



Research Article

The Differences In Perceptions of Social Support And Self-Esteem of Caregivers for People With Mental Disorders Based on Gender and Age

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ABSTRACT

Background: A caregiver's ability to care for patient with mental disorders is determined, in part, by perceptions of social support and self-esteem. Apart from that, caregiver characteristics can also determine perceptions of social support and self-esteem.

Objective: This study aims to determine differences in perceptions of social support and self-esteem of PMD caregivers based on gender and occupation with age covariates of PMD caregivers.

Method: This research was a correlative descriptive study with a cross sectional approach with the sample being caregivers of patient with mental disorders. The research was conducted in Pekalongan regency with a sampling technique using purposive sampling. The sample size was 101 respondents. Data was obtained using a characteristics questionnaire, the Multidimensional Perceived Social Support questionnaire, and the Rosenberg Self-Esteem Scale. Data were analyzed using multiple analysis of covariance.

Result: A total of 77.2% of caregivers were women with an average caregiver age of 45.5 years in the age range 18-59 years. The average perceived social support was 73.59 in the score range 61-82 and the average self-esteem was 35.14 in the score range 29-40. There is a significant difference in perceptions of social support and caregiver self-esteem based on gender after controlling for age (p value 0.037). The results of the post hoc test showed that differences in gender caused significant differences in the self-esteem of caregivers of patient with mental disorders ($F(1,97) = 4.411$; $P = 0.038$; $\alpha = 0.05$).

Conclusion: There were significant differences in perceptions of social support and self-esteem of PMD caregivers based on sex and occupation after age-controlled with age. Efforts to increase perceptions of social support and self-esteem can be focused by paying attention to gender and age factors.

INTRODUCTION

People with Mental Disorders (PMD) are people who experience mental disorders such as feelings, thoughts and behaviors and can cause obstacles and suffering in carrying out functions as humans [1]. People with mental disorders are still a significant problem, knowing the signs and symptoms will reduce PMD's problems both behaviorally and others. The high prevalence of mental disorders is partly due to the unmet health system, and also the gap between the need for care and a large supply[2].

The World Health Organization (WHO) in (2017) reported that as many as 792 million people have mental health problems. The results of PMD's Basic Health Research (2019) in Central Java Province were 81,983 people, who received health services in accordance with standards of 68,090 people or 83.1%. The increase in PMD cases showed that people with mental disorders require special attention, especially in terms of family support as caregivers who play a major role in the PMD treatment

process. *The World Health Organization* estimates that there is one in four families that have one family member with mental disorders, therefore the family is the main caregiver in caring for family members with mental disorders[3].

The task of the family as a caregiver or commonly called a family caregiver is to help care for PMD (such as taking medicine, bathing, changing clothes, and eating) to be a companion who supervises the patient will provide emotional support to the patient, can provide financial support for the needs of the patient and guarantee the treatment process for the patient[4]. Family is the most important element as a caregiver in assisting family members who experience mental disorders.

Caregivers are individuals who are either paid or voluntarily take care of others who have limited care for themselves in health problems, such assistance includes such as daily needs, financial / financial, health care, guidance, friendship and also social interaction[5]. Support from the family as a caregiver plays a role as the main party in supporting the PMD care process, because it is the family that actively plays an interaction in providing care for PMD[6]. With the support of the family as a caregiver, it will improve care for PMD recovery. But in reality, families as caregivers of PMD also really need social support to further improve in caring for PMD patients.

The perception of social support is a positive indicator of family burden caused by people with mental disorders, families can respond positively to these events and can help families to make self-adjustment and problem solving[7]. The existence of social support or support from the environment is also very important to be given to families as caregivers who need social support from the surrounding community, which can help caregiver families in recovery and improve their function from family members who experience mental disorders. Previous research stated that the more social support provided to caregiver families, the better their mental health conditions, it will have a positive impact on the welfare conditions of PMD caregiver families[8]. Families who get full social support will be able to influence both as PMD caregiver families. However, not all elements can provide social support to the family as caregivers.

Research Resnick, et al (2011) factors that influence the ability to cope with problems[9]. That is, it can be sourced from outside, namely the existence of social support and from self-esteem. Research by Rahman, et al (2018) shows that the community provides a negative stigma, namely PMD which is a disgrace so that it can cause shame on the family so that this can greatly affect the self-esteem of the PMD caregiver family[3]. There are several problems faced by families as caregivers in the process of receiving and caring for family members with mental disorders such as the emergence of stress, decreased self-esteem, stigma and can also arise feelings of guilt continuously [10]. Self-esteem is obtained from oneself and others, the main aspect is being loved and being able to receive appreciation from others, self-esteem will be low if you lose appreciation from others (Stuart & Laraia, 2005). This study aims to determine differences in perceptions of social support and self-esteem of PMD caregivers based on gender and occupation with age covariates of PMD caregivers.

METHOD

Research Design

This study was quantitative with a correlation descriptive research design with *a cross sectional approach*.

Time and Setting

This research was conducted in Pekalongan. Data collection in April-May 2023.

Population and Sample

The population in this study was families that had PMD family members. The sample size was 101 respondents. The sampling technique uses purposive s sampling with family inclusion criteria with PMD patients who have been treated in health services, families with PMD patients aged >17 years, and families with PMD patients who are caring for PMD patients at home directly.

Instrument

This study was conducted using questionnaires as a data collection tool. The questionnaires used were the caregiver characteristics questionnaire, *Multidimensional perceived social support* (MPSS) referring to Zimet et al (1988) consisting of 12 questions[11], and the Rosenberg *Self Esteem Scale* (RSE) self-esteem scale questionnaire from Morris *Rosenberg* totaling 10 positive and negative questions[12]. The questionnaire used was valid with a score of 0.855-0.914 for MPSS and 0.477-0.877 for the *Rosenberg Self-Esteem questionnaire*.

Collecting the Data

Researchers take data by providing research questionnaires to be filled out by respondents and waiting until the questionnaire is filled out completely by respondents. A multivariate analysis was conducted to determine differences in perceptions of social support and *self-esteem* of PMD caregivers based on sex and occupation with age covariates of PMD caregivers. The multivariate analysis used is MANCOVA.

RESULT AND DISCUSSION

Table 3.1 Overview of age, perceived social support, and self-esteem of PMD caregivers

Variable	n	Mean	St.Dev	Minimum	Maximum
Age of Caregiver	101	45,50	12,006	18	69
Caregiver's Perception of Social Support	101	73,59	3,573	61	82
Self Esteem Caregiver	101	35,14	2,345	29	40

Table 3.1 shows that the age of the youngest caregiver is 18 years and the oldest is 69 years with the average age of caregiver is 45.5 years. That is, PMD caregivers are on average in late adulthood. The perceived value of social support was obtained as low as 61 and as high as 82 with an average of 73.59. While the self-esteem value was obtained as low as 29 and as high as 40 with an average of 35.14. There are still respondents who get perceived values of social support and self-esteem below average.

Table 3.2 Frequency distribution of sex and occupation of PMD caregivers

Variable	Freq	%	Mean Perception of D.Sos	Mean Self-Esteem	Sd Perception D.Sos	Elementary Self-Esteem
Gender Caregiver	Man	23	22,8	74.17	34.22	2.860
	Woman	78	77,2	73.42	35.41	2.116
	Total	101	100,0	-	-	-
Caregiver Jobs	Unemployed	57	56,4	73.49	34.51	2.508
	Work	44	43,6	73.73	35.95	1.842
	Total	101	100,0	-	-	-

Based on table 3.2, it shows that most (77.2%) PMD caregivers are women. The average perception of men's social support is higher than women's, while women's average self-esteem is higher than men. More than half of caregivers are not working (57%), but the average self-esteem of those who work is higher than those who do not work.

Table 3.3 Differences in perceptions of social support and self-esteem of PMD caregivers by gender and occupation with age covariates of PMD caregivers

Dependent Variable	Value Wilks' Lambda	Sig.	Mean Difference (I-J)	Std. Error	F	Sig.	95% Confidence Interval for Difference		
							Lower Bound	Upper Bound	
Caregiver's Perception of Social Support	0,934	0,037	Man - Woman	0,657	0,867	0,574	0,450	-1,063	2,377
			Woman - Man	-0,657	0,867			-2,377	1,063
Self Esteem Caregiver			Man - Woman	-1.111*	0,529	4,411	0,038	-2,160	-0,061
			Woman - Man	1.111*	0,529			0,061	2,160

The results of Wilks' Lambda test obtained a value of 0.934 with a sig of 0.037 means that H_0 was rejected. This means that there are significant differences in perceptions of social support and *self-esteem of PMD caregivers* based on sex after age-controlled control. Multivariate test results showed that sex differences led to significant differences in *PMD caregiver self-esteem* ($F(1,97) = 4.411$; $P=0.038$; $\text{Alpha} = 0.05$). The age of 40-60 years is the age of middle adulthood which is said to be mature enough age to play a role, get social support and function in terms of family care and for family decision making *caregiver PMD* [13]. This research is related to a person to get social support and be able to use mental health services, where the older the greater the confidence to seek help to health facilities, especially in the family [14]. This is in line with previous research which stated that the age of respondents was mostly aged >46 years, as many as 55.4% who received social support from family and friends, playing an important role for *PMD caregiver* families who are undergoing outpatient treatment because it can improve their psychological well-being[15]. This is in line with previous research on the age distribution of *caregiver* family respondents with an average age of 40 years, positive self-esteem in families with *PMD* family members, *self-stigma* caused by several factors such as perception in assessing the impact of life and having *PMD* family members[7].

Respondents in this study were mostly female. This is in line with previous research showing that respondents' gender is mostly female (51.5%). This shows that family members, especially women, are able to play an important role as *caregivers* [14][16]. Other studies also state that most of the most dominant sex distribution is women with a total of 39 people who show self-stigma can be influenced by treatments carried out by family members, including women who have a positive *self-esteem* impact[7].

The results of the study are in accordance with previous research which states that *self-esteem* affects when there is self-stigma in the family of *PMD caregivers*. *Self-esteem* shows a negative correlation with very moderate strength where the higher the self-stigma, the negative *self-esteem* of the *PMD caregiver* family. *Self-esteem* in *PMD caregiver* families is caused by many factors, one of which is perception, perception of *caregiver* families in assessing the impact and living with *PMD* sufferers[7].

PMD caregiver families really need social support from friends or the environment, with the support provided, *PMD caregiver* families will experience an increase in *self-esteem* and can appreciate themselves more and feel themselves more capable of caring as *caregivers* at home for *PMD* patients. The results of the study are in accordance with previous research which states that in general individuals who have social support from family, friends and the environment can make individuals feel valued, cared for and so on so that they can make individuals even better and will have high self-esteem will judge themselves well, will feel valuable and can strive so that *self-esteem* individuals can develop more[17].

CONCLUSION

The average age of *caregivers* is 45.5 years. That is, *PMD caregivers* are on average in late adulthood. The vast majority (77.2%) of *PMD caregivers* are women. More than half of *caregivers* are not working (57%). The average value of social support was 73.59 and the average *self-esteem* was 35.14. There are still respondents who get perceived values of social support and *self-esteem* below average. There were no differences in perceptions of social support and *self-esteem* based on the age of *caregivers* *PMD*. There were significant differences in *self-esteem* based on sex and occupation of *PMD caregivers*. Gender and occupation also did not cause differences in perceptions of social support of *PMD caregivers*. There were significant differences in perceptions of social support and self-esteem of *PMD caregivers* based on sex and occupation after age-controlled with age

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