



The Relationship between Family Support and Quality of Life in Elderly with Dementia

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Abstract

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Background : The growing number of elderly individuals can result in a decline in physical and mental functioning, which in turn affects the quality of life of the elderly. The family serves as the primary support system for the elderly in maintaining their health. Effective family support can enhance the quality of life of the elderly, enabling them to enjoy a fulfilling life in their later years. This study was aimed to determine the relationship between family support and quality of life in elderly people with dementia.

Methods : This is a quantitative-correlative study design with a cross-sectional design. The analysis test used is chi-square. A total of 73 respondents were sampled for the purposes of data collection. This was achieved by administering two questionnaires: one pertaining to family support and the other to quality of life (Short Form 12).

Results : The results of this study indicate that the majority of elderly individuals aged 6074 (69.9%), females (53.4%), reside in the same household as their children (53.4%), work as farm laborers (69.9%), have basic education (72.6%), and have moderate levels of dementia. (50.7%). Having family support shows the moderate category (91.8%), while the quality of life is mostly good (58.9%), with a significance *p*-value of 0.033.

Conclusion : There is a significant relationship between family support and quality of life in elderly people with dementia.

Keywords : Dementia, elderly, family support, quality of life

INTRODUCTION

In both developed and developing countries, there is an increasing number of elderly people due to declining birth (fertility) and death (mortality) rates. This trend is impacting life expectancy and changing the overall population structure. China, India, the United States, Japan, and Indonesia are among the five countries with the largest elderly populations in the world. As a developing country, Indonesia has the fourth largest population in the world.¹ The life expectancy of the Indonesian population has increased from 68.6 years in 2014 to 72 years in 2015. This upward trend is projected to continue. Based on the 2014 National Census, the number of elderly people in Indonesia reached 20.24 million, which is approximately 8.03% of the entire population. This is an increase from the 2013, which reported 18.1 million elderly people, accounting for 7.6% of the total population.²

The province with the highest proportion of elderly population in Indonesia is the Special Region of Yogyakarta (DIY), that is (14.5%).³ DIY has four districts and one provincial capital, that are Sleman, Gunung Kidul, Bantul, Kulonprogo, and the provincial capital Yogyakarta. Sleman District has the highest proportion of elderly people among the five districts. According to data provided by the Sleman Regency government, the number of residents aged 60 years and over in Sleman Regency is 104,380, which represents the elderly population; Gunung Kidul is 103,000 people; Bantul is 90,928 people; Kulon Progo is 56,550 people; and Yogyakarta City is 31,559 people. Data from Sleman Regency shows that Sleman consists of 17 sub-districts; administratively, Cangkringan sub-district consists of 5 villages, that are Argomulyo, Wukirsari, Glagaharjo, Kepuharjo, and Umbulharjo villages; it also consists of 73 padukuhan, 151 Rukun Warga (RW), and 307 Rukun Tetangga (RT).⁴

The growing number of elderly individuals can potentially lead to challenges in the aging process; the tendency for decreased physical and mental function in the elderly is a common problem, one of which is dementia.⁵ Dementia is a disease characterized by decreased cognitive function, which can interfere with daily activities. Elderly people need to have a sufficient level of knowledge to know what diseases can occur to them and the signs and symptoms of disease, especially dementia. A person's knowledge and attitudes influence dementia prevention behavior.⁶ According to the World Health Organization and the Alzheimer's Disease International Organization, the total number of people with dementia worldwide is estimated to reach 47.5 million in 2015, with as many as 22 million of them in Asia.

A projection indicates that the global population of individuals aged 65 and over with dementia is expected

to reach 75.6 million in 2030 and 135.5 million in 2050.⁷ Developed countries such as the United States currently have more than 4 million elderly people experiencing Alzheimer's dementia. This figure is expected to increase by almost four times by 2050. Among the elderly, 58% live in low- and middle-income countries, and this proportion is expected to increase to 71% by 2050. Every year, the worldwide number of new dementia cases is almost 7.7 million, which means that every 4 seconds, there is 1 new case of dementia.

In 2016, an estimated 1.2 million people in Indonesia suffered from dementia. This number is projected to increase to 2 million by 2030 and 4 million by 2050.² The prevalence of dementia in elderly people aged more than 60 years in DIY reached 20.1%. As the elderly age, the prevalence rate of dementia also increases. At the age of 60, 1 in 10 DIY seniors experiences dementia. Compared with the prevalence at the global level, the prevalence of dementia in DI Yogyakarta is much higher.⁴ This condition can have an impact on the quality of life of older people.

Health problems that arise in the elderly can affect their quality of life. The consequences of decreased cognitive function in the elderly can cause dependence on carrying out daily activities and affect the quality of life.⁸ The concept of quality of life (QOL) encompasses both positive and negative dimensions. QOL is understood to be a multifaceted construct that encompasses various aspects of well-being, including happiness, life satisfaction, and subjective well-being. These dimensions are not independent of one another but rather exhibit a complex interdependence, influencing one another in ways that contribute to an overall perception of QOL.⁹ According to the research, the quality of life of the elderly may decline due to physical changes, which often decrease and affect health. The deterioration of cognitive function in older adults can have a deleterious effect, impinging upon their autonomy in activities of daily living. As a result, close supervision from family and others may be necessary.^{10,11} The quality of life of the elderly individuals is affected by various factors, with family support being a significant one. Family support encompasses different types of assistance provided by family members, such as information, assessment, appreciation, practical help, and emotional support. Families play a crucial role in helping the elderly maintain their health.^{12,13}

The family has a very important role in caring for elderly people with dementia at home. Special preparation is needed to live with an elderly person who has dementia.^{14,15} Preparations that can be made are mental and environmental. Mentally, the family must be able to adapt to the changes that occur in elderly people with dementia, and the family is expected to be able to provide a supportive environment for the elderly, namely an environment that makes the elderly feel

comfortable, so that the family can provide optimal care for the elderly.^{12,13} The objective of this study is to examine the relationship between family support and quality of life in elderly individuals with dementia.

METHODS

This study involves quantitative-correlational research using a cross-sectional research approach. Sampling was carried out using the total sampling method. A sample of 73 elderly individuals with dementia was obtained from three hamlets in Cangkringan, Sleman district, Yogyakarta: Ngemplak, Kregan, and Salam. The research instrument that was used is a family support questionnaire, which consisted of 16 question items regarding family support. To assess the quality of life of the elderly, the SF-12 (Short Form-12) questionnaire was used with 12 question items regarding the quality of life of the elderly. The Short Portable Mental Status Questionnaire (SPMSQ) is used to measure the intellectual function of the elderly. The validity and reliability of these three instruments have been thoroughly tested. This research has also undergone an ethical test with ethical test number 282.3/FIKES/PL/VIII/2019 from the Health Research Ethics Commission of Respati University, Yogyakarta.

RESULTS

The following table provides data on the characteristics of elderly respondents in Ngemplak, Kregan, and Salam Hamlets.

The data provided, it is evident that 69.9% (51 respondents) of the participants fall within the age group of 60–74 years, gender is dominated by women by 53.4% (39 respondents), the majority of elderly who live with their families are supported by their children, accounting for 53.4% (39 respondents), the majority of occupations are landless laborers 69.9% (51 respondents), the majority of basic education (Elementary junior high school) is 72.6% (53 respondents), with a moderate level of dementia category, namely 50.7% (37 respondents), moderate family support at 91.8% (67 respondents), and good quality of life at 58.9% (43 respondents).

The relationship between family support and quality of life for the elderly in Ngemplak, Kregan, and Salam Hamlets is presented in [Table 2](#).

The results of the Chi-Square Test indicate a significant relationship between family support and quality of life in the elderly, with a ρ -value of 0.033, which is less than 0.05.

DISCUSSION

Characteristics of respondents

The research results showed that most of the participants

were between 60 and 74 years old. The results of this study are in accordance with life expectancy in Indonesia, that is 72 years.^{1,16} Based on gender, there were more female elderly respondents than male elderly respondents. Statistics in Indonesia also state that the elderly population over 60 years old is dominated by women. Women have a higher life expectancy compared to men; this can be seen by the existence of a larger female elderly population.^{1,2}

TABLE 1
Characteristics of respondents (n=73)

Characteristics	f	Percent
Age (69.3 ± 7.69)		
60–74 years old	51	69.9
75–90 years old	22	30.1
Gender		
Man	34	46.6
Woman	39	53.4
Family members live at home		
Husband	20	27.4
Wife	14	19.2
Child	39	53.4
Occupations		
Not employed	22	30.1
Landless laborer	51	69.9
Education level		
Not in school	4	5.5
Elementary – junior high school	53	72.6
Senior high school	16	21.9
Level of dementia		
Mild	34	46.6
Moderate	37	50.7
Severe	2	2.7
Level of family support		
Medium	67	91.8
High	6	8.2
Quality of life		
Poor	30	41.1
Good	43	58.9
Total	73	100

TABLE 2
The relationship between family support and quality of life in the elderly (n=73)

Categories	Quality of life		Total	X ²	p-value
	Bad	Good			
Level of Family Support					
Medium	30	37	67	4.561	0.033
High	0	6	6		
Total	30	43	73		

The results indicated that elderly individuals who resided with their biological children received greater family support, but the support of family support from husbands and wives was not as much as support from children, according to research,^{13,14} stated that individuals who are married have a higher quality of life compared to those who are not. The results showed that the majority of the elderly had jobs as landless laborers. Other research said that a People who are employed generally have a better quality of life compared to those who are not.^{17,18}

The results of this study also show that most of the elderly have a low education level. Statistical data mention low education because more than half of the elderly population in Indonesia has never been to school and did not graduate from elementary school.¹⁹ The majority of family support for elderly people with dementia is in the moderate category, namely 67 people (91.8%). Family support is a crucial factor that can influence a person's behavior, lifestyle, and ultimately their health and quality of life. If the elderly receive sufficient support from the family, they will be motivated to change their behavior to live a healthy lifestyle optimally to improve health and quality of life.¹²⁻¹⁴

The majority of elderly people with dementia have a good quality of life, specifically 43 people (58.9%). Previous research also states that The quality of life of the elderly is rated as moderate. The quality of life of the elderly is influenced by many factors, such as physical, environmental, social, and psychological factors.¹⁰

The relationship between family support and quality of life

The study's findings suggest a significant correlation between elderly quality of life and family support. Other studies mention the importance of family in caring for the elderly, including maintaining and improving their mental status, providing support, and facilitating their spiritual needs. If family support is strong, it can enhance quality of life and even reduce morbidity and mortality rates in the elderly.²⁰ Previous similar research also mentioned that providing family support interventions

can improve the quality of life for the elderly.²¹

The family's approach to caring for the elderly reflects the cultural values within the family, highlighting the importance of respecting, valuing, and providing proper care for the elderly as parental figures. Furthermore, the elderly contribute significantly to the family unit, offering unique advantages and a wealth of experience. The input of the elderly is still required in the decision-making process and can serve as a source of guidance for their children.²² Furthermore, offering family support, such as information and emotional support, can make the elderly feel less anxious and more secure and comfortable.²³

CONCLUSION

Family support has an impact on the elderly's quality of life. The family is the primary support system for the elderly. Family support can be in the form of physical, social, psychological, and informative support. This support can improve the elderly's health, independence, and quality of life. More research is needed on other aspects, such as culture, that can influence the quality of life of the elderly.

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