

The Relationship Family Support and Depression Level Of Elderly Families With Chronic Diseases During Covid-19 Pandemic In South Sulawesi Province, Indonesia

Indra Gaffar, Bahtiar*, Andi Fajrin Permana

Universitas Hasanuddin, Indonesia.

** Correspondent Author: bahtiar.nursing@gmail.com*

ABSTRACT

Family of elderly with chronic diseases have potentially dealing with depression. The purpose of this study was to explore the relationship of family support with depression rates of elderly families with chronic diseases during the covid-19 pandemic period. The research was used cross-sectional study. The population was family caregiver of elderly and conducted to 120 families. The data were collected by a purposive sampling technique. Statistical analysis test was used Spearman Rank test. The results of the study showed that there was no correlation between family support and depression levels among elderly families with chronic diseases during the covid-19 pandemic in south Sulawesi (p value = 0.821). Also, weak correlation has been found between family support and depression level among elderly families (0.21). It is hoped that further research is expected to explore deeper family support and coping mechanisms used by families in caring for the elderly with chronic diseases.

Keywords: Family Support, Depression, Chronic Diseases, Elderly Family, Covid-19

Received January 13, 2021; Revised February 25, 2021; Accepted March 24, 2021



STRADA Jurnal Ilmiah Kesehatan, its website, and the articles published there in are licensed under a Creative Commons Attribution-ShareAlike 4.0 International License.

BACKGROUND

The elderly are an age group that continues to experience significant improvement. In Indonesia found 23.66 million elderly people on 2017 (Kementrian Kesehatan, 2017). Indonesia can be categorized as an old structured country because the number of seniors is above 7% (Kementrian Kesehatan, 2017). The number of older adults aged 65 years and over had been increased from 5.0% to 10.6%. There are 24.50% (16.08 million) elderly households in Indonesia (BPS, 2015). This data shows the elderly population is increasing and becoming a risky population that needs to be of particular concern. Psychosocial problems are one of the important issues faced by the elderly.

The results showed that the severity of chronic diseases was able to increase the loneliness experienced by the elderly (Barlow et al., 2015; Warner et al., 2019). Loneliness coupled with chronic diseases that are felt continuously and over a long period of time will later develop into depression. Depression is a serious psychological problem that affects the health of the elderly.

The prevalence of depression in the elderly is about 7% in the world and is the leading cause of pain rates in the elderly by 14% (WHO, 2017). Data from RISKESDAS in 2018 shows there are 6.1% of Indonesians over 15 years of age suffering from depression with about 5% of the elderly suffering from depression (Kementrian Kesehatan, 2017). The results showed chronic diseases experienced by the elderly are closely related to the rate of elderly depression in South Korea (Park et al., 2016). Research shows 15% of the incidence of depression experienced by unhandled seniors leads to suicide (Wallace, 2008). Therefore, it is necessary to play a social role in dealing with depression problems, one of which is through family support.

Family support is one of the factors that affects depression problems in the elderly. The results showed that depression in the elderly is closely related to family support (Firmansyah & Tadjudin, 2020). Another study found that there is a strong link between depression rates in the elderly and family social support (Latue et al., 2017). Research in South Korea found that support for family and friends was able to prevent depression in the elderly in the community (Y. B. Kim & Lee, 2019). The most important predictor of elderly life satisfaction is family support (Y. Kim & Sok, 2012). It can be concluded that family support has a link at the level of depression in the elderly and becomes a major factor affecting depression in the elderly.

The phenomenon obtained in society is the number of complaints from the elderly with chronic diseases such as lazy taking medicine, despairing to not eager to live life, feeling tormented and unable to adapt to chronic disease conditions. Seniors complain a lot about pain and suffering due to the symptoms of chronic disease. In addition, complaints of economic problems make the elderly stressed. These psychological problems if lasting a long period of time will cause the elderly to become hopeless, indifferent, feel helpless leading to depression. Elderly families with chronic diseases are individuals who inevitably have to be faced with these problems. In addition, elderly families in Indonesia are currently dominant in caring for the elderly at home and have duties and responsibilities in providing support and assistance to the elderly. The burden on elderly families is increasing as a result of covid-19 pandemic conditions. In addition, pandemic conditions affect the care and treatment of elderly people with chronic diseases due to restrictions on access to health care. The economic burden is another matter borne by elderly families. Then, family support becomes crucial in the care of the elderly at home. Changes in family conditions that occur during the pandemic period related to family support need to be studied further. In addition, further study relating to the psychosocial status of the family and family support is required.

This is due to the possible tendency of psychosocial problems in the family due to pandemic conditions and demands in providing instrumental, financial, physical and psychological support from the family.

Based on the findings of the previous research's, many result research's that discussed family support and elderly depression on elderly perspective. However, research related to family support and depression rates of elderly families perspective has not been found especially in the Indonesian context. Also, the advantages of this study are contribute to provide basic data of family support and depression based on family perspective and enrich the literature and give new information on family support and depression in context of Indonesia and South Sulawesi.

METHODS

This study employed a quantitative approach with a descriptive survey of a cross-sectional study to describe the family support and depression level of family elderly with chronic diseases during the COVID-19 pandemic in South Sulawesi, Indonesia. The population of this study was family caregiver of elderly with chronic diseases in South Sulawesi. Meanwhile, this study was conducted from August to October 2020 to 120 families. The samples of this study's inclusion criteria were 18-60-years-old elderly, family member of elderly with chronic diseases, willingness to participate in the study, and the ability to speak Indonesian. The data were collected by a purposive sampling technique. The researchers contacted and confirmed the participants to investigate if they were included in the study's criteria and then determined if they could be the research respondents. Meanwhile, to prevent any direct contacts and implement health protocol, the data was collected using google forms and phone interviews. When the number of data was adequate, the data collection was stopped. Family support instrument was employed *Inventory of Socially Supportive Behaviors* (ISSB) dan Depression scale was used *Depression Anxiety Stress Scales* (DASS 42). The data analysis was computerized by employing SPSS (Statistical Product and Service Solution) 21.0. version. Statistic analysis test was used Spearman Rank test.

RESULTS

Table 1. Frequency Distribution of Characteristics of Elderly Families with Chronic Diseases in South Sulawesi Province, Indonesia (n=120).

Characteristics of Respondents	Category	f	%
Age	< 20 Years Old	13	10,8
	21-30 Years Old	40	33,3
	31-40 Years Old	44	36,7
	41-50 Years Old	9	7,5
	51-60 Years Old	11	9,2
	61-80 Years Old	3	2,5
Sex	Men	30	25
	Women	90	75
Education Level	Unliterate	2	1,7
	Elementary High School	9	7,5

	Junior High School	15	12,5
	Senior High School	38	31,7
	Diploma	9	7,5
	Bachelor	46	38,3
	Master	1	0,8
Salary per month	Above Regional Minimum Wage	27	22,5
	Below Regional Minimum Wage	16	13,3
	Not Working	77	64,2
The relationship with elderly	Biological Child	68	56,7
	In-laws	17	14,2
	Grandchild	31	25,8
	Husband	1	0,8
	Wife	3	2,5
Depression level	Normal	81	67,5
	Mild	15	12,5
	Moderate	15	12,5
	Severe	5	4,2
	Very Severe	4	3,3

Based on table 1 above, the majority of respondents were 21-40 years old at 70%, and women are dominant respondents in this research at 75%. Therefore, bachelor and senior high school are majority of education level among respondents by 38,3% and 31,7%. The most salary per month of respondents are not working at 64,2%. Then, the relationship with elderly are dominantly biological child and grandchild by 56,7% and 25,8%. Depression level among elderly families with chronic diseases are in normal level (67,5%) but there are significant number of respondents who have mild and moderate depression level at 25%.

Table 2. Relationship Family Support and Depression Level Elderly Families With Chronic Diseases During Covid-19 Pandemic in South Sulawesi, Indonesia (n=120).

Variable	Min-Max	Mean	Median	SD	P Value	Spearman Rank
Family Support	48-132	101,9	104	17,11	0,821	0,21
Depression Level of Elderly Families	1-5	1,63	1,00	1,06		

Based on Table 2 above, it was found that the average family support of respondents was 101,9, median 104 with standard deviation 17,11, while respondents score minimum family support was 48 and the highest was 132. Next, depression level of elderly families was found that minimum level was 1 (normal level) and maximum level was 5 (very severe). the median was 1 with a standard deviation of 1,06. The p value was 0,821 that means there was no correlation family support and depression level elderly families with chronic diseases during covid-19 pandemic. Also, the value of Spearman correlation was 0,21 which show weak correlation family support and depression level elderly families with chronic diseases during covid-19 pandemic.

DISCUSSION

The results showed that depression level among elderly families with chronic diseases dominantly in normal level. But, we need to see that there are many respondents or 25% with mild and moderate depression level. The previous research showed that depression level of elderly dominantly in normal level but there are many respondent on mild and moderate depression level (Fitriana & Khairani, 2018). Other research showed that 24,4% elderly in Bali suffering for depression (Prabhaswari & Putu Ariastuti, 2016). Also, elderly with chronic diseases living with family have experienced grieving processes. Their psychological reactions were denial, anger, bargaining, despair, and resignation because elderly have suffered chronical illness and dealing with severe symptoms of the diseases and prolonged treatment period (Bahtiar et al., 2018). So, We can concluded that depression is important issue of health psychology.

Based on statistic analysis, we found that there was no correlation and weak correlation between family support and depression level elderly families with chronic diseases during covid-19 pandemic in south Sulawesi. Our result were contrary with previous research which showed that social support of family has significant correlation with depression level of elderly (Parasari & Lestari, 2015). The other research show that a greater sense of older parents' psychological well-being significantly associated with emotional and instrumental support received from family members and anticipated support. Then, the effect were psychological well-being was lower (Thanakwang, 2015).

Our research result were different rather than previous research because we were focus on depression level of elderly families. The previous research dominantly focus on depression level of elderly itself. Then, our research showed that family member who taking care of elderly in south Sulawesi were not depression significantly. Although there were 25% family caregiver felt mild and moderate depression level but more than half of respondents have been normal level of depression. It might be influence by characteristic of respondent that most of them have high education level such as bachelor and senior high school level. The previous research showed that level of education has positive impact on family function and significant negative impact on student depression (Zhao & Yiyue, 2018). Result research also showed better mental health relate to people with higher education (Viinikainen et al., 2018). Also, level of education was predictor factor of severity depression (Mirolovics et al., 2020).

The respondents in this research were dominantly as biological children of elderly with chronic diseases and they had been not working. We could imply that many of them were acted their role, duty and responsibility as a child. Also, the family caregivers have been free time and focus to look after elderly with chronic diseases because most of respondents have not employment. Families are able to provide resilience to the elderly in the face of chronic diseases. However, on the other hand chronic diseases in the elderly significantly impact family members especially those in charge of parenting (Latham, 2016). Although the results showed family involvement had a psychological effect on individuals with medical ailments (Leung et al., 2007). This is reinforced by the desire of the elderly with chronic diseases to be financed, replaced by a social role so that the elderly can interpret life through the support of the family (Bahtiar et al., 2020). Limitations not only in terms of physical, but during the face of chronic diseases participants also felt limitations in economic and spiritual terms. The results showed elderly African American women with diabetes experienced barriers to self-care (functional limitations, stress, multi-caregiver roles) and used strategies with spirituality, church and family in self-care for diabetes (Leeman et al., 2015). Elderly African Americans ask for or receive help (financially or otherwise) outside the family

during their cancer experience. The cost of treatment poses significant difficulties for many people so that the elderly need religious beliefs and spirituality as well as the willingness of support in the face of cancer treatment (Wenzel et al., 2012). The role of families in the elderly with disease is crucial.

Based on the prevailing cultural context, the people of south Sulawesi, especially from bugis and makassar tribes, glorify parents in all dimensions of life. This is because of the strong culture that is instilled and applies to bugis and makassar tribes where the people of Bugis and Makassar should respect the oldest individuals in the family order and community life. Norms and customs that are still implemented when conducting social interactions are known by the terms *sipakatau* (mutual respect), *sipakainge* (mutual reminding) and *sipakalebbi* (mutual appreciate). Especially, *sipakatau* value has shown that human are noble God creature so as human beings should respect and be kind to others (Safitri & Suharno, 2020). The cultural and philosophical values of life are still held firmly by the people of south Sulawesi so much that it affects the acceptance and psychological condition of elderly families.

CONCLUSIONS

There was no correlation between family support and depression level among elderly families with chronic diseases during covid-19 pandemic in south Sulawesi. Also, Weak correlation have been found between family support and depression level among elderly families. Future research needs to explore depression level family more detail and specific on type of chronic diseases that might burden the family caregiver. Also, culture context in south Sulawesi must be concern on next research by quantitative and qualitative.

ACKNOWLEDGMENTS

We are thank to Faculty of Nursing University of Hasanuddin Makassar which given funding for this research.

CONFLICT OF INTEREST

We declare that there is not conflict of interest in this research

REFERENCES

- Bahtiar, B., Sahar, J., & Wiarsih, W. (2018). " Not able to live anymore ": Reaction of the grieving process of the elderly dealing with chronic disease : A qualitative study. *International Journal of Nursing and Health Services*, 1(1), 24–34.
- Bahtiar, B., Sahar, J., & Wiarsih, W. (2020). Meaning of life among elderly individuals with chronic diseases living with family : A qualitative study. *Makara Journal of Health Research*, 24(1), 35–40. <https://doi.org/10.7454/msk.v24i1.1161>
- Barlow, M., Liu, S., & Wrosch, C. (2015). Chronic Illness and Loneliness in Older Adulthood: The Role of Self-Protective Control Strategies Chronic Illness and Loneliness in Older Adulthood: The Role of Self-Protective Control Strategies. *Health Psychology*, 34(8), 870–879. <https://doi.org/10.1037/hea0000182>
- BPS. (2015). *statistik penduduk lanjut usia 2014: Hasil Survei Sosial Ekonomi Nasional*. Badan Pusat Statistik.
- Firmansyah, S., & Tadjudin, N. S. (2020). Hubungan dukungan keluarga dengan depresi pada lansia di Panti Sosial Tresna Wreda Budi Pertiwi Bandung. *Tarumanagara Medical Journal*, 3(1), 203–207.
- Fitriana, F., & Khairani, K. (2018). KARAKTERISTIK DAN TINGKAT DEPRESI

- LANJUT USIA. *Idea Nursing Journal*, IX(2), 7–13.
- Kementrian Kesehatan. (2017). *Analisis Lansia di Indonesia*. Pusat Data dan Informasi Kemenkes.
- Kim, Y. B., & Lee, S. H. (2019). Social Support Network Types and Depressive Symptoms Among Community-Dwelling Older Adults in South Korea. *Asia Pacific Journal of Public Health*, 1–9. <https://doi.org/10.1177/1010539519841287>
- Kim, Y., & Sok, S. R. (2012). Relationships among the perceived health status, family support and life satisfaction of older Korean adults. *International Journal of Nursing Practice*, 18, 325–331. <https://doi.org/10.1111/j.1440-172X.2012.02050.x>
- Latham, K. (2016). Chronic Illness and Families. *The Wiley Blackwell Encyclopedia of Family Studies*. <https://doi.org/10.1002/9781119085621.wbef5198>
- Latue, I., Widodo, D., & Widiani, E. (2017). HUBUNGAN DUKUNGAN SOSIAL KELUARGA DENGAN TINGKAT DEPRESI PADA LANJUT USIA DI PANTI WERDHA MALANG RAYA. *Nursing News*, 2(3), 21–33.
- Leeman, J., Skelly, A. H., Burns, D., Carlson, J., & Soward, A. (2015). Tailoring a Diabetes Self-Care Intervention for Use With Older, Rural African American Women. *The Diabetes Educator*, 34(2), 310–317. <https://doi.org/10.1177/0145721708316623>
- Leung, K., Chen, C., Lue, B., & Hsu, S. (2007). *Social support and family functioning on psychological symptoms in elderly Chinese*. 44, 203–213. <https://doi.org/10.1016/j.archger.2006.05.001>
- Mirolovics, Á., Bokor, M., Dobi, B., Zsuga, J., & Bereczki, D. (2020). Socioeconomic Factors Predicting Depression Differ in the Acute Stage and at 1 year After Ischemic Stroke or TIA. *Journal of Stroke and Cerebrovascular Diseases*, 29(11), 1–10. <https://doi.org/10.1016/j.jstrokecerebrovasdis.2020.105241>
- Parasari, G. A. T., & Lestari, M. D. (2015). Hubungan Dukungan Sosial Keluarga Dengan Tingkat Depresi Pada Lansia Di Kelurahan Sading. *Jurnal Psikologi Udayana*, 2(1), 68–77. <https://doi.org/10.24843/jpu.2015.v02.i01.p07>
- Park, J.-I., Park, T. W., Yang, J.-C., & Chung, S.-K. (2016). Factors associated with depression among elderly Koreans: the role of chronic illness, subjective health status, and cognitive impairment. *Psychogeriatrics: The Official Journal of the Japanese Psychogeriatric Society*, 16(1), 62–69. <https://doi.org/10.1111/psyg.12160>
- Prabhaswari, L., & Putu Ariastuti, N. L. (2016). Gambaran Kejadian Depresi Pada Lanjut Usia Di Wilayah Kerja Puskesmas Petang I Kabupaten Badung Bali 2015. *Intisari Sains Medis*, 7(1), 47. <https://doi.org/10.15562/ism.v7i1.100>
- Safitri, A., & Suharno, S. (2020). Budaya Siri' Na Pacce dan Sipakatau dalam Interaksi Sosial Masyarakat Sulawesi Selatan. *Jurnal Antropologi: Isu-Isu Sosial Budaya*, 22(1), 102. <https://doi.org/10.25077/jantro.v22.n1.p102-111.2020>
- Thanakwang, K. (2015). Family support , anticipated support , negative interaction , and psychological well-being of older parents in Thailand. *Psychogeriatrics: The Official Journal of the Japanese Psychogeriatric Society*, 15, 171–178. <https://doi.org/10.1111/psyg.12107>
- Viinikainen, J., Bryson, A., Böckerman, P., Elovainio, M., Pitkänen, N., Pulkki-Råback, L., Lehtimäki, T., Raitakari, O., & Pehkonen, J. (2018). Does education protect against depression? Evidence from the Young Finns Study using Mendelian randomization. *Preventive Medicine*, 115(March), 134–139. <https://doi.org/10.1016/j.ypmed.2018.08.026>
- Wallace, M. (2008). *Essentials of Gerontological Nursing*. Springer Publishing Company.
- Warner, C. B., Roberts, A. R., Jeanblanc, A. B., & Adams, K. B. (2019). Coping Resources,

- Loneliness, and Depressive Symptoms of Older Women With Chronic Illness. *Journal of Applied Gerontology*, 38(3), 295–322. <https://doi.org/10.1177/0733464816687218>
- Wenzel, J., Jones, R. A., Klimmek, R., Krumm, S., Darrell, L. P., Song, D., Stearns, V., & Ford, J. G. (2012). Cancer Support and Resource Needs Among African American Older Adults. *Clinical Journal of Oncology Nursing*, 16(4). <https://doi.org/10.1188/12.CJON.372-37>
- WHO. (2017). *Elderly population*.
- Zhao, S., & Yiyue, G. (2018). The effects of mother's education on college student's depression level: The role of family function. *Psychiatry Research*, 269, 108–114. <https://doi.org/10.1016/j.psychres.2018.08.030>