The Relationship of Family Social Support with Depression Levels of Elderly in 2019

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Abstract---This study aims to determine the relationship of family social support with the level of depression in the elderly. This type of research is analytic with a cross-sectional design. The population in this study were all depressed older adults who were in the working area of the Tanjung Sengkuang Health Center and the Sei Health Center working area. The City of Batam with the sampling technique used in this study was Total Sampling with 33 older adults. The results of this study obtained the right family social support (60.66%) and low-income family social support (39.4%). Moreover, the results obtained were not depressed (39.4%), mild depression (33.3%), and severe depression (27.3%). From the Chi-Square statistical test results with the likelihood Ratio formula, it was found that the p-value = 0.039 (<0.05) then Ha was accepted. At the same time, H0 was rejected, this shows that there is a significant relationship between Family Social Support and the Depression Level in the Elderly in the Region The Work of Tanjung Sengkuang Health Center and the Sei Health Center in Batam City in 2019.
Keywords---adults, depression, elderly, sei health center, social family support.

Introduction

The Elderly is an experienced process that cannot be avoided by humans. The elderly are characterized by physical, emotional, and sexual life changes. Symptoms of physical deterioration include feeling tired quickly, decreased stamina, bent body, wrinkled skin, grey hair, teeth begin to fall out, decreased sensory function, and calcification of cartilage (Maramis, 2016). United Nations (2018), explains that the population aged 60 years or more is increasing. In 2017 it was estimated that 962 million people aged 60 years or over in the world comprise 13% of the global population (United Nations, 2018). According to data from the Ministry of Health 2018, it shows that the elderly population in Indonesia in 2018 totaled 15,718,696 people, consisting of 7,830,425 men and 7,888,271 women. (Indonesian Ministry of Health, 2018). Riau Islands consists of 5 districts and two cities with a population of 1,988,792 people, consisting of 51.41% men, 48.59% women from the total population of Riau Islands, where 3.9% are elderly, namely 77.563%, consisting of 41,576 men and 35,987 women. (Riau Islands Provincial Health Office, 2017).

Batam City is part of the Riau Islands Province and is a city with a population more than other urban districts in the Riau Islands, as well as several elderly residents (aged 60-70 years). The total population of Batam City 2018 is 514638 people, consisting of 26,242 men and 25,221 women. The number of older adults in Batam City in 2018 was 17,865 people with the highest number of older adults in Batam City Batu Aji Health Center as many as 7,267 people. (Batam City Health Office, 2018). The psychological problem that most often occurs in the elderly is depressive disorders. The prevalence of depression in the world is around 8-15%, and the results of a survey from various countries in the world show that the average prevalence of depression in the elderly is 13.5% with the ratio of women: men is 14.1: 8.6 where women are twice as many as men (Sari & Utami, 2015).

World Health Organization (2017), there are around 300 million people experiencing depression, 23 million people experiencing schizophrenia, 60 million people who have bipolar disorder, and 50 million people who have dementia, WHO stated that 800.00 people died from suicide. Suicide can occur in people with mental disorders (especially people with depression and alcohol use disorders) (World Health Organization, 2018). The prevalence of depression in the elderly results of mapping in the world ranges from 8-15%, and the results of the analysis of reports from world countries to find the average prevalence of depression is 13.5% with a ratio of women: men 14.1: 8.6. The prevalence of depression in the elderly who are undergoing treatment in hospitals and nursing homes is 30-45%.

According to data from the Batam City Health Office, it is stated that there are ten diseases in the elderly, namely: BMI (42,769) mental disorders, hypertension (53,524) souls, anemia (10,327) souls, hyper cholesterol (5,204) souls, diabetes mellitus (19,742) souls, gout (4,133) mental, kidney disorder (11,147) mental, cognitive impairment (1,088) mental, visual impairment (13,020) mental, hearing loss (2,786) soul, and others (43,470 people) (Batam City Health Office, 2018). According to data released by the Ministry of Social Affairs of the Republic of Indonesia (2016), the number of older adults in Indonesia has increased every year. In 2008 there were 9.5 million people and about 20% who experienced depression, in 2009 there were 11.3 million people and 18% who experienced depression, entering 2010 there were 17.2 million older adults. In 2011, the elderly reached 19.5 million, and 32% experienced depression (Beck *et al.,* 1997; Field, 1998; Aryani *et al.,* 2017).

Batam City Health Office data obtained the number of people with mental disorders as many as 631 people. The number of depressed elderly was 122 people, with the highest number of depression in Batu Aji health center with 36 people, the second at the Sei. Panas health center with 32 people, and the third at the Tg Sengkuang health center with nine people (Batam City Health Office, 2018). Based on the results of the survey conducted, it was found that the Depression data in the elderly at Batu Aji Health Center totaled four people, Tanjung Sengkuang Health Center 22 people, Sei. Panas Puskesmas 11 people and Sei Pancur Puskesmas 5 people. The factors that cause depression in the elderly are psychological, psychosocial factors, and cultural factors (Nasrullah, 2016; Aslan, 2019). Depression is a mental disorder that often occurs in a person's life, which is characterized by emotional, motivational, functional behavioral movements, and cognitive (Pieter *et al.,* 2011). Depression will have a significant impact on sufferers if it is not handled, such as physical function can decrease, psychosocial function is disturbed, and suicide (Widyaningrum & Rachma, 2017).

According to Maryam (2008), the occurrence of depression in the elderly is influenced by risk factors such as poor physical health, separation from partners, inadequate housing and transportation, lack of financial resources, and lack of social support. The relationship between depression events often involves the available social support that is used by the elderly in dealing with stressors (Azizah, 2011). Social Support is information from other people that are sought and valued by someone, which can be provided in several ways, including through attention, instrumental assistance, providing information when in stressful situations, as well as information relevant to self-assessment, in this way, at least social support can ease the burden on the elderly when faced with problems (Taylor *et al.,* 2009).

Theoretically, social support can reduce the tendency of events that can lead to stress; this is because interactions with others can modify or change individual perceptions of events so that it is said to reduce the potential for stress (Azizah, 2011). Studies on family social support are found in patients with diseases and also the elderly. The closest social support that can be obtained by the elderly is from their family (Parasari & Lestari, 2015). The social support that comes from the family which the researchers termed as family social support is the attitude, action, and family acceptance of the sick sufferer. Family members perceive that supportive people are always ready to provide assistance and assistance if needed (Achjar, 2010). The decreased capacity of intimacy with family and reduced interaction with loved ones can lead to feelings of uselessness, feeling left out, no longer needed, resulting in depression (Azizah, 2011).

According to research conducted by Kurniawan (2016), it shows that the dominant factor affecting the level of depression is family support with a value of $p = 0.000$. Family support in this study was categorized into a healthy family function, moderate family dysfunction, and severe family dysfunction. Social support is a predictor of

loneliness and depression. Based on research conducted by Latue *et al.* (2017), The relationship between family social support and the level of depression in the elderly in nursing homes in Malang, it was found that most of the family social support was in a suitable category and most of the elderly categories were not depressed. The objective of the Elderly Health Program is to improve the health status of the elderly so that they remain healthy, independent, and efficient so that they do not become a burden for themselves, their families, and the community to support the development of elderly care programs. The Ministry of Health and elderly welfare is stated in Law Number 13 of 1998 concerning Elderly Welfare, Law Number 11 of 2009 concerning Social Welfare.

Based on the results of a preliminary study conducted at the Sei.Panas Health Center on June 13, 2019, with ten respondents aged > 45 years. Of the ten respondents, it was found that four respondents with mild depression had good family social support, two respondents with the right family social support did not experience depression, and four respondents with wrong family social support experienced mild depression. Of the ten respondents, 8 of them suffered from mild depression, and 2 of them were not depressed. Of the ten respondents, 6 of them experienced psychological and social problems caused by loneliness and abandonment of loved ones. Based on the description above, researchers are interested in researching the "Relationship between Family Social Support and Depression Levels in the Elderly in the Tanjung Sengkuang Health Center and the Batam City Sei Panas Health Center in 2019".

Materials and Method

This research is analytical research with a *cross-sectional design*. Where data concerning independent variables are researched at the same time than processed and carried out with an analysis that aims to determine the relationship between family social support and depression levels in the elderly in the working area of Puskesmas Tanjung Sengkuang and the working area of Puskesmas Sei. The population in this study is 33 older adults so that all populations are sampled in the study. The total population is less than 100; the entire population is used as the research sample (Sugiyono, 2007). The instrument in this study used a questionnaire to measure depression in the elderly using the *Geriatric Depression Scale* (GDS).

Results and Discussion

Table 1
General data for the elderly in the working area of the Tanjung Sengkuang Community Health Center and the Working Area of the Panas Sei.Panas, Batam City

Characteristics	Frequency	Percentage (%)
Gender		
Male	17	51,5
girls	16	48,5
Low-income family social support	13	39,4
Good family social support	20	60,6
No Depression	13	39,4
Mild Depression	11	33,3
Major Depression	9	27,3

The results of the study on the elderly at the Tanjung Sengkuang health center were almost equal between the sexes of men (51.5%) and women (48.5%) where the elderly were on good family social support (60.6%) with no depression level. depression (39.4%).

Table 2

Results of the Analysis of the Relationship between Family Social Support and Depression Levels in the Elderly in the Work Area of the Tanjung Sengkuang Community Health Center and the Sei.Panas Health Center, Batam City

Social family support	Depression Level						Total	P-value
	No Depression		Depression Light		Depression: Severe			
	N	%	N	%	N	%		
Bad	2	6,1	5	15,2	6	18,2	13	
Good	11	33,3	6	18,2	3	9,1	20	0,039
Total	13	39,4	11	33,3	9	27,3	33	

The results of the table show that most (33.3%) elderly with right family social support did not experience depression, older adults with good social support experienced mild depression (18.2%) and older adults with low-income family social support experienced severe depression (18.2%). %) Based on the analysis of the *Chi-Square* L*ikelihood Ratio* statistical test, it is known that the *p-value is* 0.039 <0.05 (which is shown in the Asymp.Sig. Column, then H0 is rejected, and Ha is accepted, which means that there is a relationship between family social support and the level of depression in the elderly.

The results showed that the elderly did not experience depression (39.4%). It is in a study where the elderly still live with their family (Torres & Solberg, 2001; Almeida *et al.,* 2009). Family members are very concerned about the health of the elderly by providing motivation or accompanying the elderly if there is a desire to go out or visit other relatives, even if the elderly are sick, they will accompany the elderly to go for treatment to the nearest health facility so that the elderly do not experience serious illness, and the elderly state that their family does not prohibit every activity they want to do. With family attention and high support, the elderly will enjoy living their life. The results of this study are in line with research conducted by Parasari & Lestari (2015), that the largest percentage of family social support is in a suitable category, namely 59%. Low social support is the smallest percentage, at 4.7%. Almost the same as the research conducted by Rahmawati & Rokhanawati (2011), the results show that most respondents have social support in the medium category, namely (43.75%). So also with the research Anggara (2017), showed that out of 36 respondents almost half of the respondents (47.2%) have good family support, family support category of respondents with sufficient amount of (30.6%) and the category of no less than (22, 2%).

Social support is the presence of certain people who personally provide advice, motivation, direction, and show solutions when individuals experience problems and when they experience problems in carrying out activities directed to achieve goals (Tentama, 2014). The existing statement when the age has entered the elderly, it is essential to have social support from the family for the elderly for whatever actions are taken. Even though there are activities that are not well done, provide education and motivation in the right way so that the elderly can live their old age happily without any pressure from various parties and produce healthy elderly.

The results of the study by Parasari & Lestari (2015), the categorization of depression levels showed that most of the elderly in Sading Village were in the non-depressed category, namely 83.7%, the remaining 16.3% were in the mild depression category. Meanwhile, the results of the family social support categorization showed that most of the elderly were classified as very high; namely, 59%, García-Peña *et al.* (2013), stated that the elderly who get social support, the likelihood of depression would be lower.

Based on research from Rahmawati (2011), it shows that respondents who received high social support and did not experience depression as much (28.13%) while respondents who received low social support experienced high levels of depression (6.25%) moderate social support, and mild depression (25%). Based on research conducted by Anggara (2017), it was found that respondents with good family support (47.2%) did not experience depression. Respondents with fairly good family support (16.7%) were not depressed and not well supported (2.8%) were not depressed, while the elderly who experienced depression with low-income family support were (19.4%) and quite right (13,9%). Along with the aging process that will be experienced by each person, there will be various deterioration of physical, social, psychological, and spiritual abilities. In this case, family social support is one of the factors causing psychological disruption in the elderly.

Therefore, the role of the family is needed, and the role of health workers to provide counseling at Posbindu or health services can provide more support, be it emotional, instrumental, information and appreciation support so that the elderly do not experience psychological disorders, be it anxiety, anxiety, and even depression. Every elderly, both male and female, need support even though they have different ways of dealing with stressors that occur. Research conducted by Sutinah & Maulani (2017), shows that older women experience depression as much (70.8%). It is

because women who have just experienced loss, live alone, and lack social support. Besides, women are also more frequently exposed to environmental stressors than men (Aryawangsa & Ariastuti, 2015).

Conclusions

The results of the study can be concluded that with the right family social support given to the elderly, the elderly will not experience depression. It can be seen in the results of the study that obtained a p-value of 0.039 <0.05, where there is a relationship between family social support and depression level in the elderly.

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