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Bukti Submission (28 November 2020)

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Gmail Herlina Widiana <herlinawidiana@gmail.com>

[JPHS] Submission Acknowledgement
1 message

Lina Handayani <ljphs@iaescore.com>
To: "Dr. Herlina Siwi Widiana" <herlinawidiana@gmail.com> Sat, Nov 28, 2020 at 1:27 PM

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Thank you for submitting the manuscript, "Depression among diabetes mellitus patients: A study of the protective factors" to International Journal of Public Health Science (IJPHS). With the online journal management system that we are using, you will be able to track its progress through the editorial process by logging in to the journal web site.

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Dear Prof/Dr/Mr/Mrs: Dr. Herlina Sivi Widiana,

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Best Regards,
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Bukti Review

Depression among diabetes mellitus patients: A study of the protective factors

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Article Info	ABSTRACT (10 PT)
<p>Article history:</p> <p>Received Revised Accepted</p>	<p>Diabetes mellitus is a chronic disease with patients continue to increase per year. This study aimed to understand the role of self-esteem and religious orientation on depression with resilience as a mediator among patients with diabetes mellitus (DM). A total of 100 patients were recruited from three public health centers. The Center for Epidemiologic Studies Depression Scale (CES-D) was used to measure depression while self-esteem was measured using two aspects of Rosenberg's self-esteem scale, namely self-liking and self-competence. Religious orientation was measured using Allport and Ross's religious orientation scale, while resilience was measured using Connor and Davidson's resilience scale. The results were analyzed using path analyses. The study found that resilience mediated the relationship between self-esteem and depression among DM patients. Self-esteem was also shown to correlate with resilience, and resilience also showed a significant relationship with depression. In contrast to initial predictions however, there was no significant effect of religious orientation on resilience. The implications of the research suggest that resilience serves as an important protective factor toward depression among patients suffering from DM.</p> <p><i>This is an open access article under the CC BY-SA license.</i></p> 
<p>Keywords:</p> <p>Depression Diabetes mellitus Protective factors Resilience Self-esteem</p>	
<p>Corresponding Author:</p> <p>Herlina Siwi Widiana, Faculty of Psychology, Universitas Ahmad Dahlan, Jl. Kapas No. 9 Semaki Yogyakarta 55166, Indonesia. Email: herlina.widiana@psy.uad.ac.id</p>	

1. INTRODUCTION

In 2020, Wuhan was struck by a peculiar case of pneumonia caused by the Sars-Cov-19 virus [1]. Patients with a history of hypertension and diabetes mellitus are at particular risk from COVID-19 infection [2]. Diabetes is a chronic disease and according to the International Diabetes Foundation, it constitutes a

major severe disease. Diabetes occurs due to genetic abnormalities in metabolism which result in increases of blood sugar levels however it may also be marked by deformities in insulin production [3]. The total number of diabetes patients is increasing particularly in developing countries. Indonesia being among these developing countries has shown that 6% of people with diabetes are above 15 years old, however only 9% receive medical care [4].

Diabetes patients must undergo long term medication in order to prevent complications in the body due to insulin imbalance [5]. Prolonged medication may lead to deteriorating mental health marked by feelings of hopelessness and a fractured self-concept which may lead to depression [6]. It is common among diabetes patients to experience emotional problems, for example stress due to changes in lifestyle. Stress can also emerge among DM patients due to its symptoms, which may lead to depressive symptoms or worry since the patient is unable to carry on with normal life activities. A study on 122 DM patients in Padang found that 43.4% of the patients experienced mild depression [7]. Depression among these patients were marked by feelings of unhappiness, difficulties sleeping, and intentions to commit suicide [7]. The stress which emerges due to the illness also impacts personal management of diabetes [8]. This research showed that people with depressive symptoms were more likely to have poor compliance and poor abilities to control their glycemic concentration in their blood, while patients without depressive symptoms were more able to regulate their lives and glycemic concentration in their blood. This result indicates the importance of monitoring depressive symptoms among DM patients [9].

DM patients who have sufficient knowledge about their illness are also more capable of minimizing the risks of developing depression [10]. Depression is a mood disorder that involves emotional problems (prolonged sadness), lack of interest toward daily activities, cognitions (helplessness), and affects bodily functions (easily fatigued, and loss of appetite) [11]. When diabetes patients experience depression, this leads to a poor diet, and other complications and disorders, for example psychological disorders and emotional problems. Emotional problems can affect quality of life, poor self-grooming, poor management of glycemic levels, and increases risk of death [12].

Depression is a general clinical disorder; however it is not easily detected like physical illness and therefore patients with depression are not seriously treated. Some factors affect the extent of the depression on DM patients, namely economic condition, family status, obesity, smoking habits and poor life style [13]. The prevalence of depression among diabetes patients has increased twofold, where research has shown an increase of 24-30% [3]. The prevalence of comorbidities between depression and other chronic diseases is higher compared to the prevalence of depression [14]. This shows that having a chronic disease for a long period of time without the potential for healing, may lead to depression.

Each person has once experienced a negative life event which leads to stress and living with diabetes mellitus may constitute such negative event. The stress experienced by each diabetes patient can lead to some negative impacts for example declines in well-being, post-traumatic stress disorder, anxiety disorders and depression [15]. However, each person has different abilities in managing stress otherwise known as resilience. Resilience has many meanings however it essentially concerns positive adaptation in managing risk or stress [16]. Resilience refers to a person's ability to maintain a stable and healthy psychological and physical state when dealing with a stressful situation [17]. Resilience has an effect on DM patients' ability to control glucose levels and also protects from the adverse risks of psychological distress on blood sugar levels [18].

Resilience comes from three factors, namely “I am,” “I have,” and “I can” [19]. The factor “I am” comes from within the individual and can take the form of self-esteem or self-worth. Self-esteem refers to beliefs that one can think and survive in managing life’s challenges, as well as beliefs that one has the right to succeed, be happy and content, and enjoy the outcome of their personal achievements. Self-esteem according to some research plays a role in life quality and emotional health [20]. Among individuals with comorbid depression, there is a cycle between inferiority and tendencies to experience mental disorders [21].

A study in Iran found that religious orientation positively correlated with self-esteem [22]. The study evaluated the aspects that affected religious orientation, for example anxiety and self-esteem. The psychological distress experienced by diabetes patients was associated with religious observance, whereby past research has shown that a lack of spiritual quality may led to depression among patients [23]. Attitudes were associated with two religious aspects namely intrinsic and extrinsic orientation [24]. Individuals tend to view religiosity intrinsically when their religious practices and motivation originate from personal beliefs. People who adhere to this way of life follow one that strictly aligns with their religion. The research has shown that religious beliefs play a role in dealing with unpleasant situations and therefore makes it relevant to the topic of mental health [25]. In addition, religion and spirituality which comprises of beliefs of a divine relationship with God, increases a person’s resilience [26].

The intrinsic aspect of religious orientation plays a key role for mental health because it can ameliorate stress [27]. Koenig [28] found a relationship between religious orientation and positive psychological adaptation consisting of life satisfaction, happiness, optimisme, life goals and stress reduction. Religiosity, particularly the self oriented type was associated with patients who have life goals, are motivated in engaging with daily activities and so it can reduce the probability of experiencing depression [29].

From the elaborations above, it becomes important to understand the factors that affect depression among diabetes mellitus patients. This study tests the role of religious orientation, self-esteem toward depression with resilience as the mediator. The study may contribute in the development of clinical psychology, particularly related to protective factors of depression among patients with diabetes mellitus.

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2. RESEARCH METHOD

The respondents in this study were diabetes mellitus patients, aged from 21-65 years. The respondents were outpatients from three public health centres (*Puskesmas*) in Yogyakarta namely *Puskesmas* Kotagede I, *Puskesmas* Gondomanan, *Puskesmas* Mergangsan, and *Puskesmas* Jetis. Table 1 shows the demographic data of the respondents. The scales were administered to the respondents both directly in the public health centres and also using Google form which was distributed through whatsapp groups. All respondents agreed to complete the scales and completed an informed consent form that was provided by the researcher. The Center for Epidemiologic Studies Depression Scale (CES-D) was used to measure depression. The scale was translated in Indonesian for the purpose of this research. In this study, the item discrimination power ranged from .44-.54, with the reliability of .85 Furthermore, Rosenberg’s self-esteem scale was used to measure self-esteem. The discrimination power of the items ranged from .415-.703 with the reliability of .858. Religious orientation was measured using Allport & Ross’s scale [24] which consists of 14 items, and the orientation scale had an item discriminatory power ranging from .385-

.897 and a reliability of .86. Finally, resilience was measured using the CD-RISC which was composed of 25 items and was translated into Indonesia [30]. In this study, the item's discriminatory power ranged from .560-.905 and had a reliability coefficient of .975. The current research used path analysis to analyze the data. Path analysis is a technique that analyzes causal relations when an independent variable affects a dependent variable not only directly but also indirectly. Path analyses is a development of the regression model which is used to test the fit of two models which are being compared.

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Table 1. Demographic characteristics

Category	Frequency	Percentage
Gender		
Male	38	38%
Female	62	62%
Marital status		
Married	86	86%
Not married	14	14%
Most Recent Education		
Elementary school	24	24%
Junior High School	15	15%
Senior High School	36	36%
Diploma	3	3%
Undergraduate	17	17%
Others	5	5%
Duration as DM patient		
< 1 years	20	20%
1-5 years	43	43%
>5 years	37	37%
Treatment		
Medicine	83	83%
Insulin	16	16%
Others	1	1%
Diabetes Type		
Type I	8	8%
Type II	22	22%
Others (Do not know)	70	70%

3. RESULTS AND DISCUSSIONS

Table 2 shows that a majority of the respondents experienced depression in the mild category (47%). While a majority of the subjects had high self-esteem (97%), high religious orientation (100%), and high resilience (97%). The subjects showed high self-esteem and this supports past research which suggests that DM patients have high external motivation and are able to maintain their self-esteem. This is marked by a sense of appreciation which can minimize the risks to develop emotional problems, for example helplessness, anxiety, and depression among patients with chronic illness [31]. In addition, the patients also showed high resilience (97%), which indicates that patients have an insight to adapt their lifestyle to manage the adverse effects of diabetes. This would motivate the patient to take care of themselves and further lead to resilience [32]. The religious orientation shown by the participants was also in the high category, where patients use religious orientation to affect all aspects of life. They are therefore able to control their anger and be accountable for their actions [33].

Table 2. Categorization of subjects based on hypothetical data

Scale	Category	Score Intervals	Frequency	Percentage
Depression	Severe	>24	20	20%
	Moderate	16 < X ≤ 23	33	33%
	Mild	< 16	47	47%
Self-esteem	High	>21	97	97%
	Moderate	14 < X ≤ 21	3	3%
	Low	< 14	0	0%
Religious orientation	High	>28	100	100%
	Moderate	17 < X ≤ 28	0	0%
	Low	< 17	0	0%
Resilience	High	>91	99	99%
	Moderate	58 < X ≤ 91	0	0%
	Low	<58	1	1%

The results of the path analyses showed that the structural model in Figure 1 meets the criteria for model fit, which is shown by the Chi square value of 2.695 with a $p = .260$.

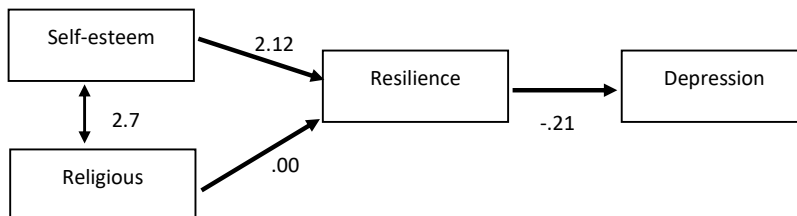


Figure 1. Results of analysis data using path model

Furthermore, the values of GFI = .987, AGFI = .934, NFI = .942, TLI = .948, and RMSEA = .059 indicates the indexes meets with the cut off. The overall goodness of fit index is presented in Table 3.

Table 3. Index of good fit for the structural equation model

Goodness of fit index	Value	Cut-off value	Conclusion
CMIN/DF	1.347	≤5.00	Fit
Probabilitas	.260	≥.05	Fit
GFI	.987	≥.90	Fit
AGFI	.934	≥.90	Fit
TLI	.948	≥.90	Fit
NFI	.942	≥.90	Fit
PGFI	.197	.0-1.0	Fit
RMSEA	.059	≤.08	Fit

Table 4 shows resilience has a negatively significant relationship with depression. The higher resilience among DM patients, the lower depression will be. This result is in line with the finding from previous research that resilience has significant influence to reduce depression level [34]. Person with resilience has ability to have different point of view when facing problems, fostering a strength to encounter the problems. Previous study on patients with breast cancer also found resilience become a protective factor of depression [35].

Results of this current study show the majority of the respondents have mild depression (47%) and only 20% of respondents have severe depression. Comorbid between depression and diabetes mellitus is common among adult patients, as they face multiple stressors in their life. One of the condition, for example, denial of the illness among DM patients resulting they do not adhere to diet control, therefore their lifestyle is less effective [36].

Table 4. Regression weights

Variable	Estimate	S.E.	C.R.	P
Resilience <--- Self-esteem	2.116	.417	5.069	***
Resilience <--- Religious orientation	-.003	.404	-.009	.993
Depression <--- Resilience	-.206	.067	-3.056	.002

Based on the results presented in Table 4, self-esteem has a significant relationship toward resilience. Self-esteem refers to a person's evaluation of his or her characteristics and abilities and it supports performance of adaptive behaviors which may strengthen resilience among DM patients [37]. Resilience is characterized by the ability to rebound and function normally following an unpleasant situation. Self-esteem is one of the characteristics of resilient people because it allows for better adaptation to the environment and has large capacity to confront the stress [38]. Previous study among DM patients in Central Java found self-confidence and self-esteem will encourage them to think positively [39].

The results showed that there was no relationship between religious orientation and resilience. Both extrinsic and intrinsic religious orientation did not have an effect on resilience. This is consistent with research in Africa, of which showed that caregivers may negative affect a person's resilience when they excessively communicate about religious ideas [40]. Other research also showed that religiosity had no relationship with resilience, and this indicates that disorders can occur in many ways and religiosity can be a source of vulnerability [41]. The current research is limited in that from the total 18 public health centers which exist in Yogyakarta, only 3 approved the research. Furthermore, more than half of the participants wanted the researcher to read the materials to them due to impaired vision.

4. CONCLUSION

There was a relationship between resilience and depression among DM patients. DM patients that can deal with and rebound from the DM diagnosis can positively adapt their physical conditions and so they are prevented from developing depression. In addition, self-esteem is associated with resilience. DM patients have good self-esteem, and they would try to make a positive image of themselves and can adapt with the changes that occur around them which provides the basis for a resilient individual. Self-esteem is one of the important factors in forming resilience. When individuals are certain of their abilities, this would increase their resilience, and this eventually becomes a protective factor toward depression among DM patients.

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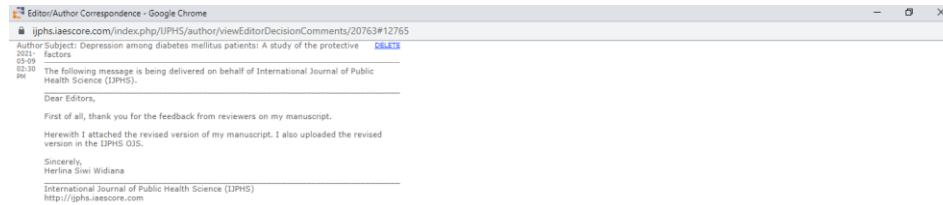
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Bukti Selesai Revisi (9 Mei 2021)



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Author Subject: Depression among diabetes mellitus patients: A study of the protective factors
2021-05-09 02:30 PM

The following message is being delivered on behalf of International Journal of Public Health Science (IJPHS).

Dear Editors,

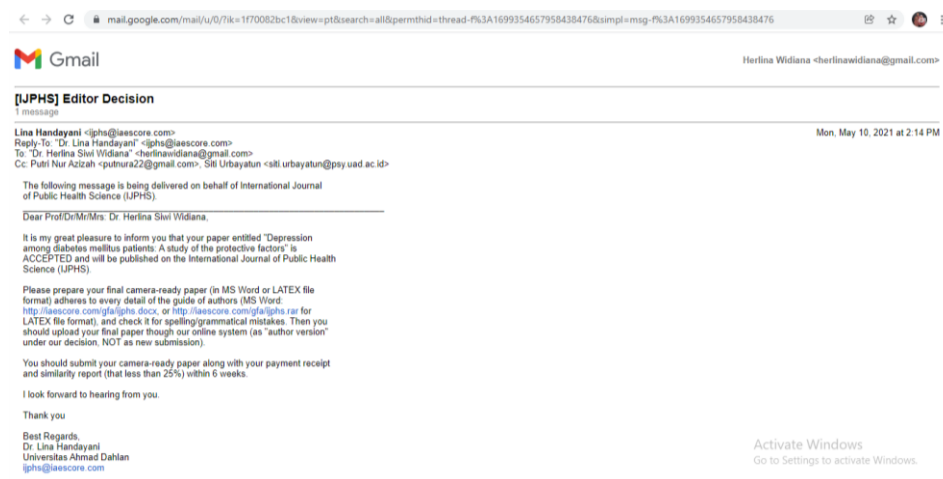
First of all, thank you for the feedback from reviewers on my manuscript.

Herewith I attached the revised version of my manuscript. I also uploaded the revised version in the IJPHS OJS.

Sincerely,
Herlina Sivi Widiana

International Journal of Public Health Science (IJPHS)
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Bukti Acceptance (10 Mei 2021)



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Gmail Herlina Widiana <herlinawidiana@gmail.com>

[JPHS] Editor Decision
1 message

Lina Handayani <ijphs@iaescore.com> Mon, May 10, 2021 at 2:14 PM
Reply-To: "Dr. Lina Handayani" <ijphs@iaescore.com>
To: "Dr. Herlina Sivi Widiana" <herlinawidiana@gmail.com>
Cc: Putri Nur Atziah <putnura22@gmail.com>, Siti Urbayatun <aiti.urbayatun@psy.uad.ac.id>

The following message is being delivered on behalf of International Journal of Public Health Science (IJPHS).

Dear Prof/Dr/Mr/Mrs: Dr. Herlina Sivi Widiana,

It is my great pleasure to inform you that your paper entitled "Depression among diabetes mellitus patients: A study of the protective factors" is **ACCEPTED** and will be published on the International Journal of Public Health Science (IJPHS).

Please prepare your final camera-ready paper (in MS Word or LATEX file format) adheres to every detail of the guide of authors (MS Word: <http://iaescore.com/ija/ijphs.docx>, or <http://iaescore.com/ija/ijphs.tex> for LATEX file format), and check it for spelling/grammatical mistakes. Then you should upload your final paper through our online system (as "author version" under our decision, NOT as new submission).

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I look forward to hearing from you.

Thank you

Best Regards,
Dr. Lina Handayani
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Kepada: herlina.widiana@psy.uad.ac.id

24 Agustus 2021 17:41

Dear Author,

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HERLINA WIDIANA <herlina.widiana@psy.uad.ac.id>
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31 Agustus 2021 12:58

Alhamdulillah, Insya Allah sudah OK, mba Ulfah. Terima kasih.

Salam,
Herlina
[tulisan teks disembunyikan]