Husband's Support Correlates with Elderly Wife's Depression Level

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Abstract

Depression in the elderly is a mental disorder experienced by individuals aged 60 years and over, including feelings of sadness, anxiety, difficulty sleeping and desperation. Depression in wives who are entering old age is a serious mental health problem. Most elderly does not know the symptoms of depression, and it make it difficult for them to adjust to the stressors. The husband is the main source of support for the wife in maintaining her health. The purpose of this study was to determine the correlation between husband's support and the incidence of depression wife among elderlies. This research was an analytic descriptive correlation study with a cross sectional approach. The research sample is 40 wives chosen by purposive sampling with inclusion criteria: 60-90 years old; still had husbands; lived with their husbands; experiencing depression. The research instruments were the Geriatric Depression Scale (GDS) questionnaire and the husband support questionnaire developed by the researchers. The data analysis using Spearman Rank correlation test. The results showed that 22 respondents (55%) had sufficient support from husband; 17 respondents (42.5%) experienced mild depression, and there was a correlation between husband support and the wife's depression level (p-value=0.000) and the value of the correlation coefficient (r)=-0.648. It is suggested that community nurses and cadres for elderlies involve the husbands to provide support for their wives to prevent depression.

Keywords: wife's depression; husband's support; elderly; mental disorder

INTRODUCTION

The Central Bureau of Statistics released data on the number of elderly people based on the results of the 2016 Inter-Census Population Survey, an estimated number of elderly people (age 60 and over) in Indonesia as many as 22,630,882 people and it expected to increase to 31,320,066 in 2022 (Kemenkes RI, 2022). The Central Statistics Agency (BPS) reports that the life expectancy (UHH) of the Indonesian population at birth will reach 71.85 years in 2022. This has increased by 0.28 years compared to the previous year which was 71.57 years (BPS, 2022a). As many as 26.76% of the elderly are aged 70-79 years or middle. Meanwhile, the remaining 7.69% are elderly or aged 80 years and over. Based on their gender, 51.81% of the elderly are women. This percentage is higher than the male elderly which is 48.19% (BPS, 2022b).

Gender differences between male and female elderly can be seen from a biological and anatomical point of view. Elderly men or husbands are expected to have strong character, be dominant, rational, be able to control situations, have higher satisfaction in personal correlations, have an established economy, and have better health (Lee & McKinnish, 2018). Meanwhile, elderly women have a higher interest in interpersonal correlations. The high intensity of connecting with other people makes elderly women more dependent on other people who are considered to be able to provide social support (Matud et al., 2019). Older women are more sensitive to other people's rejection, easily feel dissatisfied with interpersonal correlations, so this condition is believed to be a risk for depression (Leary, 2015). Depressive symptoms were significantly less prevalent among married older adults than among those who were single, divorced, or widowed, suggesting that spousal support may also be an important protective factor (Pan et al., 2022). One study found that high levels of spousal support had a greater protective effect on depressive symptoms in older adults than the support of friends and adult children, while low levels of spousal support had a much worse effect on depression (Stafford et al., 2019). These gender differences actually contributed significantly to providing husbands' support to their wives in anticipating the negative effects of depression.

Husband's support can also affect the wife's ability to adjust and live with the health problems she is experiencing. The role of husband support is not only synonymous with breadwinners or as the head of the family, but also plays a role in motivating partners, both morally and materially (Jurczyk et al., 2019). Husband's support given to his wife can be in the form of instrumental support, informational support, emotional support, support for self-esteem and support from social groups. Another study found that wives who have closer correlations with their husbands report lower depressive symptoms, whereas the correlation between partner support is much more complex and influenced by their perceived independence (Aguilar-Raab et al., 2022). However, in general, not much is known about the correlation. between the forms of support provided by husbands to wives who experience depression.

METHODS

The research design used is a correlation analytic description with a cross sectional approach. The research sample is a portion of the elderly who have partners who are members of integrated health service activities (Posyandu) for the elderly in the community. The number of samples is 40 respondents who were selected by purposive sampling technique. The independent variable in this study is the level of depression and the dependent variable is husband's support. Depression data was collected using the short version of the Geriatric Depression Scale (GDS) questionnaire which consisted of 15 questions with "yes" and "no" answer choices. Husband support data was developed by researchers based on the four components of social support developed by Sarafino (1994) consisting of emotional support, appreciation, instrumental, and information which were developed into 25 statements with answer choices using a Likert scale with the answer choices: never, rarely, often, always. The data that has been

collected is then analysed using the Spearman Rank Test to see the correlation between husband's support and the level of depression.

RESULTS

Table 1. Age, education, occupation,

Characteristics	f	%
Age		
60-74 years	29	72,5
75-90 years	11	27,5
Education		
No School	9	22,5
Elementary School	22	55,5
Junior Hight School	4	10
Senior Hight School	1	2,5
Bachelor	4	20
Employment		
Housewife	23	57,5
Private	2	5
Farmer	8	20
Self-employed	7	17,5
Service History		
≤ 1 years	6	15
1- 5 years	32	80
> 5 years	2	5
Disease History		
Hypertension	20	50
Gout	3	7,5
Diabetes melitus	4	10
Arthritis	11	27,5
Coronary heart	2	5

Based on the table above, it can be seen that the largest age group is in the age range of 60-74 years, namely as many as 29 people (72%), the majority of respondents have an elementary school education background of 22 people (55.5%), the most jobs are housewives, namely 23 people (57.5%), the length of attending the elderly Posyandu is 1-5 years as many as 32 people (80%), a history of hypertension is 18 people (45%).

Table 2. Distribution of Husband Characteristics

Karakteristik Suami Responden	f	%
Age		
60-74 years	23	57,5
75-90 years	15	37,5

Education		
No School	5	12,5
Elementary School	22	55,5
Junior Hight School	9	22,5
Senior Hight School	4	20
Bachelor degree		
Employment		
Unemployment	17	42,5
Private	3	7,5
Farmer	11	27,5
Self-employed	7	17,5
Service History		
≤ 1 years	8	20
1- 5 years	3	7,5
> 5 years	29	72,5
Riwayat Penyakit		
No deseases	13	32,5
Hypertension	15	37,5
Diabetes melitus	5	12,5
Arthritis	12	30

Based on the table above, it can be seen that the largest age group for husbands is in the age range of 60-74 years, namely 23 people (57.5), the majority of respondent husbands have an elementary school education background of 22 people (55.5%), the most types of work were unemployed, namely 17 people (42.5%), most of the respondents' husbands who had attended the elderly Posyandu were > 5 years, 29 people (72.5%), had a history of disease, namely hypertension, 15 people (37.5%).

Table 3. Distribution of husband's support

Husband's Support	Support level		
	Good	Sufficient	Less
Information	8 (20%)	23 (57.5%)	9 (22.5%)
Appraisal Support	14 (35%)	14 (35%)	12 (30%)
Instrumental Support	13 (32.5%)	16 (40%)	11(27.5%)
Emotional Support	17 (42.5%)	11(27.5%)	12 (30%)

Most husband give good emotional supports (42.5%), good appraisal (35%), and sufficient information (57,5%) and instrumental support (32.5%). 30% of husbands provide less appraisal and emotional supports.

Table 4. Results of Analysis of The Correlation Between Husband's Support and The Level of Depression in His Wife

Husband's Support	Wife's Depression Level			Total	r	P value
	Low	Moderate	Normal			
Less support	4	1	0	5	-0,648	0,000
Sufficient support	7	9	6	22		
Good support	0	7	6	13		
Total	11	17	12	40		

Based on the cross table above, it can be concluded that respondents who get sufficient support from their husbands have a mild level of depression. The results of the nonparametric statistical test showed that the significant value in the Spearman Rank correlation test was p=0.000, which is less than $\alpha=0.05$ (0.000 <0.05), meaning that there was a significant correlation between husband's support and wife's level of depression. The test obtained a correlation coefficient of (-) 0.648 which indicates that the correlation (r) is strong if it is in the range of 0.60-0.799. The correlation coefficient value obtained shows a negative value, it can be interpreted that the higher the husband's support is given, the lower the level of depression experienced by the wife.

DISCUSSION

The results of the analysis show that there is a significant correlation between husband's support and wife's level of depression. The results of the husband's support received by the wife in the elderly are in the sufficient category and the level of depression is in the mild category. This study states the correlation between husband's support and the level of depression in wives. Spouse support has been found to have a significant impact on physical health outcomes and other indicators of well-being at the end of life (Monin et al., 2019). A small number of previous studies have also found a significant association between partner support and depressive symptoms (Eagle et al., 2019). This study examines gender differences in the correlation between partner support and depression levels. A supportive husband helps prevent and reduce symptoms of depression by sharing stories, giving attention, motivation, and enthusiasm in undergoing treatment (Kashdan and Steger and, 2010). Husband's support is very important as a buffer during the depressive condition felt by the wife (Tsuboi et al., 2016). Given that there is a decline in physical and psychological consequences of the aging process.

The findings of this study provide interesting insights into how spousal support can influence the mental health of wives in older developmental partners. As discussed, the correlation between spousal support and women's depressive symptoms may be more complicated because it is influenced by their perceptions of independence and the nature of their attachment to their wives (Stafford et al., 2019). It is possible that as a wife ages, the husband may become an increasingly important, if not the only, source of emotional support. The increasing importance of the husband's influence in meeting emotional needs can cause the wife to tend not to be disappointed or bothered even by the perceived low support (Maghsoudi et al., 2019). Appreciation support can improve psychosocial status, want to be respected, motivational spirit, and self-esteem because the wife feels that she is still useful for her husband (Lestari & Fajar, 2020).

Depression experienced by wives in the elderly is often detected slowly because the clinical picture is not typical and appears more in somatic complaints such as chronic fatigue, sleep disturbances, and alone (Wilkinson et al., 2018). The high prevalence of depression in wives is strongly associated with various factors, such as the impact of the natural aging process, which has consequences in the form of decreased anatomy and physiology of the body which has negative consequences due to aging (Yaribeygi et al., 2017). Aging conditions coupled with degenerative disease factors that accompany it can cause psychological problems, especially for women or wives. One way for husbands to reduce depressive symptoms is to improve psychosocial health in wives, namely by communicating to increase self-esteem, caring, and promoting self-control through support (Nguyen et al., 2019). The existence of adequate husband support is proven to prevent a decline in cognitive, physical, emotional health and to recover more easily from illness (Reinhard et al., 2008).

The results of this study can be a basis for nurses in providing holistic nursing care to improve service quality, especially in the field of gerontological care. Elderly people have special attention starting from assessment to intervention. One of the interventions that nurses can do to deal with depression is letting the client know that he is being cared for, helping the client see that he is experiencing unreasonable sadness, providing accurate information about depression, and creating a healthy physical and social environment (WHO, 2020). Based on this research, as a nurse it is expected to be able to apply nursing care in a comprehensive manner by involving the husband's participation in providing support that involves the four aspects of husband's support (emotional, informational, esteem, and instrumental) to his wife in an effort to prevent depression (Kaakinen et al, 2010). Nurses train elderly cadres to participate in Posyandu to improve health development efforts.

Using cross-sectional data, it is difficult to establish a causal correlation between husband's support and wife's level of depression. The results of other studies explain that support can be given by a wife to a husband who is experiencing physical or psychological problems, or even a two-way correlation. Depression can mask perceived low partner support and have a detrimental effect on the quality of the marital or partner correlation (Pietromonaco et al., 2022). Low perceived partner support can lead to depression. The support of partners who feel low and depressed can reinforce one another in a mutually reinforcing circle, making it difficult to determine where causation started first. Despite these limitations, this study provides a good starting point for further research on the mental health impact of elderly spousal support. Further research with longitudinal data is needed to sort out the causality or reciprocal correlation between spousal support and depression levels. Future research also needs to examine gender similarities and differences in the effect of negative versus low-level support interactions on depressive symptoms and vice versa. Completion of partner features related to level of support would also add an important knowledge-based dimension.

CONCLUSION

The growth and development phase of an elderly family must still receive attention in order to deliver happiness in the final stages of growth and development. Psychological problems, especially depression, are often experienced by couples, so it is necessary to strengthen sources of support for couples to overcome these problems. Gerontic nurses have an important role while providing nursing care through the nursing process in a holistic and comprehensive manner in viewing problems and determining appropriate interventions to improve the client's psychological health status. further research needs to be developed to see the causality between support and depression in couples through long-term research.

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