International Journal of Health Sciences
Available online at http://sciencescholar.us/journal/index.php/ijhs
Vol. 1 No. 3, December 2018, pages: 10~16
e-ISSN: 2550-696X, p-ISSN: 2550-6978
http://dx.doi.org/10.21744/ijhs.v1i3.46

Increasing Education of Family Support for Decreasing Depression Level towards Elderly

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Article history: Received 15 July 2016; Accepted in revised form 10 September 2017; Approved 8 October 2017; Available online 1 December 2017

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Keywords

Biological aspects;
Depression;
Education;
Elderly;
Family Support;

Abstract

The elderly was a natural process that can not be avoided. The many changing occurred due to biological aspects, psychological, social, economic, and health. The brain aging process was a part of the degeneration process caused neuropsychological disorder varieties. The present study aimed at analyzing the family support depression level of the elderly before and after being given an education. It used a randomized pre-experimental design with pretest and posttest One Group Only Design (in form of the community trial). The research was conducted in Selemadeg village for 4 months i.e. July to October 2016. The study population was all elderly in Selemadeg village. The sampling techniques with total sampling, which meets the criteria for inclusion and exclusion amounted to 400 people. Based on the data analysis showed that there was the very significant positive difference between family support with the depression level in the elderly before being given education as indicated by the value t < p-value (t = -39.001) and p = 0:01). Whereas, there was the very significant positive difference between family support with the depression level for the elderly after being given education, which was indicated by the value t > p-value (t =59,694 and p = 0:01) defines that the hypothesis was rejected. The positive relationship existence between family support with the depression level for the elderly in accordance with the theory and yield characteristics of the subjects in the present study that the depression rate was influenced by the low education level, age of the elderly > 70 years old, the depression rate in factors, elderly living without a spouse, elderly with disabilities physical and family types. It was shown that the low self-esteem was correlated to

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psychological problems in depression. The elderly who had been high self-esteem mastering feeling to respect himself, therefore, unlike to bring a positive attitude to the elderly themselves. The results were requested to immediately implement the program of Selemadeg Health Primary Care for Elderly.

Contents

1. Introduction

One of successful indicator for health development in Indonesia is increasing Life Expectancy (UHH). The Medium Term Development Plan (RPJMN) The ministry of health in 2014 mentions an increase of UHH from 70.6/years in 2010 to 72/years in 2014. In accordance with the increase of UHH, there will be a change in population age structure (Agarwal, *et al*.: 2017), (Billaiya, *et al*.: 2017). The longer life opportunities have an impact on population growth who is over 60 years old. This reflects the success of development of health, but it is also a challenge due to it raises various health and economic problems.

One of the health problems that can arise in the elderly group is an emotional disorder. The emotional disturbances that occur is a cognitive function disorder i.e. depression. The risk factors that cause the elderly to experience depression is less of family support. The family has several support functions included informational support, assessment support, instrumental support, and emotional support (Darmojo & Martono 2006). The family support can be attitudes, actions and family acceptance of unwell people. The family is the smallest unit of the society consisting of the head of the family and several people who are gathered and live in a place under a roof in a state of interdependence due to blood relations, marital relations or rapture in one household [Departement of Social RI, 2004.]. An education is a competency possessed by nurses who are oriented towards behavior change. The expected changes are healthy behaviors that have the ability to recognize health problems themselves, families, and groups in improving their health Ferry (2009). The purpose of this study is to analyze the support of families with depression levels in elderly before and after being given education.

2. Research Method

This research is pre-experimental research with *Randomized Pretest and Posttest only Group Design* in the form of *community trial* (Friedman, *et.al*.: 2013). The research was conducted in Selemadeg Village from July to October 2016. The Population is all elderly in Selemadeg Village. The sampling technique with total sampling, which meets the sampling criteria, 400 people.

3. Results and Analysis

The population in Selemadeg village is 2,546 people, with 1,226 males and 1,320 females, in 799 families. The number of elderly people > 60 years old is 426 people. The main livelihoods of the people are predominantly farmers, with the most widely held religion being Hinduism.

Characteristics of research subjects

Characteristics of respondents based on the gender, 193 males (48.25%) and 207 females (51.75%). The elderly people aged between 60-70 years old are 224 people (56.0%), and the old age of more than 70 years old is 176 people (44.0%). They who still have a spouse is 262 people (65.5%), and who do not have a spouse is 138 people (34.5%). The family type is categorized into two, namely the *nucleus family* and *extended family*. The elderly with a nucleus family is 273 people (68.25%), and large family is 127 people (31.75%). The more data are presented in Table 1.

Table 1
Characteristics of respondents

Characteristics	f	%
Gender		
Male	193	48,25
Female	207	51,75
Age		
Male	176	44,00
Female	224	56,00
Spouse		
Any	262	65,50
Nothing	138	34,50
Family Type		
Nucleus	273	68,25
Big	127	31,75
Total	400	100,00

Family Support and Elderly Depression level

The descriptive test results to determine whether or not the education effectiveness in increasing family support and reduce depression levels in the Elderly is shown in table 2:

Table 2
Descriptive Data and Differences of family support and depression levels before and after education

Variable	Before			After			p-value
	Min-Max	Mean+SD	SE Mean	Min-Max	Mean+SD	SE Mean	
Family support on	20-29	22,85+3.14	0.157	20-80	47+11.930	0.597	0,000
Depression Level	9-13	11,31+11.93	0.048	2-10	5,87+0,96	0.083	0,000

The data in Table 2 shows that there is increasing in family support and decreasing in depression levels in elderly after being educated. The result of the t-paired different analysis showed that there was a significant difference of family support before and after education with p <0,05. The

depression level in Elderly before and after being given education is also obtained significant difference based on t-paired test analysis with p <0,05.

Analysis

The analysis results for 400 respondents on average the family support value before getting education is 22.85, and standard deviation 3.14 it is categorized included a) 65 to 80 is very supportive, b) 50 to 64 is supportive, 3) 35 to 49 is less supportive and 4) 20 to 34 is not supportive. It defines the research results before being given education is classified as the family does not support. Whereas, after the intervention was given an average 47.07 and the standard deviation 11.93, this means there is an increase in the average value and it is to show a less supporting. The family income can affect the family member's support especially, in the basic needs (Jain: 2017). The family has several support functions i.e. informational support, assessment support, instrumental support, and emotional support (Malaiya, et al.: 2017). The informational support in the family functions for family unlike a collector and disseminator information regarding the world. The describing suggestions, suggestions, information that can be used reveals a problem. The benefit of this support can suppress the stressor emergence due to the information provided can contribute to a specific action of suggestion for the individual. This support aspect e.g. advice, suggestions, suggestions, guidance, and information. An assessment support in the family makes the family act unlike a guidance for feedback, guide and mediate problem-solving, as a source and validator of the family member's identity e.g. providing support, appreciation, attention. The work on family members also affects the feeling of getting support from the family. The elderly people who are still able to work certainly have income and help their family economy, therefore, the decisions related to their needs not need to receive oral support from family members.

The elderly depression level based on the analysis 400 respondents average depression level before being given education is 11,31 and standard deviation 0,97 and depression level after giving education is 5,87 and standard deviation 1,65 it means there is a decrease in depression levels. If it is shown at the following depression categories included: a) 0 to 4 is normal, b) 5 to 8 is mild, c) 8 to 11 is moderate and d) 12-15 is a severe depression level. It defines the research results before being given education is classified as moderate depression, whereas, after being given intervention the results are classified as a mild depression. The Depression is an emotional distress that is in the form of feeling depressed, unhappy, sad, and feeling worthless, lacking in spirit, meaningless and pessimistic about their life. The elderly depression can be caused by many factors. For example, their economic life is not guaranteed by their families therefore, they still have to work, their fear to be alienated from the family, the fear is not cared for/by their children. The difficulty to meet a basic need, inability of the social activities in the society.

The age factor is a factor that influences one's attitude toward existing social activities. Those from the age group for 60 to 70 years old are still able with moral consists of the values and norms of the society steadily. However, who are over 70 years old they will find difficulty to participate much more confine themselves. The statement is in accordance with the respondent's circumstances in the present study, who have age above 70 years old is 176 people (40%).

The spouse also affects the elderly comfortable level, the friends help each other, and feel lonely, losing a living companion if the couple early has left, the data show the elderly who still have 262 (65.5%) spouses and who have no spouse is 138 people (34.5 %). The people who are still their spouse will be calmer in meeting basic needs than living without a husband or wife (McKenzie, et al.: 2005).

The family consists of the people who are united by marriage relationship, blood, and bonds of adoption. The family members usually live together in one household. The members interact and communicate with each other in family social roles. The inside of the family is made up of the family members. The nucleus family is made up of their fathers, mothers, and children, the big families composed of nuclear families and related people (by blood relation), most commonly belonging to family members, one of the basic family friends, the following included "relatives"

i.e. aunt, uncle, cousin including grandparents or elderly. The most elderly love to live in the middle of the family. The elderly still feel that their life is completely unlike a grandfather and grandmother. For the elderly, the family is a satisfaction source. An elderly needs the full support of their family members. The family support provided for families with elderly is various.

The family has informational support functioned as an advocate, suggestion, advice, and guidance as well as providing information. The family assessment support enables families to be supportive, rewarding and caring, emotional support for the functioning of families as a safe and comfortable place to rest, and instrumental support puts the family as a source of the practical and concrete helping. The basically elderly clients need a sense of the security and love of the environment including family. The family should always provide a safe atmosphere, not rowdy, and let the elderly to perform activities within the ability limited and hobby that they have. The Family should also be able to raise the spirit and creations for elderly in reducing feelings of despair, low self-esteem, a sense of limitations as a result of physical disability and abnormalities suffered including depression. The elderly depression is often slow to detect due to the clinical picture is not typical. It appears more frequently in somatic complaints, unlike chronic fatigue, sleep disorders, weight loss, hearing loss, visual impairment, and urination frequently. It can also appear in the form of decreased cognitive function. A number of precipitants of depression in elderly, including biological factors, psychological, chronic stress, drug use. The biological factors unlike genetic factors, brain structural changes, vascular risk factors, physical weakness. Whereas, the psychological factors that trigger depression for elderly, namely the type of personality and interpersonal relations. The life events unlike grieving, loss of loved, economic hardships and changing situations, chronic stress, and the use of certain drugs.

The different types and approaches will also influence the research results. According to Green, an enabling factor that could influence someone in behavior or participate in the availability of supporting facilities and infrastructure (Notoatmodjo: 2010). The health education is a profession that educates people about their health. The space within its profession includes environmental health, physical health, social health, emotional health, intellectual health, and spiritual health. These can be defined as the principle by which individuals and groups of people who learn to behave in a manner conducive to health promotion, maintenance, or restoration (Parihar, et al.: 2017). The ultimate goal of health education is for people to be able applying their own problems and needs, be able to understand what they can do about the problem, regarding their existing resources coupled on outside support, and be able to decide on the appropriate activities to improve the standard of living and the social welfare (Robb: 2012, July).

According to Health Regulation No. 12 in 2010, the health education is purposed at improving the community's ability to maintain and improve their health status; both physically, mentally and socially, therefore, to be economically and socially productive, the health education for all health programs; both communicable eradication diseases, environmental sanitation, society nutrition, health services, and other health programs (Societa: 2012). The family social support is a process that occurs throughout life, nature and social support type of varying in different stages of the life cycle. Nevertheless, all stages of life, family social support enables families is functioned with a variety of intelligence and reason. As a result, it improves family health and adaptation (Suarjana, et al.: 2017). The family social support refers to social support seen by the family as being accessible or held for the family (social support may or may not be used, but family members see that supportive people are always ready to provide a help and an assistance if necessary). The family social support can be internal family social support, unlike support from a spouse or support from siblings or external social support (Sudigdo & Sofyan: 2002), (Yusherman: 2008).

After the education is carried out by the elderly and families to understand with the tasks, roles, and family functions, the communication can run more smoothly, the relationship in the household becomes more harmonious, therefore, the potential for depression in the elderly can be lowered (Suiraoka, et al.: 2017).

4. Conclusion

Based on the results of the supporting analysis, it is concluded that the prior to be educated the family has not supported with an average value 22.85 and standard deviation 3.14 after family support education become less with an average score 47.07 and a standard deviation is 11.93. the prior to being given educational measures, the elderly depression is moderate level with an average value is 11.31 and a standard deviation is 0.97. After being given an educational support, the elderly depression is mild level with an average value is 5.87 and the standard deviation is 5.87. There is a negative difference in family support before and after being educated. The value *t* < from *p*-value (*t = -39.001) and p = 0,01*). There is a difference in family support for the elderly depression levels after being educated. The value t> from p-value (t-value = 59,694 and p-value = 0.00). The study results indicate that the elderly depression level is a mild level as well as family support is still lacking and the program for the elderly has not been maximal, therefore, it is recommended to carry out integrated Elderly *Posyandu* (integrated service post) coaching.

Acknowledgements

Our deep and sincere gratitude were presented to God for having granted us the ability and the opportunity to complete this paper. We would also like to thank our former lecturers and our friends for their support, their patience, their contribution, and their valuable input, therefore, this article could be completed. We would also thank I Wayan Suryasa as an advisor as well as editor in chief of SS, IJMRA, IJCU and Skirec who has reviewed and approved this study to be published.

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