



THE RELATIONSHIP BETWEEN ROLE OF THE FAMILY WITH LEVEL OF DEPRESSION IN ELDERLY

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Research Report

ABSTRACT

Introduction: Depression is an emotional disorder in the form of feeling depressed, unhappy, worthless and lack of enthusiasm in life. Elderly people are vulnerable to depression because of their low health status, loss of a partner due to death, and the low level of social support they receive. The family has an important role for the elderly in developing, preventing and overcoming health problems. This study aims to determine the relationship between the role of the family and the level of depression in the elderly in Sungegeneng Village, Sekaran District, Lamongan Regency. **Methods:** the research used a cross-sectional design, the samples in this study were elderly people and families who lived at home with elderly people in Sungegeneng Village, Sekaran District, Lamongan Regency who met the inclusion criteria with a sample size of 39 people. Spearman rho correlation testing was carried out using SPSS. **Results:** The results of the Spearman test and data analysis using the SPSS 11.5 for Windows program between the role of the family and the level of depression in the elderly in Sungegeneng Village, Sekaran District, Lamongan Regency, obtained a result of $\rho = 0.000$ with a significance level of $\alpha = 0.01$, so H_0 is rejected, meaning there is a significant relationship between the role of the family and the level of depression in the elderly. **Conclusions:** There is a relationship between the role of the family and the level of depression in the elderly in Sungegeneng Village, Sekaran District, Lamongan Regency.

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INTRODUCTION

The amount of elderly determines the success of the quality of health services. In general, when you are in the elderly phase, there is a decrease in body function in terms of physical, biological and mental. The diverse life problems that occur in the throughout their lives, such as poverty, successive failures, prolonged stress, or conflicts with family or children, or other conditions such as not having descendant who can care for them (Kementerian Kesehatan RI, 2017). Such living conditions cause depression. Depression in the elderly can have a big impact on the elderly, including lessen the ability of the elderly to carry out daily activities, reducing the independence and quality of life of the elderly (Aniew, 2022).

WHO estimates that 121 million people are currently suffering from depression: 5.8% of men and 9.5% of women experience a depressive episode in a given year. The estimated that depression will rank as the 2nd leading cause of disability after heart disease (Blackburn, 2019).

Depression rates increase maximally among the elderly in institutions, with approximately 50-75% of long-term care residents having mild to moderate depressive symptoms. The significant number of adults who are not cognitively impaired 10-20% experience symptoms that are severe enough to meet the diagnostic criteria for clinical depression. Therefore, depression is the most common psychiatric disorder in the elderly (Aulia, 2021).

According to census data from the Lamongan Regency Health Office regarding the Coverage of Pre-aged and Older Health Services in Lamongan Regency in 2019 it reached 137,607 people. According to data in the Sidodadi environment, there are 55 elderly people. The results of an initial survey conducted on seven elderly people in Sidoharjo Village, RW 05, Lamongan District, Lamongan Regency using the Beck Depression Inventory (BDI) found that one respondent (14.28%) did not experience depression with a 5 score, two respondents (28.57%) experienced mild depression with a 14



and 15 score, three respondents (42.85%) experienced moderate depression with a 19, 21, and 23 score. Meanwhile, one respondent (14.28%) experienced severe depression with a 37 score. From the data above shows that there are still many elderly who experience depression.

Depression continues to be a serious mental health problem despite advances in understanding its progress of pharmacological and psychotherapeutic treatments. Epidemiological studies of depression among older adults in the community report rates that vary from 2% to 44%, depending on the criteria used to define depression and the methods used to evaluate it. Depressive symptoms are often related to late adjustment to losses in life and stress caused by retirement, death of a spouse, and other physical illness (Involata Dehe et al., 2016).

From the results of interviews with the elderly, symptoms of depression were found, with various complaints such as feeling useless, helpless, lonely, having trouble sleeping at night, and being lazy to participate in activities with other elderly people. Seven elderly people experienced physical setbacks such as blindness due to diabetes mellitus, stroke and paralysis. The observation results also show that the elderly are mostly silent in their respective homes, without carrying out activities or communicating with each other. When conducting a field survey, researchers saw that there was no treatment for depression problems experienced by the elderly. This behavior pattern of the elderly can be used as an indicator that describes the state of social interaction and depression. The absence of media for the elderly to pour out all their feelings and anxieties is a condition that will maintain their depression, because they will continue to suppress all forms of negative feelings into the subconscious (Nataswari, 2018).

The role of nurses or health workers is very important in providing knowledge to families to increase the role of caring for the elderly so as to prevent depression in the elderly. Families who have elderly are expected to always optimize the welfare of the elderly with various potentials that are still owned by the elderly so that depression does not occur in the elderly. This can be done by providing good emotional, informational, appreciation and instrumental support to the elderly (Ayuni, 2018). From the description above, the researcher intends to examine the relationship between family roles and the level of depression in the elderly in Sungegeneng Village, Sekaran District, Lamongan Regency.

MATERIALS AND METHODS

The research design used is analytical, namely connecting two variables with a cross sectional approach. This research will be carried out in Sungegeneng Village, Sekaran District, Lamongan Regency from February to August 2021. The population in this research is all elderly people and families who live at home with the elderly at 2021 there will be 187 people in Sekaran, Lamongan. The inclusion criteria in this study are families who live with elderly people and are willing to be researched and sign an informed consent. The exclusion criteria in this study were elderly people with complicated illnesses and mental disorders. The samples in this study were elderly people and families who lived at home with elderly people in Sungegeneng Village, Sekaran District, Lamongan Regency who met the inclusion criteria with a total sample of 39 people. The sampling technique uses simple random sampling. The independent variable examined in this research is the role of the family in caring for the elderly and the dependent variable in the research is the level of depression in the elderly. This study used a questionnaire about family support and a questionnaire about the BDI (Beck Depression Inventory). The test used in this research used the Spearman rho SPSS test.

RESULTS

Table 1. Distribution of Family Roles in Elderly Care in Sungegeneng Village, Sekaran District, Lamongan Regency in 2021

Category	f	%
Not enough	21	53,8
Moderate	10	25,6
Good	28	20,6
Total	39	100

Based on table 1. it shows that most of the family's role is lacking in elderly care (53.8%).

Table 2. Distribution of Depression Levels for the Elderly in Sungegeneng Village, Sekaran District, Lamongan Regency in 2021.

Category	f	%
Normal	6	15,4
Light	4	10,3
Medium light	11	28,2
Heavy	16	41
Very heavy	2	5,1
Total	39	100

Based on table 1.6 it shows that almost half of the elderly experience severe depression (41%).

Table 3. Cross Table of the Relationship between Family Roles and Levels of Elderly Depression in Sungegeneng Village, Sekaran District, Lamongan Regency in 2021.

Family role	Elderly depression rates					Total
	Normal	Light	Medium light	Heavy	Very heavy	
Not enough	0 (0%)	0 (0%)	4 (19,0%)	15 (71,4%)	2 (9,5%)	21 (100%)
Moderate	0 (0%)	2 (20,0%)	7 (70,0%)	1 (10,0%)	0 (0,0%)	10 (100%)
Good	6 (75,0%)	2 (25,0%)	0 (0,0%)	0 (0,0%)	0 (0,0%)	8 (100%)
Total	6 (15,4%)	4 (10,3%)	11 (28,2%)	16 (41,0%)	2 (5,3%)	39 (100%)

$r = -0,854$ $\rho = 0,000$

Based on table 4.7 it shows that the role of the family on the level of depression in the elderly in Sungegeneng Village, Sekaran District, Lamongan Regency, it was found that the lack of family roles mostly caused moderate to severe depression (71.4%). Spearman test results and data analysis using the SPSS 11.5 for Windows program between family roles and the depression level of the elderly in Sungegeneng Village, Sekaran District, Lamongan Regency, obtained the

results $\rho = 0.000$ with a significance level of $\alpha = 0.01$, then H_0 is rejected meaning that there is a significant relationship. There is a significant relationship between the role of the family and the level of depression in the elderly. The results of this study are that the r value $= -0.854$ means that there is an inverse relationship between these variables, so if the role of the family is good then the level of depression in the elderly is mild.

DISCUSSION

Based on the results of research on 39 families, it was found that most of the families had less roles, as many as 21 people (53.85%). The role of the family can be influenced by factors gender, age, education, and occupation. Table 1.1 shows that most of the families are women. According to Finley, the role of caregiver in the family is the mother, this role has been developed in society as the work of women as housekeepers. The caregiver is someone who is a member of the family and lives at home. Care givers are more often done by women because they tend to have greater attention than men when a family member is sick, this is in accordance with their nature that women are good nurses (Heppy Rochmawati et al., 2022). Moreover, the culture that exists in Indonesia is that parents will live with their daughters. On average, female respondents are closest to their families, so it is easier to interact with their families (Nurhayati et al., 2021).

Table 1.2 it is found that almost half of the families are aged between 30-40 years. The more mature, the level of maturity and strength of a person make mature the person will be in carrying out his role, this is a result of the experience and maturity of his soul (Rompas & Katuuk, 2018). A family member with a more mature age to focus more attention on the elderly. From this it can be concluded that age greatly determines a person's role in caring for the elderly. In table 1.3 it is found that almost half of the families have an educational background from high school. Education is all planned efforts to influence other people whether individuals, groups or society (Notoatmodjo,

2012). The educational factor is very important for families who have elderly to care because can reduce the risk of depression by up to 50% compared to those with low education (Nataswari, 2018). Table 1.4 shows that most of the families work as entrepreneurs. The work factor is an activity that must be carried out by a person, especially to support his life and that of his family. Someone with a self-employed job may not have much time to care for the elderly, so they don't have time to carry out their role in elderly care (Nataswari, 2018).

Based on the results of a study conducted on 39 elderly, it was explained that almost half of the elderly experienced severe depression as many as 16 people (41.02%). Depression levels according to the BDI (Beck Depression Inventory) are: normal (1-9), mild depression (10-15), mild moderate depression (16-19), severe depression (20-29), and very severe (more than 30) (Mia lasmini, 2013). Depression in the elderly is poorly understood, so many cases of depression in the elderly go unrecognized and untreated. The occurrence of depression in old age is an interaction of biological, psychological and social factors (Ida suryani; Hindyah Ike; Harnanik Nawangsar, 2022). The biological factors of old age experience the loss and damage of many nerve cells and neurotransmitter substances, genetic risks and the presence of certain diseases such as cancer, diabetes mellitus, stroke facilitate the occurrence of depressive disorders. Psychological factors that play a role in the onset of depression are low self-esteem, lack of self-confidence, lack of familiarity, and helplessness due to chronic illness.

Social factors are reduced social interaction, loneliness, bereavement and poverty can trigger depression. From these data it can be concluded that depression in the elderly occurs due to several factors. If elderly depression is not treated immediately, depression will become a more severe level.

Based on the cross-tabulation results in table 1.7, it shows that the role of families with elderly depression levels in Sungegeneng Village, Sekaran District, Lamongan Regency, showed that most families had moderate roles and caused mild to moderate depression in the elderly as many as 7 people (70.0%). This is proven by using the Spearman Test and analyzed using the SPSS 11.5 for windows program between the role of the family and the depression level of the elderly in Sungegeneng Village, Sekaran District, Lamongan Regency, the results obtained are $p = 0.000$, so $\alpha < 0.01$, then H_0 is rejected, meaning that there is a family role relationship. with the depression level of the elderly in Sungegeneng Village, Sekaran District, Lamongan Regency. Just as research states that there is a significant relationship between family support and the level of depression in the elderly, the better the family support, the lower the level of depression in the elderly. (Teting et al., 2022). In general, the elderly only need attention from their family members so that the elderly do not feel alone in their daily lives and have friends to tell stories (Ida suryani; Hindyah Ike; Harnanik Nawangsar, 2022).

The family is the main support system for the elderly in standing their health status (Subekti & Dewi, 2022). Care for the elderly every family member has a very important role. Family support is related to the formation of mental balance and psychological satisfaction. Family support for the elderly is obtained from families consisting of husband or wife, children, grandchildren, relatives, or close relatives (Ida suryani; Hindyah Ike; Harnanik Nawangsar, 2022). The role of the family in caring for the elderly includes looking after or caring for the elderly, maintaining and improving mental status, anticipating socio-economic changes, and providing motivation and facilitating the spiritual needs of the elderly. The family has a very big role in caring for the elderly because the elderly are elders who should be respected, respected and asked for advice and blessings. Families should meet all the needs of the elderly so that depression in the elderly can be prevented.

CONCLUSIONS

The conclusion of this study is that most families in Sungegeneng Village, Sekaran District, Lamongan Regency have a less family role in caring for the elderly and almost half of the elderly

in Sungegeneng Village, Sekaran District, Lamongan District experience moderate to severe depression. There is a relationship between the role of the family and the level of depression in the elderly in Sungegeneng Village, Sekaran District, Lamongan Regency. The family plays an important role in overcoming depression in the elderly, because depression can occur because the elderly feel lonely and need support from the family.

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