

THE RELATIONSHIP OF FAMILY SUPPORT ON ELDERLY DEPRESSION

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Article Info	Abstract
<p>Article History: Received: 19 December 2023 Revised: 25 December 2023 Accepted: 28 December 2023</p> <p>Keywords: family support, depression, elderly</p> <p>Corresponding Author: Lisnawati Department of Community Nursing, Mandala Waluya University, Kendari, Indonesia</p> <p>Email: lisnawati150290@gmail.com</p>	<p>Background Depression among the elderly is still a health problem in Indonesia. One of the risk factors for depression is a lack of family support. The aim of this research is to analyze the relationship between family support and depression in the elderly in Wanggudu Village, Asera District, North Konawe Regency.</p> <p>Method Quantitative research method with a cross-sectional design. The respondents were 43 elderly people who were selected using simple random sampling. Data were collected using a structured questionnaire and analyzed univariately and bivariately with the Spearman correlation test ($\alpha = 0.05$).</p> <p>Results Most of the elderly (69.7%) received insufficient family support. In addition, most elderly people (69.7%) experience severe depression. The statistical test results show an R correlation value of 0.7 and a p value of 0.000 ($p < 0.05$), which means there is a significant relationship between family support and depression in the elderly. The lower the family support, the higher the level of depression in the elderly.</p> <p>Conclusion There is a significant relationship between family support and depression in the elderly. Low family support contributes to the emergence of depressive symptoms in the elderly. Increasing attention and interaction from family members is very necessary to prevent depression in the elderly.</p>

Background

Elderly (elderly) is a phase or process of human life that is characterized by a decrease and limitation of the body's ability to adapt to the social environment. Based on Law No. 13 of 1998 concerning the welfare of the elderly and Government Regulation No. 43/2004, the age limit for elderly people in Indonesia is 60 years and over. As the level of health and welfare of the population in Indonesia increases, this has an impact on increasing the life expectancy rate (AHH) in Indonesia.

According to the BPS Sultra (2017) data, there was a notable rise in AHH from 2014 (70.28 years) to 2016 (70.46 years). The pattern was affirmed by the information gathered by BPS North Konawe (2017) in the newly formed North Konawe Regency in 2007. The expansion of Konawe Regency increased quite significantly. In 2012, the AHH of North Konawe Regency was 67.63 years, and in 2016, it was 68.64 years. This increase in AHH is also in line with the increase in the number of elderly people in North Konawe Regency in 2012 aged 65+ years

(2.62%), and in 2016 it was 2.90% (BPS North Konawe, 2017). The increase in the number of elderly people is an indicator of development success as well as a challenge to development. Success due to the increase in the number of elderly is the impact of increasing life expectancy, while as a challenge, the increase in the number of elderly will give rise to important problems (BKKBN, 2013).

The problems of the elderly are not only physical problems but also psychological problems. As people get older, they will experience decline, especially in the areas of physical ability and retirement status, which can result in a decline in their social roles. Their social activity will decrease, which will result in reduced integration with their environment. This condition causes the elderly to be more vulnerable to experiencing mental problems, one of which is depression (Purba et al., 2010). Depression among the elderly is still a major health problem. According to the WHO, the prevalence of depression in the elderly reaches 7% (WHO, 2017). In Indonesia, the prevalence of depression among the elderly is reported to reach 14.3% based on the diagnosis of health workers (Fatimah, 2015).

Several risk factors, spanning biological, psychological, and social elements, contribute to this depression (Zhang et al., 2019). One social factor that is thought to play an important role is family support. Several studies show that family support is associated with the risk of depression in the elderly (Lee et al., 2019; Park et al., 2018). The elderly greatly require family support due to their susceptibility to physical and cognitive decline (Putri & Hudiyawati, 2021). However, data regarding the relationship between family support and depression among the elderly in Indonesia is still limited. Most research was conducted in urban areas with different socio-economic characteristics (Wulandari et al., 2018). Data on rural communities, especially in eastern Indonesia, is still very lacking. North Konawe Regency is one of the endemic areas for depression in Eastern Indonesia, with the prevalence of depression in the general population reaching 14% (North Konawe Health Office, 2021). There is no data on the prevalence of depression, specifically among the elderly, in this area. Wanggudu Village is one of the areas in North Konawe Regency where the majority of the population works as farmers and fishermen (BPS North Konawe, 2022). It is thought that these different socio-economic characteristics will influence the pattern of family support for the elderly.

However, there is no data regarding the description of family support for the elderly and its relationship with depression in Wanggudu Village. It is important to carry out research on this matter to determine the risk factors for depression that are typical of the elderly in rural areas of Eastern Indonesia. This data can be used to formulate interventions based on local health problems in an effort to reduce depression rates in the elderly. Well-targeted interventions are thought to be more effective because they take into account the socio-cultural characteristics of the local community. Therefore, the aim of this research is to analyze the relationship between family support and depression in the elderly in Wanggudu Village, Asera District, North Konawe Regency. It is hoped that the research results will provide empirical evidence regarding the role of family support in elderly depression in rural areas of eastern Indonesia.

Method

This research uses a quantitative research design with a correlational study approach, examining the relationship between variables cross-sectionally. This research was conducted in Wanggudu Village, Asera District, and North Konawe Regency. carried out from May to June 2022. The population in this study was all elderly and elderly families in Wanggudu Village, Asera District, North Konawe Regency, totaling 49 elderly people. The sample size obtained was 43 elderly people and elderly families, with the sample inclusion criteria in this study being Elderly age 60–75 years, living with family, located in Kel. Wanggudu, and the sample exclusion criteria in this study were suffering from malignant disease, suffering from Alzheimer's, and the elderly and their families were not willing to be studied.

Research Instrument

1. Family Support

Family support is provided by the closest family, for example, children, in-laws, and grandchildren. Family support includes the functions of adaptation, relationships, growth, affection, and resolution. Measuring the level of family support using an assessment of the social status of the elderly (APGAR Family Scale), which consists of 5 questions with an answer rating always worth 2, sometimes worth 1, and almost never worth 0. Objective

Criteria: Poor: if the respondent gets a score ≤ 3 . Good if the respondent gets a score > 3 .

Depression in the elderly. Measuring the level of depression in the elderly using a depression questionnaire or geriatric depression scale (Geriatric Depression Scale 14-Item/GDS-14).

Results

Univariate Analysis

Table 1 Distribution of Demographic Characteristics, Family Support and Elderly Depression in Wanggudu Village, Asera District, North Konawe Regency

NO	AGE	F	%
1	60-70	26	86.7
2	71-75	4	13.3
GENDER			
1	Man	20	46.5
2	Woman	23	53.5
EDUCATION			
1	Elementary school	6	14.0
2	Junior high school	13	30.2
3	Senior high school	22	51.2
4	Academic/PT	2	4.7
Marital Status of the Elderly			
1	Widow widower	20	46.5
2	Marry	23	53.5
Religion			
1	Islam	42	97.7
2	Christian	1	2.3
Work			
1	Retired	8	18.6
2	Farmer	10	23.3

3	Self-employed	15	34.9
4	Not working	10	23.3
Family Support			
1	Not enough	30	69.7
2	Good	13	30.3
Elderly Depression Levels			
1	Normal/Not Depressed	13	30.3
2	Depression	30	69.7

Table 1. Demographic characteristics of respondents from Wanggudu Subdistrict show that the majority of respondents were women, 23 people (53.5%), while the number of men was 20 people (46.5%). The majority of the elderly population had attained a high school education, comprising 22 individuals (51.2%). Subsequently, 13 individuals had finished junior high school (30.2%), 6 individuals held diplomas from elementary school (14%), and 2 individuals had completed college or pursued higher academic degrees.

People (4.7%). The majority of elderly people's marital status is married, with 23 people (53.5%), while there are 20 widows (46.5%). The majority of them are Muslims, namely 42 people (97.7%), while only 1 person (2.3%) adheres to Christianity. In terms of occupation, the highest number of elderly individuals are involved in entrepreneurship (15 people, 34.9%), followed by farmers and those not actively employed (10 people, 23.3%), and retirees (8 people, 18.6%). The research results also showed that family support for the elderly was still lacking, with 30 people (69.7%) experiencing a lack of support, while 13 people (30.3%) received good family support. In addition, the depression rate for the elderly in Wanggudu Village reached 69.7%, with only 13 people (30.3%) not experiencing depression or in normal condition.

Bivariate Analysis

Table 2 Results of Bivariate Analysis of the Relationship between family support and depression in the elderly

Family support	Depression Levels				Total		Chi square test (p)
	Normal		Depression		n	%	
	n	%	n	%			
Not enough	0	0	30	100	30	69.7	0,001
Good	13	100	0	0.0	11	30.3	
Total	13	100	30	100	43	100	

Based on table 2, it can be seen that family support in the good category is 13 people with a level of depression in the elderly, not depressed or normal, or as many as 13 elderly people. Then there are 30 elderly people in the poor/deficient category with family support, with 30 elderly people having severe levels of depression.

Discussion

Based on the results of the data analysis, it was found that the level of family support for the elderly in Wanggudu Village, Asera District, and North Konawe Regency is still very poor, as evidenced by 30 respondents, or 69.7%, lacking support and only 13 respondents who stated that family support for the elderly was good. This is due to the lack of family attention towards the elderly because elderly family members have their own busy lives, so there is very little interaction time, resulting in the elderly tending to be alone and feeling isolated in

the family environment and in society. Some of the elderly respondents we met also had physical limitations, such as being blind. The physical limitations of the elderly also make the situation worse because it reduces the hope of the elderly enjoying their age.

According to Nisa (2015), family support is very necessary in a family because the effect of family support on health and welfare functions simultaneously, and increasing life expectancy certainly has a greater impact on diseases in the elderly, the biggest disease being depressive disorders. So this requires a large role from the family to provide support and fulfill the needs of the elderly, so that coping mechanisms emerge from the elderly in dealing with stress.

Level of Depression in the Elderly

The results of the research showed that the majority of respondents, 30 people (69.7%), showed the level of depression in the elderly in Wanggudu Village, Asera District, North Konawe Regency, showed severe depression, and a small percentage of 13 people (30.3%) showed a normal or not depressed condition. Feelings of depression arise due to several indicators, including feelings of fear, limited activities, lack of attention, and loneliness.

As per Namora (2009, cited in Basuki, 2015), depression rarely stems from a single factor; instead, it typically results from an interplay of various factors in diverse combinations, shaping conditions that impact the frequency and intensity of depression.

Elderly individuals experiencing depression often exhibit signs such as a preference for solitude over social interaction, difficulty recalling the current day, insomnia, a lack of energy for daily tasks, and a decline in overall physical function.

Based on gender, 18 female respondents experienced severe depression, while 12 male respondents experienced severe depression. Pease (2001, as cited in Basuki, 2015) provided this explanation. According to him, the greater number of women recorded as experiencing depression could also be due to their communication patterns. Women's communication patterns are different from men's communication patterns. If a woman has a problem, she wants to communicate it to other people and needs support or help from other people, whereas men tend to think about the problem themselves and look for a solution.

The elderly are the final stage of human development. The elderly hope to live their lives in peace and enjoy old age with their beloved children and grandchildren with great love. But in reality, not all elderly people get to live like that. Various life problems that befall the elderly throughout their lives include poverty, physical limitations, problems with their family or children, or conditions where the elderly do not have offspring who can care for them. So the elderly do not have a place to share all their life problems, and conditions like this can lead to depression in the elderly.

Relationship between family support and depression in the elderly

The connection between family support and depression among the elderly hinges upon the principles of naturalistic essence, positing that natural occurrences follow inherent patterns (Matondang, 2014). Statistical methods aim to preserve this natural fairness through randomized sampling, aiming for data that reflects standard conditions rather than isolated natural phenomena within the measured aspect. By employing random characteristics in the sampling process, the responses from the research sample, assumed to represent the population, are considered rational. This alignment with natural tendencies and uniform patterns yields data that adheres closely to anticipated trends, manifesting a centralized tendency.

The analysis has revealed a discernible pattern established by two variables: family support and depression among the elderly. The relationship between family support and elderly depression indicates that insufficient family support exacerbates depression among the

elderly. Conversely, robust family support correlates with the normal or absence of depression among the elderly. This concurs with the correlation value derived from SPSS 16 analysis, where an R value of 0.7 and a p value of $0.000 < 0.05$ substantiate a significant relationship between family support and elderly depression within Wanggudu Village, Asera District, North Konawe Regency.

The family unit, serving as a micro-organization, significantly shapes the physical and mental well-being of the elderly. According to the family function, specifically the affective function aimed at personality maintenance, maintaining stability and fulfilling the needs of the elderly become imperative (Lisnawati et al., 2021). Consequently, family support for the elderly is pivotal, as family members constitute their primary caregivers and companions. Insufficient family support leads to elderly depression stemming from inadequate attention and communication. Diminished family interactions result from the busy schedules of productive-age family members, creating a mismatch with the unproductive phase of the elderly—an issue requiring attention. This is in line with Azizah's (2011) literature review, suggesting that family support provides physical and psychological comfort to the elderly. It is evident in how social support influences stress occurrences, where Lieberman (1992, cited in Azizah, 2011) posits that social support theoretically diminishes stress-inducing event occurrences. If such events transpire, interactions with others can alter an individual's perception, reducing potential stress triggers.

Furthermore, parallels are drawn between the current research findings and previous studies, such as Parasari and Made Diah Lestari's (2015) exploration titled "Family Social Relations and Elderly Depression Levels in Sading Village." Their research echoes a significant relationship between family social support and elderly depression levels. Notably, the relationship observed is inverse; higher family social support aligns with lower levels of depression.

Research Limitations

Limited scope of research. This research was only carried out in one sub-district, namely Wanggudu Sub-district, so the results cannot be generalized to a wider area. Further research is needed with population coverage and samples from several sub-districts or sub-districts.

Single dependent variable This research only analyzes one dependent variable, namely the level of depression in the elderly. It is necessary to add other dependent variables related to the mental health status of the elderly such as anxiety, stress, and so on.

Cross-sectional research design Cross-sectional designs only measure variables at one point in time, making it difficult to determine cause-and-effect relationships between variables. Longitudinal research designs are needed to assess changes in family support and depression in older adults over time.

Simple data analysis techniques Data analysis in this research is limited to descriptive statistics and simple correlations. Further data analysis is needed, such as path analysis, to see the direct and indirect influence of the independent variable on the dependent variable.

Not controlling for confounding factors. Many other factors can influence depression in the elderly besides family support, but in this study they were not controlled as confounding factors. This can interfere with the interpretation of the results regarding the influence of family support on depression in the elderly.

Conclusion

Based on the research results, it can be concluded that there is a significant relationship between family support and depression in the elderly in Wanggudu Village. The lower the family support, the higher the level of depression in the elderly. However, this research has

several limitations, including only being conducted in one subdistrict, single dependent variable, cross-sectional design, simple data analysis, and not controlling for other confounding factors. Therefore, it is recommended for future researchers to expand the scope of the research, add other dependent variables related to the mental health of the elderly, use a longitudinal design, carry out more complex data analysis, and control confounding factors that have the potential to influence the relationship between the variables studied. Apart from that, the Government is also advised to continue providing assistance to the elderly by optimizing the function of the Elderly Posyandu. Meanwhile, it is hoped that society can better understand the importance of the family's role in supporting the welfare of the elderly in order to avoid depression.

Conflict of Interests

There is no conflict of interest in this research.

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