

# The Contribution of Family Cohesion And Self-Efficacy on the Mental Health of Older Adults: A Survey Conducted in Aceh, Indonesia

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## Abstract

**Background:** Mental illness is recognized as a critical global issue and is a critical aspect of health problems, especially in older adults. Many studies analyze the correlation between self-efficacy and mental health. Still, studies that analyze the correlation between family cohesion and mental health among older adults in Aceh remain limited.

**Methods:** This study employed a survey method. The survey was carried out on older adults aged 60 years or more by applying a cross-sectional design with the number of samples was 483. At the same time, the data collection technique was done for four months in 2019. A logistic regression test was conducted for statistical analysis to answer the research hypothesis.

**Results:** The finding of this study proved that family cohesion ( $OR > 3, p < 0.001$ ) and self-efficacy ( $OR > 2, p < 0.001$ ) were correlated with the mental health of older adults.

**Conclusions:** The researchers conclude that families with good cohesion and older adults with high self-efficacy can support and improve the mental health of older adults in Aceh.

**Keywords:** Family Cohesion, Mental Health, Self-Efficacy, Older Adults.

## Introduction

Nowadays, mental illness is recognized as one of the major issues in the world. It is considered a critical aspect of health problems, especially in the elderly population<sup>1</sup>. Overall, health illness is also considered the leading factor for disease burden, disability, and welfare<sup>2,3</sup>. There are worse effects experienced by people with mental health problems than the general population. For instance, people who suffer from clinical depression and schizophrenia have a 40 to

60% risk of death premature<sup>4</sup>. At the same time, the impact of mental illness on social and economic conditions is poverty<sup>5,6</sup>. In addition, mental illness also results in loss of productive time of the sufferers and their family members.

The prevalence of people with depression in the world is estimated at 264 million or more<sup>7</sup>. In Indonesia, based on Basic Health Research (Riskesdas) in 2018, the prevalence of people with depression in the age group of 55 to 64 years is 6,5%, age of 65 to 74 years is 8,0%, and age above 74 years is 8,9%. Whereas, in Aceh Province, the prevalence of people who suffer from depression is 6,16 in the age group of 55 to 64 years, 7,40% in the age group of

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65 to 74 years, and 7,82% in the age above 75 years<sup>8</sup>. Basic Health Research indicates that the older age group has a higher risk of experiencing mental issues than the younger age group.

There are many reasons why the elderly are at higher risk of mental health problems, including illness, isolation, lack of self-reliance, weakness, and separation<sup>1</sup>. WHO (World Health Organization) explain that in addition to personal factors, mental health is also determined by social, economic, political, and environmental<sup>4</sup>. The results of previous studies showed that self-efficacy is one of the individual attributes associated with mental health. Furthermore, family cohesion which is considered a social factor also correlates with mental health.

Self-efficacy is defined as people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives<sup>9</sup>. Emotion, thought, motivation, and behavior or action can be explained and predicted through self-efficacy<sup>10,11</sup>. People with high self-efficacy can deal with various obstacles and work harder to achieve the desired condition, including realizing their behavior and health. On the other hand, family cohesion is considered a positive element in the family because it refers to the emotional bonding among family members. Also, cohesion is an essential dimension for understanding family function<sup>12</sup> and interactions among family member<sup>13</sup>. When a family has a well-balanced level of cohesion, family members are free to express their differences, feel more safe and secure in their family.

Therefore, this study aims to assess the correlation between family cohesion and self-efficacy with the mental health of older adults in Aceh Province, Indonesia. Besides, the research hypothesis is revealed that there is a contribution of family cohesion and self-efficacy towards the improvement and maintenance of older adults' mental health from both variables.

## Materials and Methods

### Design and sample

By limiting the population in the age group of 60 years or more, data collection was carried out through a survey with a cross-sectional design approach. Additionally, this study employed the rule of thumb formula to determine the sample size. The result of multiplying 43 indicators (observed variables) with 5-10 found the minimum sample size was 215-430 respondents. Further, the researchers determined that the sample size in this study was 500, yet 17 questionnaires did not have complete data, so they were not included in the analysis. Thus, the research samples in the statistical analysis were 483.

### Variable measurement

The independent variables in this research were family cohesion and self-efficacy, whereas the dependent variable was mental health. The assessment of family cohesion was done by using Likert scales with four answer choices, include very rarely; rarely; often and very often. Whilst, there were seven questions regarding family cohesion (Cronbach's alpha = 0,88) namely: my family members enjoy spending free time with each other; family togetherness is a very precious time for my family; my family members feel very close to each other; my family members have a sense of loyalty to each other; my family members support each other; my family members participate together if there is a family event; decision making for the family interest is done together in my family. Whereas, the assessment of self-efficacy used eight questions (Cronbach's alpha = 0,85), as follows: I believe I can maintain my physical activities properly; I believe I can manage myself to eat healthy foods; I believe I can manage myself not to smoke; I believe I can manage myself to maintain a healthy sleep pattern; I believe I can take care of my self without the help of others; I believe I can manage myself to do activities

based on my hobbies in my leisure time; I believe I can manage my self to control emotion; I believe I can manage my self to maintain religious activities.

Furthermore, the measurement use the Likert scale that was carried out with four answer choices: strongly disagree; disagree; agree and strongly agree. Besides, mental health was measured using the geriatric depression scale (GDS) developed by Yesavage and Sheikh<sup>14</sup>. The 15 questions developed by them have been translated into Indonesian with

dichotomous choice questions (Yes or No). This GDS is recommended by the Ministry of Health of the Republic of Indonesia to be used as an instrument to assess the mental health conditions of older adults<sup>15</sup>.

**Statistical Analysis**

The descriptive analysis was carried out to determine the characteristics of respondents. Whilst, the correlation between family cohesion and self-efficacy with mental health was analyzed by logistic regression test with the help of SPSS version 21.

**Results**

**Table 1. Demography Characteristics of Respondents**

Respondents Characteristics (n=483)	N	Mean/%	SD
Age		69.76	8.41
Age 60-69	273	56.5	
Age ≥ 70	210	43.5	
Gender			
Male	150	31.1	
Women	333	68.9	
Employment			
Not Working	281	58.2	
Farmer/ Laborer/Fisher	133	27.5	
Pensionary	24	5.0	
Private Employee	45	9.3	
Income		520559.01	856194.59
No Income	198	41.0	
IDR < 1,000,000,-	184	38.1	
IDR 1,000,000,- to <2,000,000,-	50	12.4	
IDR ≥ 2,000,000,-	41	8.5	

The previous table (Table 1) shows the overview of respondents' demographic characteristics, which indicates that the average age of the respondents is 69,76, and the age group of 60 to 69 years is higher

(56,5%) than the age group of 70 years or more. Meanwhile, the number of female respondents is higher (68,9%) compared to male respondents. Based on the employment, it is found that unemployment

(not working) respondents are higher (58,2%) than those who work as farmer/laborer/fisher; pensionary; and private employee. In addition, from the aspect of

income, it is found that the numbers of respondents who have no income are higher (41,0%) compared to those who have income for IDR <1,000,000,-; IDR 1,000,000,- to < 2,000,000,-; and IDR ≥ 2,000,000,-.

**Table 2. Logistic Regression Analysis**

Variables	B	SE	Wald	p-value	Adj OR	95%CI	
						Lower	Upper
Family Cohesion	1.193	.224	28.302	<0.001*	3.299	2.125	5.120
Self efficacy	.839	.216	15.106	<0.001*	2.314	1.516	3.534
Constant	-2.525	.363	12.764	<0.001	.080		

Abbreviations: B = Beta coefficient, SE = Standard Error, CI = Confidence Interval, Adj OR = Adjusted odds ratio, \* = significant p-value

The result of logistic regression analysis, as shown in Table 2, denotes that family cohesion ( $p < 0,001$  and OR = 3.299) and self-efficacy ( $p < 0,001$  and OR = 2.314) have a positive and significant correlation with mental health.

**Discussion**

A strong family bond has the potential to protect its members from the impact of life and health crisis<sup>16</sup>. There are many indications of family cohesion, namely strong emotional bond and closeness, support, care, and affection among family members<sup>17,18,19,20</sup>. Moreover, the emotional connection and affectionate of each family member that is well-established create a relaxed, comfortable, and harmonious atmosphere in the family. Good cohesion in the family represents the quality of emotional bond among family members is good. It is considered as the primary protector of someone’s mental health<sup>21</sup>, involving older adults.

On the contrary, conflict among family members can increase stress and anxiety levels in older

adults since it can hinder the support that family members give to them, which is potentially bad for their mental health<sup>22</sup>. Family failure to resolve conflict among family members is considered a strong predictor of death and disease progression, especially in older adults with depression<sup>23</sup>. The finding of this study discloses that family cohesion has a positive and significant correlation with mental health. The elderly who live in a family with better cohesion have better mental health than older adults with lower family cohesion.

This finding is supported by a number of previous studies that have shown a correlation between family cohesion and mental health in the older adult population. For instance, a study on Asian and Latino

people aged 65 years or more in the US showed a correlation between family cohesion and depression rates. It was found that the risk of depression was decreased in those who lived in families with better cohesiveness<sup>24</sup>. While in China, it was evident that better family cohesion played a significant role in the great and good mental health of Chinese Americans aged 55 years or more who lived in the Phoenix metropolitan area<sup>21</sup>. Equally important, the closeness and warmth of relationships among the family members positively impact mood, reduce the effect of stress, and improve prosocial behavior<sup>25,20</sup>. This is also in line with the finding of Guo et al., which asserts that there is a correlation between family cohesion and mental health (anxiety and mood disorder) in people aged 60 years or more<sup>22</sup>. Another different study obtained that family mealtime is closely associated with depressive symptoms in older adults<sup>26</sup>. This is because when eating together, family members have the opportunity to strengthen their emotional relationship while enjoying the food<sup>27,28,26</sup>. This condition is a form of family cohesion.

In addition, the contribution of family cohesion is not only shown on the mental health of older adults because studies in different populations have also found the role of family cohesion against mental health. For example, the result of a study that was conducted on HIV-infected adolescents in Uganda unveiled that there was a correlation between family cohesion and depression<sup>29</sup>. A systematic review and meta-analysis revealed that family dysfunction, including low family cohesion, was correlated with symptoms of depression and this correlation (family dysfunction and depression) was strong<sup>30</sup>. Family cohesion also denotes a significant contribution to the prevention of suicide attempts in adolescents<sup>31</sup>. In adolescents with higher levels of family cohesion, depression, anxiety, and anger levels are lower, while life satisfaction is increased<sup>20</sup>. Referring to the several pieces of evidence found, thus the effort to improve

mental health can be started from the family. The family can increase its role through better family cohesion and reduce conflict within the family.

Aside from family cohesion, as previously discussed, one protective factor against mental illness that is consistently found is self-efficacy<sup>32</sup>. Likewise, the finding of this study has proved a significant and positive correlation between self-efficacy and mental health. Older adults with higher self-efficacy have better mental health than those with lower self-efficacy. Self-efficacy is required in order that the older adults can control themselves in dealing with various weaknesses and limitations that may be experienced in the aging process<sup>33</sup>. Although enthusiasm and motivation are not only determined by self-efficacy, people with high self-efficacy can struggle and try persistently in various situations that hinder them from achieving certain goals<sup>34</sup>. Self-efficacy is a personal resource that can foster a sense of optimism to face and solve many problems in life. Meanwhile, optimism is considered the center of mental health and is associated with the perception of someone who assesses him/herself as capable and effective in facing various obstacles<sup>35</sup>. For this reason, self-efficacy has a significant role in psychological or mental health conditions. What is believed by someone to do, then s/he would do it with the skills and abilities s/he may have<sup>10</sup>.

Correspondingly, there have been several studies that have shown the same result. In India, it was found that self-efficacy was a notable predictor in determining mental health in older adults in the age group of 60 years or more<sup>36</sup>. Additionally, Cheng et al. had conducted a study on the elderly with chronic pain. Their study concludes that self-efficacy plays a crucial role and is considered a significant protective factor against psychological endurance by reducing depressive symptoms<sup>32</sup>. Another survey of people aged 50 years or older also showed a

positive relationship between self-efficacy and mental health, in which self-efficacy is regarded as a strong predictor of their mental health<sup>37</sup>. Apart from the older adult population, studies conducted on students showed the same results, i.e., there was a powerful relationship between self-efficacy and mental health, both in women and men.<sup>38</sup> Some of the evidence clarifies that the low level of self-efficacy, including in older adults, has a significant role in mental health. The older adults who believe that they can manage the difficult aspects will not avoid the complex and challenging situation, whereas those who do not believe will be afraid to deal with these situations<sup>36</sup>.

Moreover, self-efficacy is a feeling of confidence about self-ability that can be changed, obtained, increased from a number of sources that form self-efficacy. One of the sources of self-efficacy is social persuasion. This social persuasion can be carried out by deliberately providing interventions that can increase older adults' self-efficacy. This effort aims to strengthen their belief that they are able to face a difficult situation and carry out an activity, despite some obstacles. Consequently, programs to maintain and enhance self-efficacy perhaps become the targeted interventions helpful in improving mental health<sup>38</sup>.

### Conclusion

In conclusion, this study proves that family cohesion and self-efficacy have an essential contribution to the mental health of older adults in Aceh-Indonesia. Family cohesion and self-efficacy can maintain and improve the mental health of older adults. For this reason, family members need to improve and maintain emotional relationships, communicate with each other, as well as appreciate and give love to each other. In addition, interventions to increase self-efficacy with a social persuasion approach can be carried out.

**Conflict of Interest**—Nil

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**Ethical Approval:** The study was approved by the Ethics committee of the institute.

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