

The Corelation between Family Support and Depression in the Elderly in the Work Area of the Bangetayu Health Center, Semarang

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Abstract

Elderly experiencing physical and psychological problems. The physical problem faced by the elderly is the decreased ability to perform daily activities independently including spiritual activities. Psychological problems such as loneliness and anxiety over death that result in depression. The purpose of this study was to analyze the relationship between family support and depression in the elderly in the work area of the Bangetayu Public Health Center in Semarang. This research design uses correlation study research with cross sectional approach. The population in this study were all the elderly who lived in the work area of the Bangetayu Public Health Center, namely 637 elderlies. The sampling technique used was simple random sampling with 86 respondents. The results showed that the majority of family support was in the moderate category (75.6%), and most of the elderly also experienced depression in the moderate category (89.5%). Statistical test results show that there is a significant corelation between family support and elderly depression. Based on the above results, the family with the elderly to continue to give attention, affection, and other forms of support to the elderly so they can live the rest of their lives happily.

Keywords: Family support; elderly depression

INTRODUCTION

An increase in life expectancy (UHH) is an indication that health development is experiencing success (Herlinah et al., 2013). Indonesia's development is one of the fastest in the world, including in the world of health. Based on data from WHO, that human life expectancy in Indonesia continues to increase and in 2020 is expected to reach more than 70 years (Darmojo, 2015). The World Health Organization (WHO) explained that in the Southeast Asia region in 2000 with 8%, that is around 142 million elderlies. Meanwhile the number of elderly people in 2010 was 24,000,000 or 9.77%, and it is predicted that in 2020 the number of elderly people will increase to 28,800,000 elderly people or 11.34% (Ministry of Health, 2013). This number is projected to continue to grow in 2050 until it reaches 23% of Indonesia's total population (BPS, 2017).

In Indonesia, the number of elderly people is increasing steadily. In 2008 BPS stated that the number of elderly people in 2000 was 7.5% or around 15 million people. The elderly

population in 2020 in Indonesia is 28.8 million or 11.34% (Hamid, 2007). Based on the total population in Central Java Province through the Central Java BPS, the population experienced an increase in 2005, namely 3,832,295, while in 2004 there were 3,741,811 people. The number of elderly aged between 50-54 years was 1,868,820, and the age group 55-59 years was 1,429,667, while the age group 60-64 years was 1,057,744, the age group 65-65 years was 837,662, the age group was 70 – 75 years totaling 635,171 and in the age group over 75 years totaling 815,914 (Central Java Provincial Statistical Agency, 2014). Based on the profile of the elderly in Central Java in 2017, the number of elderly people reached 12.59%.

In the city of Semarang in 2006 the number of elderly populations was 90,080 people and in 2007 was 141,853 people. Whereas in 2012 the elderly population was 100,050 people, and based on the 2017 census the number of elderly people was 141,697 people or 8.193% of 1,729,428 people. This elderly population is measured based on the population aged 60 years and over (BPS Kota Semarang, 2017). An increase in the number of elderly people is not only an indicator of the success of developing good health, but it is also a challenge that must be faced, because the elderly experience physical and psychological problems. The physical problem faced by the elderly is the decreased ability to carry out daily activities independently, including spiritual activities. Meanwhile, psychologically the problem that often arises is feeling lonely and anxious about death which results in depression.

The results of the research by Widianingrum et al. (2017) regarding the description of depression in the Semarang City Regional Institution, found that as many as 71.8% of the elderly experienced depression. Based on the characteristics, there were 42.7% of the elderly aged 70-80 years who experienced depression, as many as 73.6% of the elderly who were female experienced depression, as many as 38.2% of the elderly who did not go to school experienced depression. The results of the study also found that 39.1% of the elderly consumed analgesic drugs because they were depressed with less social support, namely 53.6%.

The number of elderly people who continue to increase and become part of a family requires an assessment of the incidence of depression in the elderly and family support, because family support is an important factor in the incidence of depression in the elderly (Oliveira, 2014). Providing family support to the elderly is influenced by several factors, namely the lack of family knowledge about the importance of family support, the family is less sensitive to their surroundings, there are no resources to help, the family is facing stress or because the elderly are unable to understand the meaning of family support, so they do not receive support from family (Safarino, 2006). The positive impact of having a supportive family is improving the welfare and health of the elderly (Setiati, 2014).

A preliminary survey conducted by researchers in the working area of the Bangetayu Health Center in Semarang found that the group of elderly people aged 60 years and over totaled 637 people. Based on the interview results, namely on August 1 2019 with a total of 10 families who had elderly members, it was found that 4 (40%) of them said that the elderly who lived with them experienced severe depression which was characterized by solitude, difficulty sleeping, low appetite and feeling depressed. lazy to pay attention to appearance. The survey results also found 3 (30%) of families with other elderly people stated mild depression, which was characterized by difficulty sleeping, decreased appetite and feeling useless. The survey results also found 3 (30%) of families with elderly people saying that depression did not occur because they received more attention from their families. Based on this explanation, the authors are interested in researching "The correlation between family support and depression in the elderly."

METHOD

This type of research is quantitative, namely conducting research where the form of data analysis uses statistical data (Sugiyono, 2011). The correlation study is the design used in this study which is intended to connect two research variables, namely independent and dependent (Hidayat, 2015). Cross sectional is the approach in this study by measuring the independent and dependent variables together. This study measured the relationship between family support and the incidence of depression in the elderly.

The population in this study were all the elderly who lived in the working area of the Bangetayu Health Center, Semarang, namely 637 elderlies. The sampling technique used is simple random sampling, where the entire population will be selected at simple random (Nursalam, 2012), totaling 86 respondents. The data analysis used is Sommer's correlation.

RESULTS AND DISCUSSION

Results

Family Support

Table 1

Frequency Distribution of Respondents Based on Elderly Family Support in the Working Area of the Bangetayu Health Center Semarang in 2020 (n=86)

Family support	Frequency	Percentage (%)
Low	0	0,0
Medium	65	75,6
High	21	24,4
Total	86	100

Based on Table 1, it is known that most of the family support is in the medium category, namely 65 people (75.6%) and 21 people (24.4%) in the high category, while there is no low support.

Depression in the Elderly

Table 2

Frequency Distribution of Respondents Based on Depression in the Elderly in the Working Area of the Bangetayu Health Center Semarang in 2020 (n=86)

Depression	Frequency	Percentage
No depression	0	0,0
Low	9	10,5
Medium	77	89,5
High	0	0,0
Total	86	100

Based on Table 2, it is known that most of the elderly experienced depression in the moderate category, namely as many as 77 people (89.5%) and as many as 9 people with mild depression (10.5%), while those who were not depressed and with severe depression did not.

Relationship between Family Support and Elderly Depression in the Working Area of the Bangetayu Health Center, Semarang

Table 3

The Relationship between Family Support and Elderly Depression in the Working Area of the Bangetayu Health Center Semarang in 2020 (n=86)

Variable	n	r	p
Relationship between family support and depression in the elderly	86	-0,513	0,002

Based on Table 3, it shows that using Somer's correlation, a correlation coefficient of -0.485 is obtained with a p of 0.002 (<0.05) so that there is a significant relationship between family support and depression in the elderly in the working area of the Bangetayu Health Center, Semarang. The form of the relationship between the two variables is negative, which means that if family support is higher, the level of depression in the elderly is getting lighter and conversely, if the support is getting lower, the level of depression is getting worse. The magnitude of the correlation value is in the range of 0.4 to <0.6 so that the strength of the relationship is stated to be moderate.

Discussion

Description of Family Support

The results of the study found that most of the family support was in the medium category, namely 75.6% and 24.4% in the high category. These results indicate that elderly families provide support to respondents, namely the elderly in living life in this old age. Family support is carried out in a reasonable manner while respecting elderly parents, by placing the elderly in their portion. Various kinds of needs are provided so that the elderly can still carry out their daily activities properly.

Family support for the elderly is divided into various forms of support, such as informational support. In this support, the family provides information and education to the elderly about various activities carried out by the elderly, such as food information, activity information and even information about the social life of the community so that the elderly can still socialize with their surroundings so that the elderly can still feel happy in their old age (Sarafinio, 2006).

Parents who do not get information about elderly health from their families can be caused by low knowledge of family members related to elderly health, both physical and mental health. In addition, parents have difficulty getting access to health, so they cannot be reached by education conducted by local health workers. This information support is very important and is needed by the elderly to be able to apply their abilities so they can avoid depression (Dani et al., 2014).

Other family support is in the form of instrumental support, such as fulfilling various needs to support the life of the elderly. These instrumental needs include food and financial needs. Families provide food-instrumental support by providing nutritional intake needs to meet the physical needs of the elderly. Financial instrumental support can be in the form of giving money because it is known that the elderly are no longer productive so they cannot work, so they cannot

manage finances, including getting it. Therefore the role of the family is very important in providing financial financial assistance (Friedman, 2010).

The lack of instrumental support received by old age is due to the fact that most respondents are no longer able to work. Productive family members who support and finance the life of the elderly. Sometimes the problem is when their children also have economic limitations, it becomes even more difficult for the child and results in meeting the neglected needs of the elderly. Conditions like this then make the elderly experience various difficulties and obstacles which then cause the elderly to experience depression. In addition, the social changes experienced by the elderly are also a cause of depression in the elderly (Dani et al., 2014).

The next family support is in the form of emotional support. The elderly in their twilight years really need attention and affection so that the presence of their family, including their grandchildren, is a special joy for them. The family is expected to provide shelter by providing time to be with the elderly so that the elderly, especially those living with their families, do not feel lonely. The existence of children and grandchildren will be a decoration of life for the elderly and can give them happiness. The elderly will still feel that the remnants of their lives are still useful for other people, especially their families (Sarafinio, 2006).

Low emotional support usually occurs because many elderly people have lost their life partners, this condition causes many elderly people to feel they have lost a place to tell stories and complain, or feel they have lost friends they can talk to, while it is usually children and grandchildren who some are too busy with their own affairs so they are unable to give time for the elderly to just be together and tell stories (Dani et al., 2014).

This family support is also inseparable from social and psychosocial factors that can influence the increased risk of disease and define and feel depressed and worried about their illness. In psychosocial variables, namely the existence of: marital conditions that remain harmonious, the pattern of life lived and the work environment, a person will seek approval in seeking support from social groups that will affect beliefs, health and how to implement them. The higher a person's economic level, they will be faster and more responsive to the symptoms of the disease they are experiencing. Someone who feels there is a health problem will try to seek help so that the health problem can be overcome immediately (Sarafinio, 2006).

Description of Depression in the Elderly

The results showed that most of the elderly experienced depression in the moderate category, namely as much as 89.5% and those with mild depression as much as 10.5%, while those who were not depressed and with severe depression did not. These results indicate that the elderly in their old age can experience quite severe depression because they feel that many things are not in line with their expectations and desires. Depression felt by the elderly can occur because they feel dissatisfied with their lives, feel useless for others, so that the elderly will feel less enthusiastic and there is a tendency to stay at home and socialize less.

Elderly, which is the final stage of human life, is very vulnerable to depression. This old age, so that you can avoid depression and achieve a happy life with your beloved children and grandchildren with great affection, is the dream of all the elderly. However, it turns out that not all elderly people get such an opportunity. Various life problems faced by a person throughout his life become an obstacle for him to get a hand in old age. These problems can be in the form of poverty, constant stress, various failures in life, and the emergence of disputes with family or children, or other causes such as the elderly who do not have children who are expected to be able to care for them when they are old and so on. In addition, if the elderly do not have a place to complain or pour out their anxiety into new problems that will continue to suppress their feelings

because this condition continues to become a burden because it will be pushed continuously into their subconscious. Increasing age which causes a decline in various functions and causes the inability of the elderly to carry out normal activities is one of the factors causing depression (Livana et al., 2018).

In normal life, the elderly will process normally, but the occurrence of depression is more caused by a pathological process. Generally, people will cope by seeking and fulfilling a sense of happiness, however, the elderly tend to deny that depression has happened to them. Generally, various symptoms appear in various forms such as lack of self-confidence which is usually difficult to diagnose (Evans, 2011). Cognitive factors, wrong interpretation in reading and observing something that causes helplessness, distortion, pessimism and even despair. Therefore the incidence of depression is caused by such negative views (Kaplan, 2010).

Corelation between family support and depression in the elderly

The research findings found that family support is associated with depression in the elderly in the working area of the Bangetayu Health Center, Semarang. The form of the relationship between the two variables is negative, which means that if family support is higher, the level of depression in the elderly is getting lighter and conversely, if the support is getting lower, the level of depression is getting worse. The magnitude of the correlation value is in the range of 0.4 to <0.6 so that the strength of the relationship is stated to be moderate.

Family support is an effort to provide therapy to the elderly from the family for the elderly who experience depression. The family is a part of fulfilling health for its members, including the elderly, so that various health problems can be resolved. Therefore, family support, especially emotional support, is a strength in itself for the elderly to be able to live their old days happily, so that other family members must understand the importance of this support so that the elderly can avoid depression.

The family is a unified whole in which there is a relationship of interdependence, mutual need, and good cooperation. Therefore family support has an important role in all matters. Depression experienced by the elderly is caused by various kinds of life problems faced by the elderly such as problems with poor social support, problems with losing a partner, financial problems, anxiety and fear problems which ultimately reduce self-confidence (Boedhi R. Darmodjo, 2011). The older the age of an elderly person, the higher the likelihood of depression occurring, as well as the lower the support provided by the family which is also very influential on the higher the likelihood of depression occurring. Families who are willing to accommodate the elderly and provide closeness and warmth with various social and emotional supports will make the elderly happier and more prosperous (Marchira et al., 2010). Of these three things, it is believed that it can reduce the feeling of depression / depression in the elderly. With good family support, it can minimize anxiety in each elderly, because the elderly can manage this anxiety to generate self-confidence and thinking (Savitri, 2010).

The results of this study are in line with research conducted by Anggara (2017) who examined the relationship between family support and depression levels in the elderly, who found a relationship between family support and depression in the elderly. This study found that in families whose support was in the less likely category the respondents experienced depression while in good family support the tendency was not to experience depression in the elderly.

Other studies that also support the results of this study have been conducted by Dani et al. (2014) who also studied family support for the incidence of depression in the elderly. The results of this study found that there was a relationship between family support and the incidence of

depression in the elderly in Nagari Tanjung Banai Aur, Sumpur Kudus District, Sijunjung Regency.

CONCLUSION

Based on the results of the study, it can be concluded that most family support is in the medium category, namely 75.6% and 24.4% in high, while there is no low support. Most of the elderly experienced depression in the moderate category, namely as much as 89.5% and mild depression as much as 10.5%, while those who were not depressed and had no major depression. There is a significant relationship between family support and depression in the elderly in the working area of the Bangetayu Health Center, Semarang. The form of the relationship between the two variables is negative with the strength of the relationship being. It is recommended that health workers continue to pay attention to the elderly in their area and provide education to elderly families to continue to be actively involved in providing support to the elderly so that the elderly can avoid depression.

REFERENCES

- Herlinah, L., Wiarsih, W., Rekawati, E., 2013. Hubungan Dukungan Keluarga Dengan Perilaku Lansia Dalam Pengendalian Hipertensi. *Jurnal Keperawatan Komunitas*, 1 (2), 118-115.
- Luecknotte, A. G. (2006). *Gerontologi Nursing*. Mosby-years. Book. inc
- Machira, C. R. (2010). *Pengaruh factor-faktor psokosial dan imsonia pada depresi pada lansia di kota Yogyakarta*. Universitas Gadjah Mada.
- Maryam, S. (2008). *Menengenal Usia Lanjut dan Perawatannya*. Salemba Medika
- Maslim, R. (2010). *Diagnosis Gangguan jiwa, Rujukan Ringkas PPDGJ III*. Bagian Ilmu Kedokteran Jiwa FK-Unika Atmajaya.
- Newman, & Newman. (2006). *Developmental Through Life, A Psychosocial Approach (9th edition)*. Thomson Higher Educatio
- Notoatmodjo, S., (2010). *Metode Penelitian Kesehatan*. Rineka Cipta.
- Nursalam. (2012). *Konsep dan penerapan metodologi penelitian ilmu keperawatan: Pedoman skripsi, tesis dan instrument penelitian keperawatan*. Salemba Medika.
- Oliveira, V., Mazzardo, O., Campos, W., (2014). Association between physical activity and quality of life in the elderly: A systematic review, 2000-2012. *Revista Brasileira de Psiquiatria*. 36:76–88. Diakses dari <http://www.ncbi.nlm.nih.gov/pubmed/24554274>
- Purnawan. (2008). *Dukungan Keluarga*. PT. Remaja Rosdakarya
- Riyanto, A. (2011). *Aplikasi Metodologi Penelitian Kesehatan*. Nuha Medika.
- Santrock. J. W. (2006). *Life-Span Development: Perkembangan Masa Hidup. (Edisi Kelima)*. Erlangga.
- Unützer, J. Katon, W. Callahan, C. M. (2020). Collaborative Care Management of Late-Life Depression in the Primary Care Setting: A Randomized Controlled Trial. *Journal of the American Medical Association*, 288 (22), 2836 – 2845.