

## ABSTRAK

**Latar Belakang:** Paradigma caregiver burden yang mendominasi literatur global, sebagian besar berasal dari negara berpenghasilan tinggi, memandang peran caregiver informal sebagai stresor kronik yang membahayakan kesehatan. Namun paradigma ini belum banyak diuji secara longitudinal pada sistem perawatan berbasis keluarga seperti Indonesia, di tengah meningkatnya beban Penyakit Tidak Menular (PTM) dan terbatasnya layanan perawatan jangka panjang formal. Penelitian ini menganalisis pengaruh status caregiving informal terhadap insidensi PTM serta peran distres psikologis dalam hubungan tersebut.

**Metode:** Studi kohort retrospektif menggunakan data Indonesia Family Life Survey (IFLS) gelombang 4 (2007/2008) dan gelombang 5 (2014/2015) pada penduduk dewasa usia  $\geq 40$  tahun yang bebas PTM saat baseline ( $n=6.632$ ). Status caregiving dikategorikan menjadi tanpa care recipient, ko residen non caregiver, dan caregiver informal. Analisis menggunakan regresi Poisson berbobot survei, uji mediasi Baron dan Kenny, serta analisis stratifikasi distres psikologis.

**Hasil:** Berlawanan dengan paradigma caregiver burden, caregiver informal justru memiliki insidensi PTM lebih rendah dibandingkan kelompok tanpa care recipient (IRR=0,772; 95% CI 0,602–0,991;  $p=0,042$ ), terutama untuk hipertensi (IRR=0,715; 95% CI 0,531–0,963;  $p=0,027$ ). Namun efek protektif ini hilang, bahkan berbalik arah, pada caregiver dengan distres psikologis bermakna: probabilitas PTM melonjak dari 16,1% menjadi 32,1%.

**Kesimpulan:** Studi ini memberikan bukti longitudinal pertama dari Indonesia bahwa caregiving informal tidak selalu merugikan kesehatan fisik, namun distres psikologis menjadi penentu utama arah dampaknya. Temuan ini menegaskan perlunya skrining distres psikologis caregiver informal sebagai target intervensi prioritas dalam program pencegahan PTM berbasis komunitas, bukan sekadar dukungan berbasis beban perawatan.

**Kata kunci:** *caregiver* informal, distres psikologis, insidensi, Indonesia Family Life Survey, penyakit tidak menular

## ABSTRACT

**Background:** The dominant caregiver burden paradigm, largely derived from high income countries, frames informal caregiving as a chronic stressor that harms health. This paradigm has rarely been tested longitudinally in family based care systems such as Indonesia, amid a rising NCD burden and limited formal long term care. This study analyzed the effect of informal caregiving status on NCD incidence and the role of psychological distress in this relationship.

**Methods:** A retrospective cohort study used data from the Indonesia Family Life Survey (IFLS) Wave 4 (2007/2008) and Wave 5 (2014/2015) among adults aged  $\geq 40$  years free of NCDs at baseline ( $n=6,632$ ). Caregiving status was classified as no care recipient, co resident non caregiver, or informal caregiver. Survey weighted Poisson regression, Baron and Kenny mediation testing, and stratified analysis of psychological distress were applied.

**Results:** Contrary to the caregiver burden paradigm, informal caregivers had lower NCD incidence than those without a care recipient (IRR=0.772; 95% CI 0.602–0.991;  $p=0.042$ ), particularly for hypertension (IRR=0.715; 95% CI 0.531–0.963;  $p=0.027$ ). However, this protective effect disappeared, and even reversed, among caregivers experiencing significant psychological distress, with NCD probability rising from 16.1% to 32.1%.

**Conclusion:** This study provides the first longitudinal evidence from Indonesia that informal caregiving does not always harm physical health, and that psychological distress is the key determinant of its direction. These findings underscore the need to screen informal caregivers for psychological distress as a priority intervention target within community based NCD prevention programs, rather than relying solely on caregiving burden based support.

**Keywords:** informal caregiver; psychological distress; non-communicable diseases; incidence; Indonesia Family Life Survey