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# Family support and depressive symptoms among the elderly in Gunungkidul Health Center Sumberejo-Yogyakarta, Indonesia

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## Abstract

**Background**: The elderly represent an age group that undergoes various physical, biological, psychological, and social changes that impact their health. The elderly population in Indonesia continues to grow, reaching 11.49% in 2016 and is projected to reach 14.51% by 2020. Increased life expectancy does not always correlate with good health, making the elderly more vulnerable to various issues, including depression. The prevalence of elderly depression in Indonesia is 11.6%, with the highest rates occurring in the older age groups.
**Purpose**: To examine the relationship between the level of family support received by the elderly and depressive symptoms they experience.
**Method**: A quantitative study using a correlational analytic design with a cross-sectional research strategy. The sampling technique was random sampling, with 36 elderly individuals aged 60-74 years as the sample. Data was collected using a questionnaire to determine the relationship between family support and the depressive symptoms in the elderly. The data was analyzed using univariate and bivariate analyses with the Spearman's rank correlation test.
**Results**: The univariate analysis provided information on the respondents' characteristics, family support, and depressive symptoms. The majority of respondents received good family support (66.7%), while most respondents did not experience depressive symptoms (75%). The Spearman's rank correlation test found a significant value of 0.001<0.05, indicating that family support is related to the incidence of depressive symptoms in the elderly.
**Conclusion**: Providing family support can reduce depressive symptoms in the elderly, as indicated by the statistical test results showing a significance value of 0.001 <0.05. This means there is a relationship between family support and the incidence of depressive symptoms among the elderly.

**Keywords: Depressive Symptoms; Elderly; Family Support**.

## INTRODUCTION

The elderly are a human age group entering the final stage of the life cycle. During this phase, physical changes occur, including various physiological alterations that can be considered as deterioration, and biological changes experienced by individuals in old age. The elderly are those who experience biological, physical, psychological, and social changes due to advanced age. These changes affect all aspects of life, including health (Khoiriyah, 2020).

Indonesia is transitioning towards an aging population structure, as the percentage of people aged 60 and above has reached around 7.18%. In 2015, the elderly population in Indonesia reached 28.8 million or about 9.51% of the total population, with an average life expectancy of around 66.2 years. By 2016, the elderly population increased to

30 million or about 11.49% of the total population, with life expectancy rising to 68.6 years. It is estimated that by 2020, the elderly population will reach around 36 million or about 14.51% of the total population, with a life expectancy of about 71.1 years (Yuliharni, 2018). The increase in life expectancy does not always come with improved well-being and good health. The elderly, facing various biological, social, cultural, economic, health, or psychological changes, are more vulnerable to various mental and behavioral problems, one of which is depression (Yuliharni, 2018).

The global prevalence of depression among the elderly is estimated to reach 500 million people, with an average age of around 60 years. In 2012, there are about 100 million cases of depression every year, and it is predicted that by 2020, the disease pattern in developing countries will shift towards bipolar depression (World Health Organization, 2017; Livana, Darwati, & Anggraeni, 2018). Developed countries like France have a relatively high prevalence of depression among the elderly, with around 34.4% of the population under the age of 64, 23.3% of those aged 65-74, and 22.9% of those over 75 experiencing depression (Ayuni, 2018). In Indonesia, the prevalence of depression among the elderly is 11.6%. In 2013 it was found that 15.9% of those aged 55-64, 23.2% of those aged 65-74, and 33.7% of those over 75 experience depression. It is estimated that the elderly population in 2020 will reach 28 million, or 11.3% of the population (Ministry of Health of the Republic of Indonesia, 2013). In West Sumatra in 2013, the elderly population was 37,3795 people (Ayuni, 2018).

Family support is one of the essential aspects of therapy that can be provided to elderly individuals experiencing depression. Through family support, various health problems faced by the elderly can be effectively addressed. The emotional bonds within the family offer additional strength for the elderly to cope with old age better. Based on this, support from various parties, from government agencies to family members, is crucial in improving the quality of life for the elderly. Initiatives such as elderly health posts, enhancing the role of the elderly in organizations, fostering intergenerational relationships, and providing skills training for the elderly can be effective steps in offering more comprehensive and sustainable support (Anggara, 2017).

According to previous research, out of 181 elderly individuals over 60 years old in three districts of Yogyakarta, 42.5% experienced depression, including 31.5% of women and 11% of men. Risk factors that can influence the occurrence of depression in the elderly include being female, lacking social support, having more than three chronic diseases, and perceiving inadequate care (Hermawati, 2023).

## RESEARCH METHOD

This quantitative research employs a correlational analytic design with a cross-sectional research strategy. The study was conducted in Sumberejo Village, Semin Subdistrict, under the working area of Semin 02 Health Center, Gunungkidul, from December 19, 2023, to December 22, 2023. A total of 36 elderly were selected as research samples using a non-probability sampling technique with random sampling, based on inclusion like residing with family and being free from chronic diseases.

The independent variable in this study is family support, while the dependent variable is the occurrence of depressive symptoms. The variables are categorized according to gender, the respondent's age, and education level. The research instrument used was a questionnaire about the relationship between family social support and depressive symptoms among the elderly aged 60-74 years. The questionnaire consists of 31 statements that have been tested for validity and reliability. The corrected total item correlation for each statement had to be above the r table value, which, for 10 respondents, was 0.632, indicating that all statements were valid. The reliability of the questionnaire was measured using Cronbach's Alpha, with a value of 0.970 > 0.60, concluding that the questionnaire is reliable. The indicators for assessing the family social support variable were measured using a questionnaire with various aspects, including informational support, appreciation support, instrumental support, and emotional support. The indicators for assessing the depressive symptoms variable were measured using

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the GDS (Geriatric Depression Scale), which contains 15 questions related to depression.

The first step in this research was idea generation, followed by an ethical feasibility assessment. Afterward, the researcher obtained research permits and began data collection with the help of midwives and cadres at the community health posts. Once the data were collected, the researcher summarized the findings and conducted data analysis. Data analysis was performed using the Spearman's rank correlation test. This research passed the ethical review with the number 352/KEPK-FIK/V/2024.

## RESEARCH RESULTS

### Table 1. Characteristics of the Respondents (N=36)

| Variables | Results |
|---|---|
| **Age (Mean±SD)(Range)(Year)** | **(69.61 ± 3.9299)(60-74)** |
| 60-62 | 2/5.6 |
| 63-65 | 4/11.1 |
| 66-68 | 7/19.4 |
| 69-71 | 6/16.7 |
| 72-74 | 17/47.2 |
| | |
| **Education (n/%)** | |
| Elementary School | 10/27.8 |
| Junior High School | 10/27.8 |
| Senior High School | 4/11.1 |
| Uneducated | 12/33.3 |
| | |
| **Gender (n/%)** | |
| Male | 21/58.3 |
| Female | 15/41.7 |
| | |
| **Family support (n/%)** | |
| Good | 24/66.7 |
| Fair | 12/33.3 |
| | |
| **Depressive Symptoms (n/%)** | |
| Absent | 27/75.0 |
| Present | 9/25.0 |

Table 1 shows the characteristics of the respondents, with an average age and standard deviation of (69.61 ± 3.9299), ranging from 60 to 74 years. The majority of respondents, 12 elderly (33.3%), did not attend school. Most respondents in this study were male, totaling 21 elderly (58.3%). A total of 24 respondents (66.7%) received good family support, and 27 respondents (75%) did not experience depressive symptoms.

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**Table 2. Spearman's Rank Correlation Test**

| Variables | Depressive Symptoms | | p-value |
|---|---|---|---|
| | Absent (n=27) | Present (n=9) | |
| **Family Support (n/%)** | | | |
| Good | 22/81.5 | 2/22.2 | 0.001 |
| Fair | 5/18.5 | 7/77.8 | |

Based on Table 2, the tabulation results show that out of 36 respondents, 22 respondents (81.5%) who received family support did not experience depressive symptoms, while 7 respondents (77.8%) who experienced depressive symptoms received fair support from their families. The Spearman's rank statistical test found a significant value of 0.001<0.05.

## DISCUSSION

The Spearman rank statistical test found a significant value of 0.001<0.05, meaning that the null hypothesis (Ho) is rejected, and the alternative hypothesis (H1) is accepted, indicating a relationship between family support and the incidence of depressive symptoms among the elderly. More than half of the respondents (66.7%) received good family support, totaling 24 people. Respondents who felt support from their families in key aspects, such as ensuring they get enough rest at night, paying attention to their nutrition to strengthen their immune system, and giving attention during physical activities like cleaning the yard, believe this support helps prevent the symptoms.

Family support is an important aspect of a person's life. Most elderly individuals reported receiving good support from their families. This support provides a sense of calm, allowing them to carry out daily activities with less worry. Through family support, the elderly feel that their family still cares about their well-being, especially their health. This helps maintain their health, provides peace of mind, and improves their overall quality of life. This theory aligns with previous research stating that family support includes attitudes, actions, and acceptance from the family toward sick or healthy members (Zahara & Anastasya, 2020). Family members see supportive individuals as ready to offer assistance and companionship when needed.

The majority of respondents, 12 elderly (33.3%), did not attend school, yet they still felt significant family support in their old age. This made them feel calmer and less worried when facing problems in their later years. Strong family support manifested through their willingness to provide solutions during problems and offer comfort during sadness. Although they lacked formal education, respondents still received information on how to manage depression from healthcare workers, which they could share with their family members. Basic education is a learning process that leads to growth, development, or positive change, both individually, in groups, or for society as a whole (Ainun, 2021).

A total of 27 respondents (75%) did not experience depressive symptoms, while 9 respondents (25%) did. During interviews, some respondents who experienced depressive symptoms stated that their condition was caused by several factors. One of these was fear of aging. Additionally, a lack of family support also influenced the problems the elderly faced, often leading to anxiety and negative thoughts. Another suspected factor contributing to depressive symptoms was having a family member who had previously experienced depression, which could impact the elderly's psychological state.

Depression and aging are often considered the final stages of the human life cycle. It is a time expected to be peaceful, enjoying retirement with a loving family. However, not all elderly individuals experience this. Various factors can influence their experiences, including physical and mental health, social support, financial conditions, and social environments. As they age, the elderly often face life problems that can affect their well-being. Common issues among the elderly include poverty, repeated failure, chronic stress, family conflict, or lack of support from their children. Moreover, the inability to express their feelings and concerns can lead to the

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continuous suppression of emotions, eventually causing depression.

Depression is a mood disorder characterized by prolonged feelings of sadness and melancholy, leading to a loss of interest or enthusiasm for life. Generally, individuals with depression can still assess reality accurately (RTA remains good), and their personality remains intact without any personality splits. While their behavior may be disrupted, it remains within normal limits (Meutia, 2018). Various factors that can cause or increase depression in the elderly are often associated with the natural aging process, which can lead to a general decline in the body and its functions, resulting in negative impacts such as physical deterioration, cognitive decline, and increased risk of chronic diseases like diabetes and heart disease (Ayuni, 2018). Depression felt by the elderly can occur because they feel dissatisfied with their lives, feel useless for others, so that the elderly will fell less enthusiastic and there is a tendency to stay at home and socialize less (Khoiriyah, Aspin, Luthfa, & Nua, 2023).

All respondents reported having received information from healthcare workers. Previous research stated that easy access to information can accelerate the acquisition of new knowledge. Elderly individuals who receive help from healthcare professionals tend to better understand the importance of managing stress as they age, which can help prevent depression (Palandung, Liando, & Sampe, 2018).

A total of 66.7% of respondents had good family support, and 75% of respondents did not experience depressive symptoms. Based on the results of the Spearman rank statistical test, a significance value of $0.001 < 0.05$ was obtained. Therefore, the null hypothesis (Ho) is rejected, and the alternative hypothesis (H1) is accepted. This means there is a significant relationship between family support and the incidence of depressive symptoms among the elderly.

The low incidence of depressive symptoms among the elderly is greatly influenced by family support. Without family support, its incidence among the elderly would be higher. Other research has indicated that family support can reduce the depressive symptoms in the elderly because family motivation provides happiness and reduces the mental burden of old age. Material support, which includes meeting the needs of the elderly, helps them feel less worried about their family's financial situation (Imaculata, 2015; Ramdani & Husna, 2020). Various factors, including declining organ function, loss of income sources, and lifestyle changes, can influence depression in the elderly (Nurhidayah, Kusuma, & Rahayu, 2017).

The daily activities of elderly individuals who are not busy indicate that they are not making the most of their free time. Elderly people living in home cares often face several issues, such as loneliness, alienation from their surroundings, helplessness, dependency, and a lack of self-confidence (Karni, 2018; Kartinah & Sumarni, 2021). Particularly for those who are less capable, these problems can lead to feelings of neglect. As a result, their happiness, desires, hopes, peace of mind, and ability to enjoy life are affected, which can ultimately lead to depression. Elderly individuals who are not involved in activities, even though they are still capable of participating, may feel powerless, experience a loss of self-confidence, lose their will and hope, and see a decline in their happiness.

There is a significant relationship between family support and the incidence of depressive symptoms among the elderly at Posyandu Srikandi, with a significance value of 0.001 (Nurhidayah, Kusuma, & Rahayu, 2017).

Data shows that 33.3% of families have not yet helped prevent depression in elderly members. The role of family is crucial in meeting the needs of the elderly, maintaining their health, and preventing depression. Family support can serve as motivation, education, and facilitation. Motivational support from family can encourage the elderly to live the rest of their lives well. Educational family support involves providing health information to the elderly so they know what actions to take.

Family facilitation support is an effort to foster a sense of purpose in the elderly so they can live their remaining years well. Guidance, companionship, and providing resources to meet the needs of the elderly are part of family support from the perspective of facilitators for the elderly (Kristyaningsih, 2011; Ulia, 2021).

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## CONCLUSION

Family support is linked to the occurrence of depressive symptoms among the elderly in the service area of Gunungkidul health center, Sumberejo Village, Semin District, Yogyakarta.

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