A. Abstract

RELATION BETWEEN FAMILY SUPPORT AND LONELINESS LEVEL OF THE ELDERLY IN NURSING HOME OF CHRISTIAN SERVICE IN PENGAYOMAN SEMARANG

Wahyu Endang Setyowati.*(*Sultan Agung Islamic Nursing Faculty)*
Darma Karno.** (*Sultan Agung Islamic Nursing Faculty)*

Background: Loneliness is a psychological problem which mostly happens in the elderly, in which they feel disconnected, marginalized, and isolated from others. This occurs as the elderly feel that they are different from others. The feeling of loneliness often occurs at the time when the elderly's spouse or close friends left them. It is also due to the lack of family support. A period of elderly can cause different levels of loneliness, and can occur because of the lack of family support which includes informational, appraisal, instrumental and emotional supports. The better family supports given to the elderly will cause them better feeling of being more noticed by the family. Therefore, the feeling of loneliness can be minimized. Interviews in the preliminary study showed that 4 out of 5 elderly stated that they often felt left out, lonely, and unnoticed by others. About 60% of them also said that they received very less support from their families.

Objective : The general objective of this study is to identify if there is a correlation of the family support and the level of loneliness in elderly at the Pengayoman Christian Home care service of Semarang.The specific objective is first to determine the characteristics of the elderly; such as age, recent education, and sex at the Pengayoman Christian Home care service of Semarang; Second, to figure out the description of family support for the elderly at the Pengayoman Christian Home care service of Semarang; and Third, to figure out the level of loneliness in the elderly at the Pengayoman Christian Home care service of Semarang.

Method: This study is an analytical survey (non-experimental) with cross sectional approach. The data were collected by questionnaires from 52 respondents taken by simple purposive sampling. The data obtained were statistically analyzed using chi-square formula.

Result and discussion: The results of analysis showed that out of 52 respondents, most of them were of old age (67.3%), female (88.5%), and obtained education of elementary school (55.8%). The study also showed that 67.3% of respondents did not have support from their families, while the remaining (32.7%) had their family support. A total of 30.8% respondents did not feel any loneliness, 30.8% felt mild loneliness, 19.2% felt moderate loneliness, and 19.2% felt severe loneliness.

Conclusion: There was a significant relationship between family support and the level of loneliness in the elderly (p value <0.05).

Keywords: family support, level of loneliness, elderly.
References: 53 (2000-2013)

B. Fulltext
Background

To become old (elderly) is a process that cannot be avoided (unavoidable). In elderly, the role of nursing is indispensable to maintain the health of the elderly at the highest level in order to avoid the coming of diseases or disorders so that they can meet the needs of the self. (Mubarak, Rantoso, Rozikin, & Patonah, 2006).

Currently, the number of elderly is growing up rapidly. In general, the population with 60 years old of age and over in developed countries in 2011 was 20% of the total population and predicted to increase to 32% in 2050. Meanwhile, in developing countries, the population with 60 years old of age and older in 2011 was 15% of the total population and predicted to be 20% from 2015 to 2050 (Ministry of Health, 2011). The number of elderly in Indonesia was 7.4% in 2000 and predicted to increase 11.4% in 2020. In the year of 2011, it increased to 9.77%, and predicted to be 11.34% in 2020 (Sanusi, 2006). In Central Java province, the number of people aged over 60 years is 3,131,514 inhabitants (Central Bureau of Statistics, 2014). In Semarang, the number of elderly people in 2013 is 765,240 people, consisting of 370,645 men and 394,595 women. (Central Bureau of Statistics of Semarang, 2013).

World Health Organization (WHO) set 65 years as the age that shows the aging process that takes place in a real and someone, at that age, will be called as elderly (WHO, 2010). Law No. 13 of 1998 on the welfare of the elderly CHAPTER 1 Article 1, paragraph 2 states that: "Elderly is a person who reaches the age of 60 (sixty) years and above" (Papalia, 2008).

In conclusion, someone can be said as elderly if he or she is aged 60 years old and older. Along with age, the elderly will experience degenerative process in terms of both physical and mental. According to Fitri (2011), the declining health status and physical abilities of elderly will result in the decrease of the relationship of the elderly with their surrounding communities, so that social interaction is decreased. Social interaction is the need of every human being until the end of life, including the elderly. Individuals will experience loneliness when they do not have the opponent (partners) to share the problems of interaction (Armida, 2010).

Loneliness is a state of mental and emotional feeling which are mainly characterized by the feelings of isolation and the lack of meaningful relationships with others (Brono, 2000).Loneliness is a psychological problem most common in the elderly, feeling disconnected (isolated), marginalized, secluded from the others because of feeling different from others (Probososuseno, 2007).

According to Nowan (2008) loneliness is a feeling that arises due to the urgent need for the presence of others, to communicate, to have an intimate relationship with another person, or the need for support, acceptance, and appreciation of other people's existence itself. Loneliness experienced by the elderly often occurs at the moment when someone is left by spouse or a close friend and a lack of family support.

The study by Louise Hawkley and John Cacioppo, psychologist of the University of Chicago United States, have shown that lonely people may be quiet and could not be marked early on, but it will grow over time. Many philosophies reveal that loneliness is a natural thing and an unavoidable fact of human existence, among children, adolescents, adults or the elderly. Nonetheless, the loneliness of the elderly is very interesting; those two psychologists reveal that loneliness in the elderly will have an impact on the complex physical health (Herbert, 2007).

Friedman (2003) argues that family is the closest aspect related to elderly. The family is the primary support system for the elderly in maintaining their health. One effort

that families can and easy to do is to provide support. Support can mean help or motivation received by someone from others. Support is usually received from the closest social environment such as the family members, parents and friends (Marliyah, 2004).

Objective

  The general objective of this study is to identify if there is a correlation of the family support and the level of loneliness in elderly at the Pengayoman Christian Home care service of Semarang.

  The specific objective is first to determine the characteristics of the elderly; such as age, recent education, and sex at the Pengayoman Christian Home care service of Semarang; **Second,** to figure out the description of family support for the elderly at the Pengayoman Christian Home care service of Semarang**; and Third,** to figure out the level of loneliness in the elderly at the Pengayoman Christian Home care service of Semarang.

Method

  The type of the study is the analytical survey; that is a study that tries to explore how and why this phenomenon occurs. Then, the dynamic correlation analysis is done between phenomena or the risk factor and the effect of factors that aims to determine the correlation of family support and the level of loneliness in the elderly. Moreover, the study design used is *cross sectional* approach; it is a study which examines the correlation of risk factors (dependent) and effect factor (independent). In this approach, the researcher conducts observations or measure related to variables at the same or at one time. This study correlates the independent variable (family support) and the dependent one (the level of loneliness in the elderly).

Finding

Data Analysis

1. Univariate Analysis

a. Family support

  The frequency distribution table of respondents based on the family support of the respondents that is elderly living at the Pengayoman Christian Home care service of Semarang in March 2015 (n = 52)

Family support	F	%
Supported	17	32.7
Not Supported	35	67.3
Total	**52**	**100.0**

  Based on the table above, the number of elderly without support is 35 (67.3%) whereas the elderly with support is 17 (32.7%).

b. The level of loneliness

  The frequency distribution table of respondents based on their level of loneliness in elderly at the Pengayoman Christian Home care service of Semarang in March 2015 (n = 52)

The level of loneliness	F	%
not Loneliness	16	30.8
low loneliness	16	30.8
Average loneliness	10	19.2
High loneliness	10	19.2
Total	**52**	**100.0**

  Based on the table above, the number of elderly loneliness in the low level is 16 (30.8%), whereas those are not lonely are 16 (30.8%). The elderly with average loneliness level is 10 (19.2) elderly and with the high level is 10 (19.2) elderly.

2. Bivariate analysis

Table of the Distribution of the correlation of family support and the level of loneliness in the elderly at the Pengayoman Christian Home care service of Semarang (n = 52)

Family support	The level of loneliness										P *value*
	Not lonely		Low level		Average		High level		Total		
	F	%	F	%	F	%	f	%	f	%	
There is support	9	17.3	7	13.5	1	1.9	-	-	17	32.7	0007
No support	7	13.5	9	17.3	9	17.3	10	19.2	35	67.3	
Total	**16**	**30.8**	**16**	**30.8**	**10**	**19.2**	**10**	**19.2**	**52**	**100**	

Based on the above table, it is known that from 35 elderly who have no family support, 10 (19.2%) of them are with high loneliness level, whereas 9 (17.3%) of them are with the low level of loneliness, and 9 (17.3%) are with average levels of loneliness, and only 7 (13.5%) of them are with no loneliness. In the elderly with family support with the number 17 elderly, 9 (17.3%) of them are with no loneliness, while 7 (13.5%) of them are with low levels of loneliness, 1 (1.3%) of them is with average levels of loneliness, and 0 (0%) of them is with high loneliness.

The above table shows that there is one cell with the expectation value of less than 1. Therefore, this indicates that the results do not meet the *chi-square* test.

Based on the results of the data analysis with chi square, it is found that there is a cell with the expectation value of less than 1. According to Hastanto (2007), *chi-square* test requires the frequency of expectations in each cell should not be too small, there should be no cell has a value of E of less than 1. This limitation occurs in chi-square test, the researcher must combine the categories in order to enlarge the expected frequency of this cell, so that the results of *chi-square* analysis in this study will be a merged category. Furthermore, categorization is done by combining the column of the high level of loneliness because there is the expectation value of <1, so that it is combined with the column of average level category. The test results on the variables that have been combined can be seen in the table below.

Table of the Distribution of respondents based on the correlation of family support and the level of loneliness in the elderly at the Pengayoman Christian Home care service of Semarang (n = 52)

Family support	The level of loneliness								P value
	Not Loneliness		Low + High Loneliness		Medium + High		Total		
	F	%	F	%	F	%	F	%	0.003
There Support	9	17.3	7	13.5	1	1.9	17	32.7	
No support	7	13.5	9	17.3	19	36.5	35	67.3	
Total	**16**	**30.8**	**16**	**30.8**	**20**	**38.5**	**52**	**100**	

Based on the above table, it is known that from the 35 elderly who have no family support, there are 19 (36.5%) of elderly with average + high levels of loneliness, 9 (17.3%)

of them are with the low levels of loneliness, and 7 (13.5%) of them are with no loneliness. In the elderly with family support of 17 elderly, 9 (17.3%) of them are with no loneliness, 7 (13.5) of them are with low levels of loneliness, and 1 (1.9%) of them is with average + high levels of loneliness.

The analysis used is *chi-square;* the statistical test results obtain p *value* of 0.003 with significance level of 0.05. This means that the p *value* is smaller than the significance level (p <0.05), and thus Ho is not supported and H*a* is supported. It means there is a correlation of family support and the level of loneliness in the elderly at the Pengayoman Christian Home care service of Semarang.

Discussion

Based on the findings, the number of elderly without family support is 35 (67.3%) and with support are 17 (32.7%).

Based on the findings, the number of elderly with low loneliness level is 16 (30.8%), no loneliness is 16 (30.8%), average loneliness is only 10 (19.2%) and those with high level of loneliness are 10 (19.2%).

The correlation of Family Support and the Level of loneliness In Elderly at the Pengayoman Christian Home care service of Semarang

Based on the results of data analysis by *chi square* conducted by researcher, it is found that there is a correlation with the level of significance of 0.05 with p *value* of 0.003 if compared to P table value of 0.05.therefore, it means that there is a correlation of family support and the level of loneliness in elderly at the Pengayoman Christian Home care service of Semarang.

This study is in line with the previous study conducted by Ikasi, Jumaini, and Hasanah entitled "The correlation of Family Support and Loneliness In the elderly" with 75 respondents in Limbungan Village, Pekan Baru Riau. The study concludes that the results of data analysis by using Chi Square show the results of p value of 0.001 which means that p value is <0.05. It means that there is a correlation of family support and the level of loneliness in the elderly.

The finding of this study is also supported by the study by Marini and Hayati by the title "the influence of social support toward loneliness in the elderly of habibi and Habibah elderly community" with the main results of the study by using simple linear regression analysis of (R = -0371, p = 0.004). It shows that there is significant influence of social support and loneliness in the elderly and there is a negative correlation of social support and loneliness in the elderly. From these findings, the hypothesis which states that there is influence of social support toward loneliness in the elderly is supported. It means that the higher the family social support obtained by the elderly is, the lower the loneliness will be. Conversely, the lower the social support obtained is, the higher the loneliness will be.

Family support is very helpful in reducing the loneliness experienced by elderly. This study is supported by Anwar (2013) which states that the support can be obtained from anyone, but the meaningful support in a person's life, especially the elderly in relation to the problem of loneliness, is the support that comes from those who have emotional closeness like family members and close relatives. This is also supported by fessman and lester (2000) who explain that the family for social support is a predictor of the emergence of loneliness. The point is that people who receive limited social support of families are more likely to experience loneliness, while the elderly who obtain enough social support of family will not feel lonely.

Social support may come from various parties, but a very significant social support in relation to the problem of loneliness is the support that comes from those who have emotional closeness, such as family members and close relatives (Gunarsa 2004).

Conclusion

Based on the findings and discussion conducted at the center of Pengayoman Christian Home Care Service on February 20, 2015, it can be concluded as follows:

1. Elderly with age at most in this study are elderly with 75-90 years of age (senior elderly) of 35 (67.3%), while the elderly with sex at most is the female elderly of 46 (88.5%) and elderly with the most education are elderly with elementary education that is equal to 29 (55.8%).
2. The elderly who do not have family support is 35 (67.3%) and those who have family support are 17 (32.7%)
3. Elderly with no loneliness is 16 (30.8%), elderly with low levels of loneliness is 16 (30.8%), elderly with average loneliness levels is 10 (19.2%) and the elderly with high loneliness levels is 10 (19.2%).
4. There is a significant correlation of family support and the level of loneliness in the elderly at the Pengayoman Christian Home care service of Semarang, the finding obtains p *value* of 0.003 which means that there is a correlation of family support and the level of loneliness in the elderly.

Reference

Azizah, L. M. 2011. *Keperawatan Lanjut Usia.* Yogyakarta: Graha Ilmu.

Annida. (2010). *Memahami kesepian.* Retrieved November 11, 2013 http://repository.usu.ac.id

Achjar, K. A. H., 2010, *Aplikasi Praktis Asuhan Keperawatan Keluarga*, Jakarta: Sagung Seto.

American psychological Assocation (2003). Stres and anxiety.www.aarp.org/Healthy/stress/a2003-03-11-takingtime.html

A, Cheryl dan K. Parello. 2008. Loneliness in the School Setting, Volume 24. *The Journal of School Nursing 2008*. 24/2. 66 - 70.

Asih *et al.,*(Eds.). 1998. *Keperawatan Keluarga:Teori dan Praktik*. Third edition. Jakarta: EGC.

Brehm, S. Et all (2002). *Intimate Relationship.* New York. Mc. Grow Hill.

Baron, R. A & Bryne, D. (2005). *Psikologi sosial*. Jilid II. Tenth Edition. Jakarta : PT. Erlangga.

Bruno, F. J. (2000). *Conguer Loneliness, Menaklukkan kesepian.* Jakarta : PT. Gramedia Pustaka Utama

Biro Pusat Statistik 2014, *Data Statistik Indonesia tahun 2013* Retrieved on March 30, 2013 dari <Http://data statistik indonesia. com/portal/index.php? option=com_supas&task=&Itemid=972>

Fitri, A. (2011). *Interaksi sosial dan kualitas hidup lansia*. Medan: USU medan.

Friedman, M. (2003). *Family nursing: Research, theory, and practice ed*. 5. USA: Person Education.

Fredman, M.M, Bowden, O dan Jones, M. (2010). *Buku ajar keperawatan keluarga: riset, tesri, & praktek*, ahli bahasa, Achir Yani S. Hamid ....[et all]; editor edition with bahasa Indonesia, estu Tiar, 5th Edition. Jakarta: EGC

Gunarsa, S. D (2004*). Dari Anak samapai usia lanjut : bunga rampai psikolog anak*. BPK Gunung mulia.http://boks.google.co.id/Boks?id=GUAGhG74nH4C&pg=PA417&dq=kesepian+lansia#PPA409,MI Retrieved on March 3, 2009.

Hanum, F. (2008). *Menuju hari tua bahagia*. Yogyakarta : UNYPress

Herbert, W. (2007). *Lonelinnes is injurious to health, especially in old age*. Retrieved on October 30, 2013 dari http://www.psychologicalscience.org.

Hurlock, E. B. (2006). Psikologi Perkembangan: Suatu Pendekatan Sepanjang Rentang Kehidupan. Jakarta: Erlangga.

Hidayat, A. A. (2009). *Metode penelitian keperawatan dan teknik analisa data*. Jakarta: Salemba Medika.

Istiqomah, A. (2010). *Hubungan Dukungan Sosial Keluarga Dengan Perilaku Ibu Mengimunisasika Campak Pada Bayi Usia 9 Bulan di Desa Kaliwates Kecamatan Kaliwates Kabupaten Jember Tahun 2011*. Unpublished

Hasymi, Y. (2009). *Pengaruh Dukungan Sosial Keluarga dan Intimasi Terhadap Tingkat Nyeri Pada Pasien Miokard Infark di RSUD Yunus Bengkulu.* Thesis. Unpublished. Depok: Magister of Nursing Science on Medical Surgery, Post Graduate Program, Faculty of Nursing Science, Indonesia University.

Kuncoro. (2002). *Dukungan sosial pada lansia*.

Kusharyadi. (2010). *Asuhan keperawatan pada klien lanjut usia*. Jakarta: Salemba Medika.

Kemenkes RI. (2011).*Sistem kesehatan nasional.* Retrieved on October 23, 2013 www.pdgi.or.id

Lueckenotte, A.G. (2000). *Gerontologic snursing*. St-Louis : Mosby-Year Book Inc.

Latifa, R. 2008. *Jenis dan Dinamika Terjadinya Loneliness Pada Masyarkat Modern*.http://tentangpsychology.blogspot.com (July, 31, 2008)

Mubarak, W. I., 2006, *Ilmu Keperawatan Komunitas 2*, Jakarta: Sagung Seto.

Marliyah, L. (2004). *Journal provitae*. Faculty Of Psychology, Tarumanagara University:Jakarta

Maryam, S. R, dkk. (2008). *Mengenal usia lanjut dan penangannya*. Jakarta: Salemba Medika.

Mubarak, Santoso, Rozikin & Patonah. (2006). *Ilmu keperawatan komunitas2*. Jakarta : SagungSeto.

Mishra. A. J. (2004), Januari-juli. *A study of lonelinessin an Old Age Home in India : A Case of Kanfur*. India Jurnal Gerontology, Vol 17, no 1 & 2. *(online)* (*http://www.geocitise.com/husociology/aldage4.htm.,* Retrieved September 10, 2013

Nowan. (2008). *Jomblo asyik gila*. Jakarta : PT Gramedia.

Nugroho, W. (2006). *Komunikasi dalam keperawatan gerontik*. Jakarata: Penerbit Buku Kedokteran EGC.

Nugroho, W. (2008). *Keperawatan gerontik dan geriatrik*. Jakarta: EGC.

Notoatmodjo, S. (2007). *Promosi kesehatan dan ilmu perilaku*. Jakarta: Rineka Cipta.

Notoatmodjo, S. 2010. *Metodologi Penelitian Kesehatan.* Jakarta: Rineka Cipta.

Nursalam. (2011). *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan : Pedoman Skripsi, Tesis, dan Instrumen Penelitian Keperawatan.* 2nd Ed., Jakarta : Salemba Medika.

Probosuseno. (2007). *Mengatasi Isolation pada Lanjut Usia*. Retrieved on October 13, 2013. http//www.republika.co.id

Okumagba, P.O. (2011). *Family support for the elderly in Delta State of Nigeria: Departement of Sociology and Psychology*, Delta State University. From www.krepublisher.com/02-journals/S-HCS/HCS-05-0-000-11

Papalia. (2008). *Psikologi perkembangan*. Terjemahan. Jakarta: Kencana Prenada Media Group.

Purnama, F.T. (2013). *Hubungan antara dukungan keluarga dengan succesful aging pada lansia di desa windunegara, kecamatan wangon, kabupaten banyumas*. Purwokerto: Faculty of Nursing Science, Faculty of Medical and Health, Jenderal Soedirman Unversity, Retrieved from http://www.repository.unsoed.ac.id/skripsi/pdf

Reinhard, S.C., Danso, A.B., & Kathleen, K. (2007). *State of the science: professional partners supporting family caregiving*. From www.nursingcenter.com/inc/static?pageid=809507#contents

Sugiyono. 2010. *Statistika Untuk Penelitian*. Jakarta: Alfabeta.

Sarwono. (2003). *Psikologi remaja*. Jakarta: PT. Raja Gravido Persada.

Setiadi. (2008). *Konsep & Proses Keperawatan Keluarga.* Yogyakarta : Graha Ilmu

Setiati, S, dkk. (2009). *Proses menua dan implikasi kliniknya*. Jakarta: Internal Publishing.

Setyowati, S dan Murwani, A. (2008). *Asuhan keperawatan keluarga konsep dan aplikasi kasus*. Jogjakarta: Mitra Cendekia.

Santrock , J. W (2003). *Adolescence, Perkembangan Remaja* (Alih Bahasa : Shinto B. Adelar & Sherly Saragih. Jakarta : Penerbit Erlangga

Sanusi. (2006). *Gambaran kesehatan usia lanjut.* Retrieved on October 29, 2013 www.depkes.go.id

Savikko, N. (2008). Loneliness of older people and elements of an intervention for its alleviation. *Nursing Science*, 1-81

Saryono, (2011). *Metodologi penelitian kesehatan: penuntun praktis bagi pemula*. Yogyakarta: Mitra Cendikia Press.

Suardiman, S. P. 2011. *Psikologi Usia Lanjut*.Yogyakarta: Gadjah Mada University Press.

Stuart, Gail. W. 2006, Buku Saku Keperawatan Jiwa, 5th Edition. Penerbit : Buku Kedokteran EGC ; Jakarta

Sarafino, E. F. (2006) Health psylogiy Biopsychosocial Interaction. 5 edition. United States of America : John Wiley & Sons.

Tomaka, J., Thompson, S., & Palacios, R, (2006). The Relation of Social Isolation, Loneliness, and social support to the desease outcomes among the elderly. Journal of Aging and Health, 18(3) 359-384.

Weiten, W. & Lloyd, M (2006*) Psychology Applied to Modern Life : Atjustment in the 21 st century. Eighth Edition* . Canada: Thomson wadsworth