

# The relationship between family support and levels of depression with the quality of life of elderly during the pandemic period in Pasekan Health Center, Indramayu District year 2022

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## ABSTRACT

Quality elderly life is the functional condition of the elderly in optimal conditions so that they can enjoy their old age with meaning, happiness, and usefulness. This study intends to examine the association between family support and depression level and the quality of life of senior patients at the Pasekan Health Center, Indramayu Regency, during the pandemic. This study is quantitative research. The Pasekan Public Health Center, Indramayu Regency's population, consists of an average of 86 senior persons per month; therefore, a total sample is taken. The results showed: 75.6% of families supported the elderly during the pandemic, 53.5% of the elderly experienced moderate depression during the pandemic, and 59.3% of the quality of life of the elderly included moderate criteria. The statistical test for the relationship between family support and the level of depression with the quality of life of the elderly obtained a p-value of  $0.000 < 0.05$ , which means  $H_0$  is rejected, and  $H_a$  is accepted. The conclusion is that there is a relationship between family support and the level of depression in the quality of life of the elderly during the pandemic. It should be remembered that the quality of life of the elderly has to do with family support and the level of depression. The elderly should reduce the things that can cause depression by doing regular exercise, positive thinking, and others, as well as the need for family support so that the impact on the quality of life is increasing.

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## INTRODUCTION

The pandemic and spread of Corona Virus Disease 2019 (COVID-19), which has been declared by WHO as a Global Pandemic since March 11, 2020, and has been declared a public health emergency based on Presidential Decree 11/2020, has not ended, and has had an impact on various aspects including health, economic, and broad social issues in Indonesia (nusa daily, 2021). One of those affected by the pandemic is the elderly.

The elderly or elderly are valuable assets for the progress of the nation if we continue to hone their potential and place them in a noble position (Atalya Puspa, 2020). However, a study published in JAMA Psychiatry on December 22, 2020, showed that during the coronavirus pandemic, there was an increase in the prevalence of symptoms of clinical depression in among elderly people (elderly). from 12.5 percent before the pandemic to 22.6 in June/July, and 28.5 percent in November/December 2020 (Indonesia, 2021).

Based on the results of the 2013 Susenas, the number of elderly people in Indonesia reached 20.04 million people or around 8.05 percent of the entire Indonesian population (BPS Indonesia, 2013). So on. These changes can make the elderly experience mental changes, one of which is depression. According to the World Health Organization (WHO), depression is a mental disorder characterized by guilt or low self-esteem, sleep and eating disturbances, loss of pleasure, and decreased concentration (Organization, 1998).

The biggest impact that often occurs due to depression is a decreased quality of life (Stanley & Beare, 2007). This is following research by A.A. Ayu Rani Puspawati and Ety Rekawati, where the results showed that there was a relationship between the level of depression and the quality of life of the elderly (Puspawati & Rekawati, 2017) and were strengthened by the results of the research by Arlinda Sari Wahyunia, Julian Harahapa, and Rina Amelia which stated that there was a relationship between emotional disorders (depression) and the quality of life of the elderly in the city of Medan (Amelia et al., 2018). For this reason, efforts are needed to improve the quality of life of the elderly. Quality of life (Quality of Life) is a term used to measure the welfare of the elderly. Well-being describes how well a person feels about their environment (Kaakinen et al., 2018).

The World Health Organization (WHO) defines the quality of life as an individual's perception in the context of the culture and value system in which the individual lives and concerning the goals, expectations, and concerns they have. This provides the concept of an individual's physical health, psychological state, a person's beliefs, social relationships, and the individual's involvement with something important from their environment (Suprajitno, 2004).

Quality elderly life is a functional condition of the elderly in optimal conditions so that they can enjoy their old age meaningfully, happily, and usefully (Ng et al., 2010). For this reason, support from the family is needed, which is the closest person and the most important element in helping individuals solve problems. Family support will increase self-confidence and motivation to face problems and increase life satisfaction. Rahmianti's research results show that there is a significant relationship between social support and the quality of life of the elderly, with a moderate relationship (Rahmianti, 2014).

Supported by the research results of Ningrum, Okatiranti, and Ketut Kencana Wati, the results of the Spearman rank statistical test showed that there was a relationship between family support and the quality of life of the elderly (Ningrum et al., 2017) and was reinforced by Sri Damayanti's research which stated that there was a relationship between family support and the quality of life of elderly people with hypertension with a very close relationship (Damayanti, 2019).

The preliminary study results, on December 20 2021, obtained data on the number of elderly people who visited the Pasekan Health Center in Indramayu Regency in the last 6 (six) months from June to. In November, there were 2,204 or an average of 367 elderly people a month. When conducting a preliminary study using a family support questionnaire measuring the level of depression and a quality of life questionnaire, it was found that out of 10 elderly, eight elderly said their families did not make time to take the elderly for treatment. The family did not listen to the complaints said by the elderly about their illness and themselves. Felt neglected when they were sick, and two elderly people said that their family cared very much about them, especially during the pandemic; food and vitamins were often sent from their children. While relating to the results of measuring the level of depression, as many as six elderly (60%) experienced severe depression, three elderly (30%) experienced moderate depression, and 1 elderly (10%) experienced mild depression, while the results of measuring the quality of life, found 7 elderly people (70 %) have a low quality of

life and 3 elderly people (30%) have a good quality of life. The study aimed to determine the relationship between family support and depression levels with the quality of life of the elderly during the pandemic at the Pasekan Health Center, Indramayu Regency (Pasekan, 2021).

## RESEARCH METHOD

This research uses a quantitative method, namely, investigating causal relationships based on observations of the consequences and looking for factors that become causes through the data collected. In this study, the basic approach was to start with the differences between the two groups and then look for factors that might be the cause or effect of these differences (Sugiyono, 2017). In this case, there is an element that compares two or more variables. Research problems in causal relationships are included in associative formulations, asking for a relationship between two or more variables. A causal relationship is a causal relationship. So here, there are independent variables (variables that influence) and dependent (variables that are influenced). In this study, the independent variables (variables that influence) include family support and the level of depression in the elderly. In contrast, the dependent variable (a variable that is influenced) is quality of life. Elderly during the pandemic.

### 1. Conceptual Framework for Relationships between Family Support and Depression Levels with the Quality of Life of the Elderly During the Pandemic Period at the Pasekan Health Center, Indramayu Regency

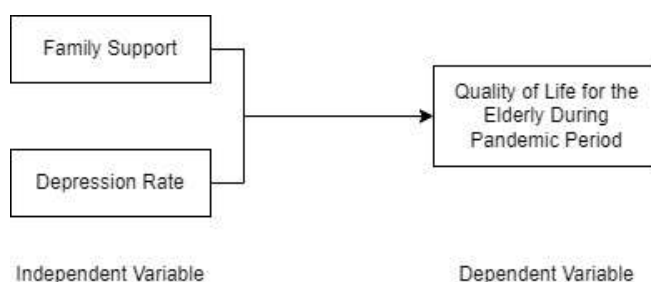


Figure 1. Research concept framework

### 2. Time and Place of Research

The research was conducted from March to July 2022. The choice of location was adjusted to the strata of the Puskesmas, the commitment of the head of the Puskesmas, and the number of elderly visiting. The Pasekan Health Center in Indramayu Regency was chosen as the object of research for the following reasons: it is a strata I (Good) health center, and the leadership, in this case, committed to receiving input from stakeholders, including research and the number of elderly people is greater than the 3 (three) surrounding Health Centers.

### 3. Population and Sample

The study population was all elderly people who visited the Pasekan Health Center in Indramayu Regency from January to January, June 2022, as many as 516 elderly or an average of 86 elderly. The research sample size was calculated using the total sampling formula: as many as 86 elderly as samples

### 4. Data Types and Sources

Data was obtained from the Pasekan Health Center, Indramayu Regency. The techniques used to collect data are interview question and answer directly with the elderly who visited the Pasekan Health Center, Indramayu Regency. And Fill out the Questionnaire.

## 5. Operational Definition and Variable Measurement

### a. Family Support = Independent Variable

Family support is an attitude, action, and acceptance of the family towards its members manifested in the form of emotional support, appreciation support, instrumental support, and informative support. The family support variable in this study was measured by a family support questionnaire using an ordinal scale, which is said to be supportive if the score  $\geq$  mean / median and said not to support if the score is  $<$  mean/median.

### b. Level of Depression = Independent Variable

Mood disorder is when a person feels persistent and profound sadness with behavioral disturbances. The variable level of depression is measured using the GDS Questionnaire (Geriatric Depression Scale) with an ordinal scale, where it is said to be Normal: a score of 0-9, Mild Depression: a score of 10-19 and Severe Depression: a score of 20-30.

### c. Quality of Life for Elderly = Dependent Variable

The ability of the elderly to carry out their daily functions and duties. Assessment of the quality of life of the elderly is based on four dimensions, namely: the dimensions of physical health, psychological well-being, social relationships, and environmental health. The quality of life variable for the elderly was measured by the WHOQOL-BREF Questionnaire with an ordinal scale, where it was said that the quality of life was low: score of 1-45, Quality of life was moderate: score of 46-65, and Quality of life was high: score 66-100.

## 6. Data analysis technique

### a. Instrument Testing

In this study, trials were not carried out because they used standardized instruments that had been tested for validity and reliability, which were declared valid and Cronbach alpha values  $>$  0.60 by (Damayanti, 2019) with the title, "Relationship of Family Support with Quality of Life for Elderly People with Hypertension In the Grugugan Hamlet, Bantul, Yogyakarta" and researchers (Amelia et al., 2018), with the title: "The Relationship between Depression Status and Quality of Life of the Elderly in Medan City."

### 2. Data Analysis

#### a) Statistical Descriptive Analysis

b) This study's descriptive analysis provides an overview to the reader using the frequency table.

#### c) Statistical Hypothesis Test

d) To determine the relationship between the two variables using the chi-square test.

# RESULTS AND DISCUSSIONS

## Research Result

### Family Support for the Elderly During the Pandemic

Family support for the elderly during the pandemic can be seen in Table 1. below:

**Table 1.** Family support for the elderly during the pandemic

Family Support	Frequency	Percentage (%)
Supporting	65	75,6
Not Supporting	21	24,4

Based on table 1 above, it can be seen that most of the families supported the elderly during the pandemic, as many as 65 families (75.6%)

### Elderly Depression Levels During the Pandemic Period

The depression level of the elderly during the pandemic can be seen in Table 2. below:

**Table 2.** Elderly depression levels during the pandemic period

Depression Rate	Frequency	Percentage (%)
Mild Depression	27	31,4
Moderate Depression	46	53,5
Major Depression	13	15,1

Based on table 2 above, it can be seen that most of the elderly during the pandemic, as many as 46 elderly (53.5%) experienced moderate depression.

### Quality of Life for the Elderly During the Pandemic

The quality of life for the elderly during the pandemic can be seen in Table 3 below:

**Table 3.** Quality of life for the elderly during the pandemic

Elderly Quality of Life	Frequency	Percentage (%)
Heigh	24	27,9
Moderate	51	59,3
Low	11	12,8

Based on Table 3 above, it can be seen that the majority of the elderly during the pandemic, as many as 51 elderly (59.3%), had a moderate quality of life.

### The Relationship between Family Support and the Quality of Life of the Elderly During the Pandemic

The relationship between family support and the quality of life of the elderly during the pandemic can be seen in table 4 below:

**Table 4.** Relationship between family support and quality of life for the elderly during the pandemic

Family Support	Elderly Quality of Life						Total		P Value
	High		Moderate		Low		n	%	
	n	%	n	%	n	%			
Supporting	20	30,8	42	62,6	3	4,6	65	75,6	0,000
Not Supporting	4	19	9	42,9	8	38,1	21	24,4	

Based on Table 4, it is known that, of all families that support, the quality of life of the elderly is mostly high (30.8%) and moderate (62.6%), and of all families that do not support, the quality of life of the elderly is mostly moderate (42, 9%) and low (38.1%). The results of the chi-square statistical test obtained a p-value of  $0.000 < \alpha 0.05$ , meaning  $H_0$ . Rejected and accepted  $H_a$ .

### The Relationship between Depression Levels and Quality of Life in the Elderly During the Pandemic

The relationship between family support and the quality of life of the elderly during the pandemic can be seen in Table 5 below:

**Table 5.** Relationship between family support and quality of life for the elderly during the pandemic

Depression Rate	Elderly Quality of Life						Total	P Value	
	High		Moderate		Low				
	n	%	n	%	n	%	n		%
Mild Depression	16	59,3	9	33,3	2	7,4	27	31,4	0,000
Moderate Depression	6	13	36	78,3	4	8,7	46	53,5	
Major Depression	2	15,4	6	46,2	5	38,5	13	15,1	

Based on Table 5, it is known that of all the elderly who experience mild depression, the quality of life for the elderly is mostly high (59.3%) and moderate (33.3%), of all the elderly who experience moderate depression, the quality of life for the elderly is mostly moderate (78.3%) and low (8.7%) and of all the elderly who experienced major depression, the quality of life for the elderly was mostly moderate (46.2%) and low (38.5%). The results of the chi-square statistical test obtained a p-value of  $0.000 < \alpha 0.05$ , meaning  $H_0$ . Rejected and accepted  $H_a$ .

## Discussion Result

### Family Support for the Elderly During the Pandemic

Increasing the life expectancy of the elderly impacts the health quality of the elderly. The family is a support system for the elderly in maintaining their health. Family support is one of the most important things in improving the quality of life of the elderly. Good family support will improve the quality of life of the elderly so that the elderly can enjoy life in their old age (Ningrum et al., 2017).

Based on the research results, it is known that most families supported the elderly during the pandemic, as many as 65 families (75.6%). This shows that the elderly at the Pasekan Health Center in Indramayu Regency received family support during the pandemic period. Support from the family is the most important element in helping individuals solve problems. Family support will increase self-confidence and motivation to face problems and increase life satisfaction. Until now, the family is still the most preferred shelter for the elderly, following research (Putri, 2020), that family support shows a significant positive correlation value. Family supports so that the elderly can go through everything happily.

### Elderly Depression Levels During the Pandemic Period

The elderly are one of the groups affected by the Covid-19 pandemic. One of the health problems that can appear in the elderly is depression. This has an impact on decreasing the ability of the elderly to carry out daily activities, reducing the independence and quality of life of the elderly. (Agung Akbar et al., 2022) In addition, the COVID-19 pandemic has provided psychological changes to the elderly group consisting of depression, anxiety, and stress. (Dharwina) Based on the research results, it is known that most of the elderly during the pandemic, as many as 46 elderly people (53.5%) experienced moderate depression. This shows that the elderly at the Pasekan Health Center in Indramayu Regency, during the pandemic, had a moderate level of depression.

Depression is a serious mood disorder that affects some older people, but clinical depression is not a normal part of aging. Studies show that most older people are satisfied with their lives, despite having more illnesses or physical problems than younger people. Many things may be risk factors for depression. For some people, changes in the brain can affect mood and lead to depression. Others may experience depression after a major life event, such as a medical diagnosis or the death of a loved one. Sometimes, those who experience severe stress, especially those who care for loved ones who suffer from serious illnesses or disabilities, can feel depressed. (Das et al., 2021) Therefore the authors assume that depression can occur in anyone, including the elderly, especially when the situation is during covid 19; the most important thing is that the elderly are still able to improve their quality of life, and for that, they need the support of the closest support system, including family.

### Quality of Life for the Elderly During the Pandemic

In old age, a person experiences physical, mental, and social declines little by little until they can no longer perform their daily tasks. So for most people, old age is an unpleasant time (Sunaryo et al., 2015), so the impact affects quality of life. According to Yuliati A. In (Dwi et al., 2019), Quality of life is an individual's perception of his life in society in the context of existing culture and value systems related to goals, expectations, standards, and concerns. Quality of life is a very broad concept that is influenced by the individual's physical condition, psychology, level of independence, and relationship with the environment.

Based on the study's results, it was found that most of the elderly during the pandemic were 51 elderly (59.3%) whose quality of life was in the moderate criteria. This shows that the quality of life for the elderly at the Pasekan Health Center in Indramayu Regency during the pandemic was moderate. By Raena, the researchers assume that because most of the elderly have a moderate quality of life, if this is not handled, they are at risk of experiencing a decreased quality of life, so the impact is that the elderly experience depression due to environmental situations and conditions, especially accompanied by a lack of family support as the main support system in life.

### **The Relationship between Family Support and the Quality of Life of the Elderly During the Pandemic**

Family support is assistance provided by other family members so that it will provide comfort. Family support is needed by the elderly to improve their quality of life. (Wafroh et al., 2017) The family is a support system for the elderly in maintaining their health. Family support is one of the most important things in improving the quality of life of the elderly. Good family support will improve the quality of life of the elderly so that the elderly can enjoy life in their old age. (Ningrum et al., 2017) The results of the chi-square statistical test obtained a p-value of  $0.000 < \alpha 0.05$ , meaning  $H_0$  Rejected and accepted  $H_a$ . In conclusion, there is a relationship between family support and the quality of life of the elderly during the pandemic. This shows that family support for the elderly at the Pasekan Health Center, Indramayu Regency, is significantly related to the quality of life of the elderly during the pandemic. In contrast, if the family supports the quality of life for the elderly to be high, conversely, if the family does not support it, the quality of life is low.

This is in line with research (Ningrum et al., 2017) that there is a relationship between family support and quality of life for the elderly (Case Study: in Sukamiskin Village, Bandung City), supported by research by Wafroh et al. that there is a significant relationship between family support and the quality of life of the elderly at PSTW Budi Sejahtera Banjarbaru with a value of  $r=0.884$  which means the strength of the relationship is strong and has a positive direction. Good family support for the elderly will improve the quality of life for the elderly (Wafroh et al., 2017). Reinforced by the research of Probosiwi et al., There is a relationship between family support and the quality of life of the elderly. For this reason, researchers invite families to support the elderly, be it financial support if the elderly need care or treatment or other support such as information support (Probosiwi et al., 2020).

### **The Relationship between Depression Levels and Quality of Life in the Elderly During the Pandemic**

Degenerative processes in the elderly population contribute to the emergence of mental health problems in the elderly. Mental health is important in assessing a person's quality of life. The low quality of life of the elderly accompanied by high levels of depression encourages research to be conducted on the relationship between depression levels and quality of life in the elderly (Mahadewi et al., 2018).

The results of the chi-square statistical test obtained a p-value of  $0.000 < \alpha 0.05$ , meaning  $H_0$  Rejected and accepted  $H_a$ . In conclusion, there is a relationship between the level of depression and the quality of life of the elderly during the pandemic. This shows that the depression level of the elderly at the Pasekan Health Center in Indramayu Regency is significantly related to the quality of

life of the elderly during the pandemic, where if the level of depression is severe, the quality of life for the elderly will be low, conversely, if the level of depression is mild, the quality of life is high.

This is in line with Puspita's research that there is a relationship between the level of depression and the quality of life of the elderly. (Puspita, 2019) is supported by the research of Chen et al. that there is a relationship between the level of depression and the quality of life in elderly hypertensives who attend Prolanis at the Kasihan II Health Center. (Chen et al., 2020) Strengthened by the research of Azizah et al. that there is an effect of depression on the quality of life of the elderly. For this reason, researchers provide Health Education about the importance of reducing depression in the elderly by advocating positive thinking, reducing tension as well as carrying out useful activities, including exercising and reducing smoking for the elderly who smoke (Azizah et al., 2022).

## CONCLUSION

Based on the results of research and discussion, the conclusions are as follows: (1) 75.6% of families support the elderly during the pandemic. (2) 53.5% of the elderly experienced moderate depression during the pandemic. (3) 59.3% of the Quality of Life for the Elderly is in Medium Criteria. (4) There is a relationship between family support and the quality of life of the elderly during the pandemic. (5) There is a relationship between the level of depression and the quality of life of the elderly during the pandemic.

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