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FAMILY EMOTIONAL SUPPORT WITH DEPRESSION IN ELDERLY AT SANTO YAKOBUS CHURCH KELAPA GADING

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ABSTRACT

Background: Depression is the most common mental disorder characterized by persistent sadness and lack of interest in daily activities. This condition requires special attention as it can be life-threatening. Depression can be caused by a variety of factors such as biological, social, and psychological. One of the psychological factors that influence depression is family emotional support. Family emotional support can be provided by showing patience and encouraging the elderly. **Objective**: This study aims to see the relationship between family emotional support and depression in the elderly. Methods: The research was conducted using a cross-sectional design, and nonrandom sampling, and 118 elderly respondents were selected from the Santo Yakobus Church Kelapa Gading. Respondents filled out the questionnaire directly and through the g-form. Results: The statistical test used was Fisher's Exact and the results of this study showed that there was no significant relationship between family emotional support and depression in the elderly with a p-value = 0.884> 0.05. However, elderly people who do not get emotional support tend to experience depression 1.43 times compared to those who get support (PRR 1.43). Conclusion: There is no significant relationship between family emotional support and depression in the

Keywords: family emotional support., elderly., depression

INTRODUCTION

One of the most common mental disorders is depression, characterized by persistent feelings of sadness, mood swings, and a lack of interest or enthusiasm for carrying out usual daily activities. Depression can be caused after someone experiences a major event such as losing a loved one or loneliness due to lack of support from the family. WHO notes that around 280 million people worldwide suffer from depression and more than 700,000 people die by suicide every year, which shows the importance of a deeper understanding of effective treatments for treating depression.¹

Depression can be caused by many factors, not only caused by chemical imbalances in the brain but also by genetic vulnerabilities, and lack of family emotional support. The emotional support provided by the family to the elderly is an important aspect of maintaining the physical and mental well-being of the elderly. Spending time with the elderly, listening to them when they share their stories, and trying to understand their feelings is an effective way to show appreciation and respect. Involvement in shared activities can also increase emotional bonds and provide opportunities for older adults to remain

active and involved in social life. In addition, families can also consider involving a therapist or professional caregiver with special expertise in caring for the elderly, who can provide additional support and help in managing the health and emotional needs of the elderly. Families must also be patient when dealing with the elderly because they often need more time to process information and respond, and this patience is another form of appreciation and emotional support. Families must try to continue to learn and adapt to changes that may occur in the physical and emotional condition of the elderly. ^{2,3}This research was conducted to see whether there was a relationship between family emotional support and the incidence of depression in the elderly.

METHODOLOGY

This study used a cross-sectional design and the instruments used were the family emotional support questionnaire and the Geriatric Depression Scale. Data collection was carried out on elderly people at Santo Yakobus Church Kelapa Gading after passing an ethical review and obtaining permission and approval from the ethics committee of the Faculty of Medicine, Tarumanagara

University. The inclusion criteria in this study are elderly people who are > 60 years old, can hear, speak, and live with their family, while the exclusion criteria in this study are elderly people who have physical disabilities or have had a stroke, suffer from Alzheimer's, dementia, as well as elderly people and their families who incomplete in filling out the questionnaire. Data collection was carried out using a non-random sampling technique by filling out paper questionnaires and g-forms, resulting in 118 elderly people who met the inclusion criteria. Data processing was carried out using SPSS version 26 with Fisher's Exact test. Statistical significance was found to be p > 0.05.

RESULTS

The research was conducted at the Santo Yakobus Church Kelapa Gading from January to May 2024. Data in the research was obtained from filling out questionnaires and g-forms and from 118 elderly people who met the inclusion criteria. According to the data obtained, the majority were female, 85 people (72%) with the majority aged in the 60-70 year range (49%). A total of 83 elderly (70.3%) experienced depression and 116 elderly (96.3%) received sufficient family emotional support.

Table 1. Subject Characteristics

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Characteristics	Frequency (%)	Mean	Median		
Gender					
Man	33(28%)				
Woman	85(72%)				
Age		71,83	71		
60-70	58(49%)				
71-80	46(38,9%)				
81-90	12(10%)				
>90	2(1,6%)				
Depression in elderly					
Depressed	83(70,3%)				
Not depressed	35(29,7%)				
Family emotional support					
Good					
Less	116(96,3%)				
	2(1,7%)				

The results of data analysis using the Fisher's Exact test showed a p-value of 0.884 > 0.05, which concluded that there was no significant relationship between family emotional support and the incidence of depression in the

elderly. The PRR was found to be 1.432, which means that people who do not receive emotional family support have a 1.4 times risk of experiencing depression.

Table 2. Distribution of Respondent Data Based on the Relationship between Family Emotional Support and Depression in the Elderly

	the Elacity								
	Depression in elderly								
	Depressed	(%)	Not	(%)	p-value	PRR			
			depressed						
Family									
emotional									
support									
Less	2	1,7%	0	0	0,884	1,432			
Good	81	68,6%	35	29,7%					

DISCUSSION

Subject Characteristics

A total of 118 respondents in this study received adequate family emotional support, 116 (98.3%) of them and 85 (72%) of the elderly who were female. The majority of people aged 60-70 years were 58 people (49%). A total of 83 elderly experienced depression (70.3%). The results of this research are in line with research conducted by Fikri

Erwanto et al at the Sidomulyo Riau Community Health Center which shows that the majority of respondents are women, with an age range of 60-69 years (56%). This research is also similar to research conducted by Maria Devita et al who said that one of the factors that influence the occurrence of depression in the elderly is gender, where women are more susceptible to experiencing depression than men. Based on research conducted by Ronak Paul et al

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in India, the majority of those who experience depression are elderly women who are influenced by several factors such as financial dependence on other people or partners can increase the risk of depression, the way women deal with the depression they are experiencing is by releasing their emotions, whereas men tend to do other activities such as sports, participation in society.¹²

2. Family emotional support, level of depression in Santo Yakobus Church, Kelapa Gading

a. Family emotional support

The results of this study showed that the majority of elderly people received sufficient family emotional support, 116 people (96.3%) of the 118 respondents. These results are similar to research by Ghina Syarifa Yulianti Syam on elderly people in Paccinongang Village, South Sulawesi Province, that there were 73 elderly people with sufficient family emotional support in that area (77.6%) out of 94 respondents. These results can be in line because in this study the majority of elderly people were female, 68 people (72.3%), and in this study, the majority of elderly people were female, 85 people (72%). This research agrees with research conducted by Muslikhatul Khoiriyah et al which also showed that elderly people with sufficient family emotional support at Bangetayu Health Center Semarang were 65 people (75.6%) out of 86 respondents.

Level of depression

The results of this study show that the majority of elderly people at Santo Yakobus Church Kelapa Gading experienced depression, 83 people (70.3%). The results of this study are different from research conducted by Oktalia Suhartanti et al) which showed that 2 elderly people in the Gresik Regency Nursing Home experienced depression (6%) of 31 respondents. This difference was obtained because the research was conducted in a nursing home and the elderly said that they did not feel lonely or sad because it was like being at home while in this study it was conducted on elderly people who still lived with their families at home. On the other hand, this research agrees with research conducted by Fikri Erwanto et al which showed that 82 elderly people experienced depression at the Sidomulyo Riau Community Health Center (82%) out of 100 respondents.4 This research is also in line with research conducted by Ather M Taqui et al with the results that 19.5% of 400 subjects experienced depression. 10

c. The relationship between family emotional support and depression in the elderly

The results of data analysis using Fisher's Exact showed a p-value of 0.884 because a p-value greater than 0.005 meant that there was no significant relationship between family emotional support and depression in the elderly. This research is in line with research by Oktalia Suhartanti et al in Gresik which shows that 2 people (6%) of 31 respondents experienced depression with sufficient family emotional support with a p-value of 0.136 > 0.05. These results can be in line because in this study the majority were aged 60-70

years (48%) and were female as many as 16 people (52%), in this study it was also dominated by those aged 60-70 years as many as 58 people (49%). However, this research is contrary to Siti Jihan Juhaeriah's research in Solear Village, Tangerang, which stated that there was a significant relationship between family emotional support and depression in the elderly with a p-value of 0.020, greater than 0.005. The research was conducted in Solear Village, Solear District, Tangerang-Banten Regency, while this research was conducted in Kelapa Gading, North Jakarta.⁷ Apart from that, this research is also not in line with research conducted by Herry Prasetyo et al which states that there is a significant relationship between family emotional support and depression in the elderly because the family plays an important role in facilitating treatment and care for the elderly to improve mental health of the elderly.¹¹

CONCLUSION AND RECOMMENDATION

The results of the data analysis showed a p-value > 0.05, which means there is no significant relationship between family emotional support and depression in the elderly. Most of the elderly at Santo Yakobus Church Kelapa Gading received adequate family emotional support, 116 people (96.3%) and the majority of elderly people experienced depression, 83 people (70.3%) with a PRR of 1.43.

It is hoped that this research can be used as reference material for further research. Further research needs to be carried out with a sample size that meets the target so that it can strengthen the research results.

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