20 which indicates a small effect of no significance. The effect size for the difference of the means for role strain between the pre test and the postponed post test was .52 which indicates a medium effect and is of significance. The effect size for the

difference of the means for role strain between the post test and the postponed post test was .72 which indicates a medium effect of significance.

Results from the Potentially Harmful Behaviour (PHB) scale

The Potentially Harmful Behavior (PHB) was measured at pre-test, posttest and postponed posttest. Results on psychological abuse and physical abuse as forms of potentially harmful behaviour (Table 3) will be reported in the section on the following page.

Table 3: Results of hierarchical linear models over time, effect sizes and reliability for the Potentially Harmful Behaviour scale (PHB)

Dimension	Rural/urban differences			Residual estimate	Differences over time: pretest (1), post test (2), postponed post test (3)			Reliability
	Means Rural/Urban	P-Value Rural/Urban	Effect size of Rural/Urban		Means (time: 1, 2, 3)	P-value (time: 1,2,3)	Effect size (time: 1,2,3)	
Psychological abuse	R: .30 U: .60	.12	.69	.42	1: .59 2: .38 3: .40	.54	1 & 2: .50 1 & 3: .43 2 & 3: .07	.81
Physical abuse	R: .03 U: .05	.75	.54	.03	1: .04 2: .05 3: .03	.96	1 & 2: .35 1 & 3: .23 2 & 3: .58	.59

Psychological abuse

The 5 - item measure for psychological abuse was found to be highly reliable and was .81. A low response to indicate that psychological abuse on average never occurs was reported by both rural and urban groups, although the mean response for the urban group was higher, at .60 while the mean response for the rural group was .30. The p-value regarding the rural and urban differences for psychological abuse was measured at .12 which indicates that the differences were insignificant. The effect size for the difference of the means for psychological abuse between the rural and urban group was .69 which indicates a medium size effect and is considered important in practice.

Responses for psychological abuse were under reported amongst the respondents. At the pre-test the mean response for psychological abuse was .59, the mean response decreased to .38 at posttest, and only slightly increased at postponed posttest with a mean score of .40. The p-value regarding psychological abuse was measured at .54, which was of no significance. The effect size for the difference of the means between the pre-test and the post-test regarding psychological abuse was .50 which indicates a medium significant difference. The effect size for the difference of the means between the pre-test and the postponed post-test regarding psychological abuse was .43 which indicates an insignificant difference. The effect size for the difference of the means between the post-test and the postponed post-test regarding psychological abuse was .07 which is insignificant.

Physical abuse

The Cronbach alpha reliability of the 5-item measure of physical abuse was .59.

The effect size for the difference of the means for physical abuse in urban and rural areas was .54 which indicates a medium effect. The mean response for physical abuse scored even less than psychological abuse. Both rural and urban groups indicated that physical abuse never occurs, although the urban group scored higher. The mean response for the rural group was .03 while the mean response for the urban group was .05. These differences are due to the fact that physical abuse may be less likely to be reported than psychological abuse. The p-value regarding physical abuse was measured at .75 which was not significant.

The measures for physical abuse at pre-test, post-test and postponed posttest were all very low scores. The p-value regarding physical abuse was measured .96 which is not statistically significant. The effect size for the difference of the means on physical abuse between the pretest and the post test was .35 which indicates a small effect of no significance. The effect size for the difference of the means between the pretest and the post-test regarding physical abuse was .23 which also indicates an insignificant difference. The effect size for the difference of the means between the post test and postponed posttest regarding physical abuse was .58, which indicates a medium effect of significant difference.

Results from the Group Engagement Measure (GEM)

The measurements for the Group Engagement Measure (GEM) was done at 4th, 6th and 8th group session (see Table No 4).

Table 4: Results of hierarchical linear models over time, effect sizes and reliability for the Group Engagement Measure (GEM)

Dimension	Rural/urban differences			Residual estimate	Differences over time: 4th session (1), 6th session (2), 8th session (3)			Reliability
	Means Rural/ Urban	P-Value Rural/ Urban	Effect size of Rural/ Urban		Means (time: 1, 2, 3)	P-Value (time: 1,2,3)	Effect size (time: 1,2,3)	
1. Contributing	R: 3.29 U: 4.10	<0.001	1.08	.75	1: 3.55 2: 3.48 3: 4.06	.12	1 & 2: .11 1 & 3: .67 2 & 3: .78	.96
2. Relating to worker	R: 3.70 U: 4.17	.03	.88	.53	1: 3.88 2: 3.68 3: 4.25	.09	1 & 2: .39 1 & 3: .70 2 & 3: 1.07	.81
3. Relating with members	R: 3.25 U: 3.85	.03	.70	.87	1: 3.38 2: 3.22 3: 4.04	.03	1 & 2: .16 1 & 3: .78 2 & 3: .94	.80
4. Working on own problems	R 2.74 U: 3.13	.07	.69	.57	1: 2.92 2: 2.70 3: 3.20	.19	1 & 2: .38 1 & 3: .48 2 & 3: .86	.80
5. Working with others' problems	R 2.68 U: 3.02	.09	.70	.50	1: 2.80 2: 2.64 3: 3.11	.17	1 & 2: .34 1 & 3: .60 2 & 3: .94	.91

Amongst the seven domains of the Group Engagement Measure (GEM), two dimensions namely 'attending' and 'contracting' will be excluded from further analysis and interpretation as they scored too low on the Cronbach alpha reliability test. In the section below the results on the five dimensions of the Group Engagement Measure (GEM) namely contributing, relating to worker, relating with members, working on own problems and working with other's problems will be reported.

Contributing

The Cronbach alpha reliability of the 5-item measure of contributing was .96. In the rural group the mean responses for contributing sometimes to the group process was 3.29, while with the urban group the mean response for contributing was higher, as their mean response for contributing a good part of the time was 4.10. The effect size for the difference of the means between the rural and urban group was 1.08, which indicates a large effect size of practical significance. The p-value of <.001 was attained between the rural and the urban group with regards to contributing to the group process, which was statistically significant.

Comparing the changes that occurred over a time period with regards to contributing to the group process, the mean responses at the 4th session was 3.55. at the 6th session the group member contributions slightly decreased to 3.48, but again at the 8th session the members contributions increased to 4.06. The p-value regarding the contribution of group members to the group process was measured at .12 and of no statistical significance because of its high value. The level of contribution between the 4th group session and the 6th group session have shown a small effect size of .11 which was not significant. The level of contribution between the 4th group session and the 8th group session have shown a medium effect size of .67 which was of practical significance. Similarly the level of contribution towards the group process between the 6th and the 8th group session has also shown that a medium effect size of .78. This change in the level of contribution of group members can be attributed to the fact that group dynamics does not remain static but changes constantly depending of the level of trust and cohesion in groups.

Relating to worker

The dimension 'relating to worker' (3-items) attained a Cronbach-alpha score of .81. The rural group relate less frequently to the worker as shown by the mean response of 3.70 than the urban group, as their mean response is 4.17.

The effect size for the difference between the means of the rural group and urban group is .88, a large effect and of importance for practice. The p-value for the rural and urban group in terms of relating to the worker was .03, and is of statistical significance.

The results shows that members eagerly related to the worker, the mean response of member's relating to the worker at the 4th group session was 3.88, it slightly decreased to 3.68 at the 6th group session but it increased to 4.25 at the 8th group session. With regard to testing over time how members relate to the worker, a low effect size of .39 was attained between the 4th and the 6th group session which was of no significance. Between the 4th and the 8th group session a medium effect size of .70 was attained for relating to workers. However, between the 6th and the 8th group session, a high effect size of 1.07 was attained which is of practical and statistical significance. The p-value of the changes that occurred over the time was scored at .09, which is of statistical significance.

Relating with members

The dimension 'relating with members' (3-items) were found to be highly reliable .80. The mean response of the rural group in terms of relating with members was 3.25, while the mean response for the urban group to relate with members was 3.85. The effect size for the difference between the two means of the rural and urban group indicates a medium effect size of .70 which is of statistical significance. The p-value scored between the urban and rural group was .03, which is of significance.

The mean responses of group members as they have related to one another was 3.38 at the 4th group session, it slightly decreased to 3.22 at the 6th session but it increased to 4.04 at the 8th group session. The p-value of members relating to one another was .03 and is of statistical significance. The effect size between the 4th and the 6th group session for relating to members has a low effect of .16 and not of any significant value. However, a medium to high effect size of .78 was attained between the 4th and the 8th group session which is of practical significance. Furthermore, the effect size between the 6th and the 8th group session was even higher, .94 again of practical significance.

Working on own problems

The Cronbach alpha reliability of the 5-items measure of working on own problems was .80. The rural group was less likely to work on their own problem than the urban group, with a mean score of 2.74 for the rural group and a mean score of 3.13 for the urban group. An effect size of medium effect of .69 was scored for the difference of the means between rural and urban groups in terms of working on their own problems. The p-value for the rural-urban differences with regard to working on own problems was a small value of .07, which is of statistical significance. The differences are due to the fact that respondents were initially focused on the problems of the care recipients, but the urban group sooner could make the shift to start to work on their own problems.

With regards to working on own problems the mean responses at the 4th group session was 2.92, it slightly dropped at the sixth group session to 2.70, but the mean response increased to 3.20 at the 8th group session. The effect size for the difference of the means between the 4th and the 6th session regarding working on own problems was .38 which indicates an insignificant difference. Similarly, the effect size of the difference between means of the 4th group session and the 8th group session regarding the domain 'working on own problems' also indicates an insignificance difference of .48. However, a large effect size of .86 was found between the 6th session and the 8th session regarding 'working on own problems', which indicates a significant difference. The p-value regarding 'working on own problems' over the time period was found to be .19, which indicates that the changes was not of statistical significance.

Working with others' problems

The Cronbach alpha reliability of the 5-items measure of working with others' problems was .91. The mean response of the rural group for working with other's problems was 2.68 while the mean response for the urban group was 3.02, which indicates that the urban groups have scored higher. The difference between the rural group and the urban group is of statistical significance as a low p-value of .09 was attained. The effect size of the difference of the means between the rural group and the urban group regarding working on other's problems was .70 which indicates a medium significance.

The mean responses of the group members with regard to working on other's problems was 2.80 at the 4th group session, it decreased to 2.64 at the 6th group session but it increased to 3.11 at the 8th group session. The p-value regarding the changes over the time with regards to the member's working on other's problem was .17, and was not of significance. The effect size for the difference of the means concerning working on other's problems between the 4th and the 6th group session was .34 which was small and therefore insignificant. The effect size for the difference of the means about working on other's problems between the 4th and the 8th group session was .60 and is considered of a medium effect. The effect size for the difference of the means relating to working on other's problems between the 6th and the 8th group session was .94, and is considered practically significant.

From the various scales on the outcome of the support group programme, it is evident that more caregivers in the urban group experienced caregiver burden than the caregivers from the rural group. While the personal strain of caregivers have reduced significantly as a result of the support group programme, elder abuse remains an underreported phenomenon. The scales on the process evaluation of the support group have shown that caregivers from the urban group were more engaged in the group process than caregivers from the rural group.

DISCUSSION

The purpose of the study was to evaluate the effectiveness of support group interventions with informal caregivers of older people from urban and rural settings to prevent elder abuse and neglect. The research contributes towards the body of knowledge on informal care of older people in urban and rural areas, previous research by Kloppers (2011) only focused on an educational programme for formal caregivers from old age homes in Namibia.

The Zarit Burden Interview (ZBI) revealed that urban caregivers experience more personal and role strain than rural caregivers; in fact, the differences between the rural and urban caregivers are of practical significance. According to McKenzie, McLaughlin, Dobson and Byles (2010) contradictory findings exist in the literature concerning urban-rural caregiver's perceptions on their strain. In this study, the personal strain of caregivers has decreased significantly between the pre-test and post-test as well as between the post test and the postponed post-test. These changes can be ascribed to a positive outcome of the support group intervention which was covered through topics such as self-care and caregiver stress. With regards to the role change of caregivers at pre-test, post-test and postponed post-test, fewer significant

changes have occurred. Informal caregiving in multigenerational households implies that the presence of many people in the household may influence perceptions on the role strain of caregivers.

The Potentially Harmful Behaviour (PHB) scale reveals that psychological abuse and physical abuse were under-reported in this study. However, contrary to Phakathi (2011), who claims that older people experience more physical abuse, psychological abuse was reported to be higher in this study. Insignificant changes occurred with regards to the reporting psychological and physical abuse at pre-test, post-test and postponed post-test, although a decline in reporting Potentially Harmful Behaviour (PHB) was evident as the group evolved. During the group intervention, various forms of elder abuse committed by family members in multigenerational households have been admitted to occur in the community. However, caregivers were less likely to self-report elder abuse.

The Group Engagement Measure (GEM) indicated that the urban group was more engaged than the rural group in all the domains of the Group Engagement Measure (GEM) than the rural group. The results are consistent with findings from Chadiha et al. (2011) that informal care needs are different in rural and urban contexts which need further investigation. The differences between the urban and rural group can further be ascribed to an observation that caregivers from the rural communities are from a closer community, may be related to one another which is not the case in urban communities. Therefore, caregivers from the rural group may assume that it is not necessary to share their struggles that are already known in the community in a support group. The Group Engagement Measure (GEM), over a time period, has shown a decrease in the observations of member engagement between the 4th and the 6th group session, while it increased at the 8th group session. These differences are due to changes in the group dynamics that occur as groups evolve (Toseland and Rivas, 2005). The change that occurred between the second test (6th session) and the third test (8th session) clearly indicates that growth have occurred amongst group members with regards to their engagement to the group process and is an indication of the success of the group intervention. The study had a number of limitations. Firstly, the study was only carried out in the Khomas region, and thus cannot be generalised to the rest of the Namibian population. In any case, intervention studies cannot be implemented with large sample sizes. Secondly, a non-controlled pre-test, post-test and postponed post-test was done with the informal caregivers from the rural and the group as two single systems. However, a comparison group for both the rural and urban group was lacking because caregivers as a target population were not easily

accessible. Thirdly, the Potentially Harmful Behaviour (scale) is among the few existing standardised measuring instruments for elder abuse and neglect behaviour outcomes, only focused on psychological and physical abuse, thus other forms of elder abuse and neglect could not be measured. Finally, it is difficult to obtain access to informal caregivers of older people. Caregivers at risk of displaying abusive or neglectful behaviour towards the older person are even more difficult to access. The intervention study could have yielded different results if informal caregivers at risk of displaying abusive behaviours towards the older person could take part in the study.

CONCLUSION

A support group intervention with informal caregivers of older people to prevent elder abuse and neglect in rural and urban settings was evaluated. The findings have shown rural caregivers experienced more burden than urban caregivers. Generally, potential harmful behaviour has decreased significantly at postponed post-test. Furthermore, caregivers from the urban group were more engaged in the group process than the rural group. One can thus conclude that supportive interventions in the form of support groups for informal caregivers can reduce caregiver burden to some extent, to prevent elder abuse and neglect. However, support group programmes have to be adjusted to address unique challenges of informal caregiving of older persons in rural and urban communities. In order to strengthen community based initiatives such as support group interventions, greater interest amongst helping professional in social gerontology is needed. The need for policy development around assessment and supportive services for informal caregivers can also improve community care of older citizens. Finally, social and socio-economic needs of informal caregivers, especially pertaining to income generation and education can be met if a truly social development approach that involves various stakeholders is followed.

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