COPING MECHANISM USED BY DEPENDENT ELDERLY IN REJOWINANGUN URBAN VILLAGE, YOGYAKARTA

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ABSTRACT

Introduction: A decrease often follows aging in quality of life. Coping is a form of problem-solving and balancing emotions in stressful situations. Coping strategiesthat someone uses extensively affect someone's ability to handle problems.
Purpose: Obtain an overview of the coping mechanism of dependent elderly in Rejowinangun Urban Village, Yogyakarta, and indirectly know the impact of the COVID-19 pandemic on dependent elderly.
Methods: The subjects were more than 60 years old residents of Rejowinangun Urban Village, which are dependent on Barthel's criteria and had no cognitive impairment. A qualitative method with a phenomenological approach was used.Data collection was carried out by in-depth interviews, which were preceded by a screeningprocess. Sampling was done through purposive sampling with five subjects. The interviewwas verbatim transcribed and analyzed using the thematic framework.
Results: Dependent elderly perform confrontative, seeking social support, planful problem solving, self-control, distancing, positive reappraisal, escape/avoidance, and accepting responsibility coping. Not all dependent elderly living depends on others. Some do not want to bother others and are still productive. More diverse coping mechanisms were carried out by subjects who had the disease for more than ten years.
Conclusion: Subjects tend to use problem-focused coping rather than emotion-focused coping. During the COVID-19 pandemic, their disease can become uncontrollable, and they feel stressed because they cannot do outside activities or the decreased income. However, they have more time to spend with their families.

Keywords: Coping mechanism, dependent elderly, quality of life, problems, emotions

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INTRODUCTION

According to WHO, an elderly is someone aged 60 years and over. The elderly group is a human age group entering the final stage of human life (Fatmah, 2010). The number of elderly in Indonesia has increased from 2010. That is, 18 million people (7.56%) will become 25.9 million people (9.7%) in 2019 (Kementerian Kesehatan RI, 2019).

As a person gets older, their physiological function also decreases due to thedegenerative process (aging), resulting in many non-communicable diseases in the elderly. The degenerative process can reduce the body's resistanceor immunity to the elderly being more susceptible to infectious diseases. Meanwhile, increasing age also results in functional disorders, which are indicated by disabilities (Kementerian Kesehatan RI, 2019). This can lead to social roles' regression and the emergence of disturbances in making ends meet. Therefore, there will be an increase in dependence on other people (Nugroho, 2008). The problem now is how the elderly can carry out their activitieseven with all conditions of independence.

Coping is done by someone as a form of problem handling and balancing emotions in stressful situations (Papalia, et al., 2008). The coping strategy that a person uses greatly affects a person's ability to handle the source of theproblem (Wenger, 2003). Of course, this will affect the quality of life of the elderly.

Based on this description, it can be seen that the coping mechanism will affect the quality of life of the elderly. Furthermore, researchers are interested in knowing more about the coping mechanisms of dependent elderly, especially in Yogyakarta. Researchers took samples in Rejowinangun Urban Village, the urban village with the largest number of residents in Kotagede District,as one of the districts with the fifth largest population in Yogyakarta.

METHODS

The research was conducted with a qualitative research method with a phenomenological approach. The data collection technique used was an in-depth interview preceded by a screening process. The accessible population was all dependent elderly in Rejowinangun Urban Village, Yogyakarta. Sampling was done by purposive sampling with a total of five subjects. From the interview results, the interview transcript was carried out in verbatim text form and analyzed using the thematic framework.

RESULTS

The following are the results of grouping the themes of the coping mechanisms of subjects:

a. **Yelling and hitting other people:** hitting a childhood friend, yellingat his wife.
b. **Socializing with family:** gathering with children and grandchildren, teaching grandchildren to play gamelan, income earned helps meet the children's needs.
c. **Socializing with neighbors and friends:** socializing and communicating with neighbors and friends, participating in religious activities, asking for help from others.
d. **Socializing with fellow wheelchair users and fellow stroke sufferers:** meeting and greeting with wheelchair users and fellow stroke survivors.
e. **Undergo medical, movement, and alternative therapies:** doing medical therapy in the hospital, motion therapy with physiotherapists, alternative therapies ("*dadah therapy*", massage, oil, herbs, acupuncture, and psychics).

Table 1. General characteristic of the subjects

No.	Subject's Code	Age	Gender	Disease	Long Suffering from the Illness	Previous Work	Live with	The existence of a formal caregiver	Score			
									ADL	IADL	MMSE	AD8
1.	**S1**	78 years old	Women	Osteoarthritis	2 years	Housewife	- A youngest child & a son-in-law - Two grandchildren	Nothing	17	11	25	1
2.	**S2**	67 years old	Man	Stroke	10 years	Government employees (Head of security)	Wife	Nothing	8	6	24	1
3.	**S3**	65 years old	Women	Polio	63 years	Tailor (still actively working until this study was held)	- Husband - A child	Nothing	16	10	30	0
4.	**S4**	74 years old	Man	Stroke	5 years	Government employees (General Section of Agriculture)	Wife	Nothing	10	6	26	0
5.	**S5**	71 years old	Man	Stroke	5 years	Government employees (Administration section)	Wife	Nothing	10	7	26	1

f. **Controlling food and drink consumed:** eating fruits and vitamins, avoiding cholesterol and hypertension triggering foods, not eating atnight, consuming healthy drinks (milk, herbal extracts).
g. **Willingness to use a wheelchair:** subjects used a wheelchair over time because they felt their child had bought a wheelchair forher.
h. **Confident, no grudges, and patient:** the subject's personalityin dealing with problems.
i. **Avoid other people:** silent, ignoring other people, rarely attended the events.
j. **Worship, give thanks, get closer, and believe in God:** pray, get closer to God, go to a worship place, belief in healing from illness according to their religion.
k. **Helping others who needed:** lending money to others, giving them some money to the orphans.
l. **Doing daily activities and preferred activities:** help his son's business; work (as a tailor); watching television; reading newspapers, books, religious letters; smoke; traveling and going around the city
m. **Surrender and accept his independence:** accept the disease, surrender to his physical condition.
n. From the grouping of themes above, it is found that the coping mechanisms of subjects are as follows:

Table 2. Coping mechanism for subjects

No.	Coping type	S1	S2	S3	S4	S5	Total
Problem-focused coping							
1.	*Confrontative coping*		√	√		√	3 people (60%)
2.	*Seeking social support*	√	√	√	√	√	5 people (100%)
3.	*Planful problem solving*	√	√	√	√	√	5 people (100%)
Emotion-focused coping							
4.	*Self-control*	√			√		2 people (40%)
5.	*Distancing*			√			1 person (20%)
6.	*Positive reappraisal*	√	√	√	√	√	5 people (100%)
7.	*Escape / avoidance*	√	√	√	√	√	5 people (100%)
8.	*Accepting responsibility*	√	√	√	√	√	5 people (100%)

DISCUSSION

The coping mechanisms, according to Lazarus and Folkman (1984), is divided into two, coping that is centered on problems (problem-focused coping), which includes confrontative coping, seeking social support, and planful problem solving, as well as coping that focuses on emotions (emotion-focused coping), which includes self-control, distancing, positive reappraisal, escape/avoidance, and accepting responsibility.

The first coping mechanism is a problem-centered coping mechanism. Confrontative coping is a state of changing stressful conditionsaggressively with a high enough level of anger and taking risks (Lazarus & Folkman, 1984). As many as three out of five subjects (60%) used confrontative coping mechanisms, namely hitting their friends with a stick when they were bullied and yelling when something was not by their wishes.

Aggressive behavior in hitting a friend was carried out by a female subject when she was still in school. Aggressive behaviors thatarise when interacting with peers do not just happen but are caused by various factors, such as frustration or disappointment because their desires are not fulfilled, environmental pressures in which one child and another disturb each other, anonymity, or the child does not know himself, imitatingor modeling which usually mimics watching films or the behavior of their friends, as well as hot temperatures while children are learning in a room (Nurhayati, 2016). In coping with the subject, she admitted to hitting her friend because she was ridiculed.

Problems arising from a spouse (husband or wife) are usually in theform of a mismatch of ideas which may occur naturally due to a physical or psychological decline of one or both persons (Pandji, 2012). Two male subjects sometimes yell at their wives when something goes wrong with their wishes. However, there is a slight difference, in which Subject 2 had a yelling nature before he got sick. Meanwhile,

subject 5 had a snarlingcharacter since he was sick. An individual can have an aggressive nature,as in subjects 2. In subject 5, it can be expected that the confrontational nature that arises develops from external factors of his life experiences in dealing with physical conditions.

Seeking social support is an attempt to get emotional comfort, help, or information from others. This coping mechanism was carried out by all subjects (100%), in the form of meeting and greeting with family, hanging out and communicating with friends or neighbors around the house, participating in religious activities around the house, and socializing with fellow wheelchairs users or fellow stroke sufferers. The subjects also admitted that they did not hesitate to ask for help from other than those whoused to help them.

The family is the closest person who takes an important position in the life of the elderly. Meanwhile, social needs are everything related to interacting with others and maintaining mutual relationships. The elderly also needs maintenance and interaction with the next generation and other relatives outside the family to maintain their existence (Pepe, et al., 2017). Therefore, the elderly will seek social support from family, friends, and neighbors around the place where they live. Family is also interpreted as encouragingwork by one of the subjects. One of the things that motivate her to work is when the income she gets can be used to increase the fulfillment of children'sneeds. Rosso, et al. (2010) revealed various sources of meaning to work, including motivation. In this case, the subject made children one of her motivations to keep working. The subject can be said to be productive in quality because her work is based on her basic desire, not about theamount of money she has made.

Participating in religious activities around the house is also one of the means that subjects can meet and interact with their peers. This is in linewith Sulandari, et al. (2017) that explains the benefits of the recitation activity. Religious activities such as recitation provide benefits from a religious, scientific perspective and provide opportunities for theelderly to build social relationships.

The social support also comes from fellow sufferers. It is indicated by two subjects who feel happy when they can meet fellow wheelchair users or fellow stroke sufferers. Fellow sufferers can provide input and share experiences and problems (Masyithah, 2012). It is also in line with Ismail's research (2016), which revealed that the Persadia group (Indonesian Diabetes Association) made its members convey more health information regarding the characteristics of diabetes and how to manage the disease.

The last problem-focused coping is planful problem solving, whichis an effort to do something that can change stressful conditions carefully, gradually, and analytically. All subjects also carried out this coping mechanism (100%). All subjects do medical therapy, some do motion therapy, and a small proportion do alternative therapy. Also, subjectscontrolled the food they consumed and consumed healthy drinks, such as milk or herbal extracts.

A person's behavior in seeking treatment is often analyzed with the concept of the Health Belief Model (HBM) theory. Meanwhile, according to Notoatmodjo (2012), seeking treatment in the community varies widely. The response of a sick person can also be in the form of inaction. This shows that health is not yet a priority in that person's life. In this study, all subjects make efforts to seek treatment, which indicates that all subjects are aware of and make health a priority in their life.

Behavior is influenced by the belief that the behavior will bring desired or undesirable results, which are normative and motivate someone to behave under expectations. A subject said that since suffering from a disease, he has more

control over the food he consumes, whereas previously he chose to eat all foods. This is because he already knows the impact on his health at this time. Other behavior is shown by other subjects who choose to consume milk, juices, vitamins, or herbal extracts. This is following the research of Agrina et al. (2011), in which the two subjects made this habit because they got information from other people based on the others' experiences.

The second form of coping mechanism is the emotion-centered coping mechanism. The first is self-control, which is an attempt to regulate feelings and actions when facing stressful situations. The copingmechanism carried out by two of the five subjects (40%) was a willingness to use a wheelchair, self-confidence, not holding grudges, and being patient.

The self-control mechanism in the elderly is influenced by various factors, including environment, experience, and social roles. (Hasanat,1994). The emotional comparison between men and women is less evidentin this research. There are two subjects, each male and female, who both carry out self-control coping. Apart from the three factors mentioned by Hasanat (1994), there are other factors that, according to the researcher, can underlie a person to carry out a self-control coping mechanism, namelysomeone's beliefs and basic characteristics.

Distancing is an attempt to stay away from or not get involved in the problem, avoiding as if there is no problem so as not to be isolated in the problem. This coping mechanism was only carried out by one subject (20%) in silence when feeling angry (which was done in her childhood)and reluctant to attend various events.

In life, emotions often color the actions and decisions of bothchildren and adults. When someone feels fear, hate, boredom, dislikes, and is angry about something, he/she will tend to walk away or run, even carried out the attack (Hurlock, 1993). One of the subjects admitted that if she wasangry, she would be silent and not answer other people's words, also refused the food that her mother had made. This is a manifestation of the distancing coping strategies from the subject.

Meanwhile, Baron and Byrne (2005) revealed that the elderly are often at risk of loneliness because of their social disturbances and relationships from time to time. One of the causes is disability or illness, which can prevent older people from participating in their activities with others. It can mean a loss of freedom that requires them to go away from strangers and society. This also happened to the subject, where she was reluctant to attend the events because she felt disabled. According to her, since using a wheelchair, her scope has becomelimited.

Positive reappraisal, namely an attempt to find the positive meaning of a problem by focusing on self-development, which is usually religious. All subjects also carried out this coping mechanism (100%). The five subjects have a habit of praying and giving thanks in their daily lives. One subject still regularly goes to a worship place every week, even though she uses a wheelchair. This positive coping mechanism is also carried out in the form of having to get closer to God and the conviction of being healed and helping others in need.

A person's spirituality is an important factor in how a person deals with changes due to chronic illness (Potter & Perry, 2009). The same thing was also expressed in Putri's research (2013) which revealed a very significant positive relationship between religiosity and the psychological well-being of the Muslim elderly. This religious activity cangenerate gratitude and bring calm to the subject.

The subjects also had confidence in healing their disease. This beliefcomes from faith. Faith is trust and commitment to God Almighty. Faithcan bring the health of the mind and heart. Therefore, it can support the motivationto heal elderly patients (Kinasih & Wahyuningsih, 2012).

The elderly can meet their own needs and serve andbe active in community activities. It is common for the elderly to be helping people for the environment they live in (Sulandari, et al., 2009). One subject did this, namely lending money to others and sharing some of his earnings with orphans who needed help.

Escape or avoidance is a coping mechanism to deal with stressful situations by escaping from them and avoiding them by turning to other things, often leading to negative actions (such as drinking, smoking, consuming illegal drugs). The five subjects also carried out this coping mechanism (100%). Several subjects carried out various activities that they enjoyed, such as watching television, reading newspapers, books, or religious letters, and traveling around the city. A subject helps her son's business. Another subject still works as a tailor to overcome their boredom. Besides, this coping mechanism also takes the form of one of the negative acts committed by subjects such as in the literature, namely smoking.

In Nurhidayah's research (2016), dependent elderly mostly use their spare time in passive leisure activities, such as sitting back (enjoying electronic media, enjoying art, resting, or just sitting) and talking. This is inline with the results of this study, where the study was conducted on dependent elderly. An important element that should be done by the elderlyin doing leisure activities is to be able to please the state of mind (Ravertz, 1996) so that the activities chosen by the elderly are usually useful for seeking pleasure.

Apart from the above activities, some subjects are still doing productive activities. One of the subjects has worked as a tailor until now, while the other is processing banana leaves and making chili sauce to helpher child's business. Anoraga (1995) states that productivity involves understanding economic, philosophical, and systems concepts. This is certainly one of the privileges of each subject because, in general, elderly wheelchair users cannot work productively.

There is also a coping mechanism manifested in one of the negative actions, namely smoking. The motivation to smoke in a person can be influenced by several aspects, namely psychological, physiological, and social aspects (Aritonang, 1997). According to Perwitasari (2006), this canalso be related to the locus of control, namely the orientation of someone's beliefs. In this case, the two-locus can play a role in causing the subject to smoke to escape boredom in facing his disease.

The last emotion-focused coping is accepting responsibility. This coping is raising awareness of someone's role and trying to accept everything as it should. This coping mechanism was carried out by all subjects (100%). Most subjects have a sense of acceptance of their dependent physical condition. Apart from accepting the situation, twosubjects also admitted that they surrendered to their physical condition.

The assumption that the illness is a reward from the Almighty has been discussed by Pargament et al. (2001) in one of his statements discussing positive religious coping. This coping mechanism can be in the form of the assumption that what a person gets today is a reward from God. A person can take lessons from the problems he experienced. When his hopes are not achieved, someone will think that God has provided the best for him and be sincere. Kusumawati (2010) explains that the elderly who have a high level of spirituality can face the death reality and continue to play an active role in carrying out their responsibilities in this life. So, even though an elderly surrender to the provisions of death, it is still followed by an effort to make a better life before death.

From Table 2, there are five coping mechanisms carried out by all subjects, such as seeking social support, planful problem solving, positive reappraisal, escape/avoidance, and accepting

responsibility. Three coping mechanisms are only carried out between one to three subjects: confrontative coping, self-control, and distancing. No theory explains why a coping mechanism is used more frequently or less frequently. According to Maramis (2009), all coping mechanisms that a person does vary, depending on age, gender, personality, intelligence, emotions, social status, and individual occupations.

In the study, two male subjects do confrontative coping when old. Meanwhile, one female subject did confrontative coping when she was a child. Tamher & Noorkasiani (2009) explain that when compared to men, women are considered to have more readiness to face problems because men tend to be more emotional. Confrontative coping carried out by female subjects was carried out when she was a child, so it is suspected that this was due to an unstable emotional condition.

Tamher & Noorkasiani (2009) also explained the effect of education on the coping mechanism. According to them, the higher a person's education level, the more life experiences they will have. This person is considered more ready to face life's problems (Tamher & Noorkasiani, 2009). In the study, three male subjects who were retired government employees were no longer productive. Meanwhile, the two subjects were housewives and tailors, both of whom werestill productive today. Based on this research, it turns out that education alone does not fully guarantee a person to be more productive. This is still influenced by physical conditions, motivation, and opportunities.

Family support is the most important factor that helps an individual deal with a problem. Also, social involvement is still needed by the elderly as a form of support for the elderly who is facing their life problems (Tamher & Noorkasiani, 2009). Both of these proved to be very influential on the subject. All subjects have something in common: getting fullfamily support and feeling happy when they can socialize with other people, friends, or neighbors.

The research also shows the difference between the coping mechanisms performed by a subject who has had a long illness and another subject who has had the disease for less than ten years. Subjects who suffered from polio for 62 years (S3) performed a slightly more diverse coping mechanism than others. This happens allegedly because the adaptation has been carried out over a long time, so a person will get used to it, allowing someone to better cope with various problems.

The subject's husband, who suffered from polio, was also elderly with polio with less walking limitations. However, researchers found that their life after marriage was more likely to be happy,full of enthusiasm, and give off a positive aura. One of the reasons for this because they both have the same fate, namely as people with polio since they were children. As quoted from Sadiyah (2016) research, theempathy and sympathy of disabled couples give rise to feelings of comfort and trust. This feeling can arise because of the similarities that unite them, in this case, the disabled condition.

In table 2, when compared with mathematical calculations, the value is 13 compared to 15 or 0.87 for the problem-focused coping mechanism and 18 compared to 25 or 0.72 for the emotion-focused coping mechanism.So, the results showed that subjects tended to use more problem-focused coping strategies than emotion-focused coping. This is in line with Richaud (2005) opinion, which states that someone with an increasingly mature age tends to use problem-focused coping strategies. In this case, the elderly is considered the human age group with the highest level, so the elderly are considered the mature age.

CONCLUSION AND SUGGESTION

Conclusion:

a. The coping mechanisms used by dependent elderly in Rejowinangun Urban Village, Yogyakarta, are emotion-focused coping and problem-

focused coping. Subjects tend to use problem-focused coping rather than emotion-focused coping. It is based on age, type of work, gender, level of education, motivation, family, and social support, although this is not absolute.

b. There was a difference between the coping mechanisms performed by a subject who has had a long illness and another subject who has had the disease for less than ten years.
c. During the COVID-19 pandemic, their disease can become uncontrollable, and they feel stressed because they cannot do outside activities or the decreased income. However, they have more time to spend with their families.

Suggestion:

a. The community in society could increase social support for the dependent elderly. Implemented programs can be in the form of medical check-ups (checking blood pressure, glucose, uric acid, and cholesterol), doing simple exercise (moving limbs), as well as activities to filltheir spare time (making crafts, flower arranging, painting, knitting, and playing simple games).
b. The government should make a friendly environment for the dependent elderly, supporting them in doing outside activities and making them not feel the loss of freedom.

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