



## Social Support Relations With Level Of Depression In The Elderly At Graha Marie Joseph Pontianak

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### Abstract

**Background:** Elderly is someone who has reached the age of 60 years and over. As a person gets older, the elderly will experience a change either physical, psychosocial or social changes. One of the most prominent changes is the physical alteration, which is characterized by changes in biological functions that cannot be prevented from being present. Purpose: The purpose of this study was to determine the relationship between social support and the incidence of depression in the elderly at Graha Marie Joseph Pontianak. Methodology: The research method used Cross Sectional, sampling techniques using purposive sampling techniques with a sample of 24 respondents, Data analysis used is univariate analysis, bivariate using product moment tests, if the data is normally distributed and Spearman Rank if the data is not distributed normally. Results: It was found that the level of depression in the elderly at Graha Marie Joseph Pontianak was included in the category of mild depression, social support  $p = 0.048$ . Conclusion: There is a relationship between social support and the level of depression in the elderly.

**Keywords:** Social Support, Depression Levels, Elderly

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### 1. Introduction

An elderly person is someone who has reached the age of 60 years or above. As a person ages, the elderly will experience changes, whether physical, psychosocial or social. One of the most prominent changes is physical change which is characterized by changes in biological functions that cannot be prevented (MINISTRY OF HEALTH, 2018).





Depression problems that occur in the elderly are often found in many cases related to psychosocial problems experienced by the elderly. At this age, a person will experience a decline in body function due to the aging process experienced by the elderly. Aging that occurs in the elderly can disrupt all functions in the elderly's body so that the elderly usually experience problems related to decreased function both physically and psychologically. (Kavana et al., 2018). Decreased function both physically and psychologically can cause elderly people to experience depression (Ruiz-Comellas et al., 2022).

Depression according to the Big Indonesian Dictionary is a state of depression and a feeling of decreased enthusiasm, characterized by gloomy, sad, weak, due to mental pressure, a state of decline in things that are favorable to the spirit of life. (Li et al., 2019). In elderly people who experience depression, symptoms such as irritability and irritability, frequent fatigue, lack of enjoyment of life and decreased appetite (Zhao et al., 2018).

Depression occurs due to natural disturbances such as sadness and accompanying symptoms, such as sleep disorders, eating disorders, concentration problems, psychomotor disorders, unhappiness, tiredness, hopelessness and helplessness, which can lead to suicide. Loss of feelings and severe experiences and suffering are symptoms of depression or mood disorders. Mood is an emotional condition that a person feels, which is expressed at that time (He et al., 2023).

A number of psychosocial risk factors also predispose the elderly to mental disorders. These risk factors are loss of social roles, economic loss, death of friends or relatives, decline in health, increased isolation due to loss of social interaction, financial limitations, and decreased cognitive function. (Kavana et al., 2018). Demographic factors such as age, gender, marital status are several factors that influence the incidence of depression in the elderly (Zhao et al., 2018).

WHO data (2021) estimates that the proportion of elderly people in the world from 2015 to 2050 will almost double from 12% to 22%. This increase shows that people aged 60 years reached 900 million to 2 billion (Parasari, Gusti Ayu Trisna and Lestari, 2019). Based on population projection data, it is estimated that the number of elderly will increase





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in 2025 (33.69 million), 2030 (40.95 million) and 2035 (48.19 million) (MINISTRY OF HEALTH, 2018).

According to the World Health Organization, there are more than 100 million people suffering from depression worldwide, but less than 25% of them have ever received treatment. It is estimated that by 2020, depression will be the second most important medical condition in the world after heart disease. Despite this, depression is a disease that is not widely detected. Mild depression affects a person's daily activities, while severe depression can cause suicide attempts. However, most cases of depression are treatable and the earlier treatment is initiated, the more effective it is (WHO, 2016).

The prevalence of depression in the population aged  $\geq 15$  years in West Kalimantan Province, seen from the first age group of those aged 15-24 experiencing depression problems was 6.2%, aged 25-34 was 5.4%, aged 35-44 was 3 5 .6%, ages 45-54 at 6.1%, ages 55-64 at 6.5%, ages 65-74 at 8.0%, and ages over 75 years at 8.9% (MINISTRY OF HEALTH, 2018). Then looking at the district/city level, Sambas 6.39%, Bengkayang 7.20%, Landak 6.16%, Mempawah 3.76%, Sanggau 11.29%, Ketapang 5.97%, Sintang 0.7%, Kapuas Hulu 7 .07%, Sekadau 4.22%, Melawi 3.76%, North Kayong 5.02%, Kubu Raya 7.55%, Pontianak City 6.79%, Singkawang 5.11% of 14 regencies/cities with depression levels The highest is in Sanggau Regency at 11.29%, while Pontianak City is in fifth place with a depression rate of 6.79% and the lowest depression rate is in Kapuas Hulu Regency at 0.7% (Risksdas, 2018). The prevalence of elderly aged 55-64 years who experience depression is 6.5%, elderly aged 65-74 years is 8.0%, and elderly aged over 75 years is 8.9% (Risksdas, 2018).

Elderly people are at great risk of experiencing depression. The prevalence of depression in the elderly varies depending on the situation, with the incidence of more than 20% of elderly people living in community areas, 25% of elderly people in hospitals and 40% of elderly residents of nursing homes. (Jahirin & Gunawan, 2020). Factors that influence depression in the elderly are age, gender, accompanying mental disorders and





other underlying illnesses, lack of ability to adapt to the environment, changes in oneself due to physical, mental and social setbacks experienced.(Puspitasari & Maria, 2020).

The diversity of places where elderly people live has a different influence on the incidence of depression. Several studies show that differences in where the elderly live are an independent predictor factor for the occurrence of depression(Jahirin & Gunawan, 2020). Research conducted by Masturin in Cacaban Village, Magelang City, found that the prevalence of depression was more common in elderly people living in nursing homes (30%) than in elderly people living in the community (15.5%) (Hendayani & Afnuhazi, 2018).

Elderly people who are in institutions have higher levels of depression than elderly people who are at home(Ardian, 2016). This is supported by the results of research conducted by (Hanifah et al., 2022) which shows that depression in elderly people living in nursing homes is in the high category, and social support is in the low category. Study (Puspitasari & Maria, 2020)shows that from the research results, elderly people who live at the Dharma Bhakti Wredha Home experience more depression than elderly people who live with their families in Pajang Village.

Based on research conductedParasari, at al (2019)that elderly people experience depression due to demographic factors (education, gender and marital status) as much as (68%). The elderly have low education, so the elderly think that depression is not a disease so that the elderly do not try to find out about depression and how to deal with it as much as (67.9%). Elderly women experience depression more often with the majority of their marital status being widows/widowers (70.8%). This is because women who have recently experienced loss, live alone and lack social support.

The impact of depression in the elderly will reduce the immune system which will cause the elderly to be susceptible to various diseases. Which will ultimately cause death in the elderly. Depression that is not treated for years can result in poor quality of life, difficulty in social and physical functioning, and increased mortality due to suicide (Filaili et al., 2020).





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The results of a preliminary study conducted by researchers at the Graha Marie Joseph Nursing Home in Pontianak showed that through interviews with nurses and nursing home administrators, out of a total of 28 elderly people, there were 7 elderly people who seemed to like to be alone and did not want to socialize with other elderly people. Meanwhile, the results of observations using signs and symptoms of depression showed that 5 elderly people said they felt depressed and unhappy living in an orphanage because they were far from their family, felt lonely, depressed and lost their appetite. Based on the various descriptions above, it can be seen from the high incidence of depression in the elderly, so researchers are more interested in examining "The relationship between social support and the level of depression in the elderly at Graha Werdha Marie Joseph Pontianak".

## 2. Research Method

This research is a descriptive correlational study with a cross sectional approach, namely wanting to know the relationship between social support and the incidence of depression in the elderly at Graha Werdha Marie Joseph Pontianak. The research design used is Cross Sectional, which is a study correlation dynamics by approaching, observing or collecting data at one time (pointtime approach). This means that each research object is only observed once and measurements are made of the subject's character status or variables at the time of the examination. This does not mean that all research subjects were observed at the same time. The population in this study were all elderly people at Graha Werdha Marie Joseph Pontianak, totaling 24 people, with 18 women and 6 men. The sample in this study was all elderly people at Graha Werdha Marie Joseph Pontianak who experienced depression according to the inclusion and exclusion criteria. The sampling technique in this research uses non-probability sampling, namely purposive sampling, namely a technique for determining samples with certain considerations (Sugiyono, 2018). The inclusion criteria in this study are: 1) All elderly people living at Graha Werdha Marie Joseph Pontianak 2) Elderly people aged 45-90 years 3) Elderly people who have health problems

b. The exclusion criteria in this study are as follows: 1) Elderly people who have





experienced dementia 2) Elderly people who do not understand Indonesian 3) Elderly people who are sick.

### 3. Results And Discussions

#### Univariate Analysis:

##### 1. Respondent Characteristics

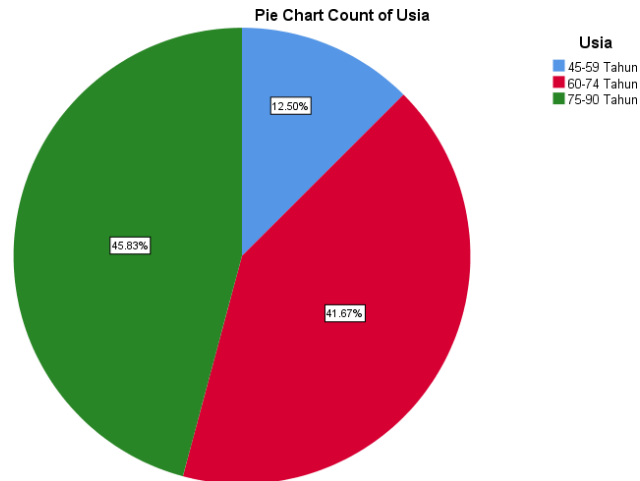
Description of respondents' characteristics Based on the results of the research conducted, results were obtained regarding the description of respondents' characteristics, which are in the table below:

No	Respondent Characteristics	Frequency (f)	Percentage (%)
1	Age		
	a. 45-59 years old	3	12.5
	b. 60-74 years old	10	41.7
	c. 75-90 years old	11	45.8
2	Gender		
	a. Man	6	25.0
	b. Woman	18	75.0
3	Marital status		
	a. Marry	15	62.5
	b. Not married	9	37.5

Based on the table above, it shows that the majority of respondents were female, 18 people (75.0%), for the age group, the majority of respondents were elderly, namely 11 people (45.8%), for marital status the majority were 15 respondents were married.

1. The description of the characteristics of respondents is based on a Pie Chart diagram
  - a. Age

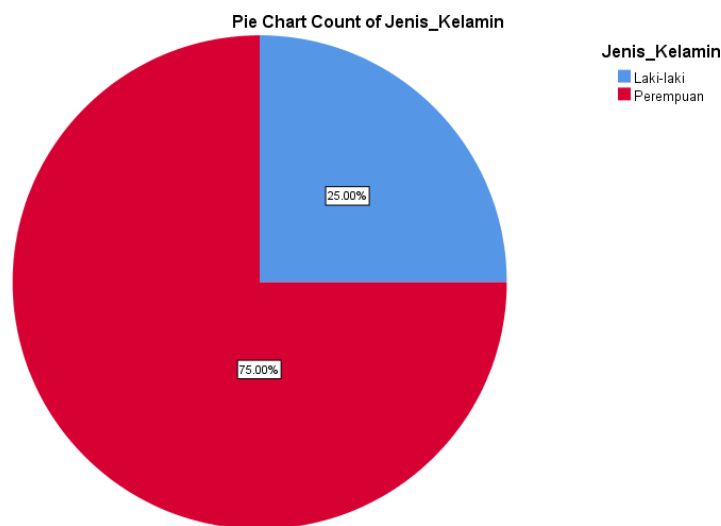




**Figure 1 Pie Chart Diagram**

Based on Figure 1, there were 3 respondents aged 45-59 years (12.50%), 10 respondents aged 60-74 years, 10 respondents (41.67%), 11 respondents aged 75-90 years (45.83%).

b. Gender



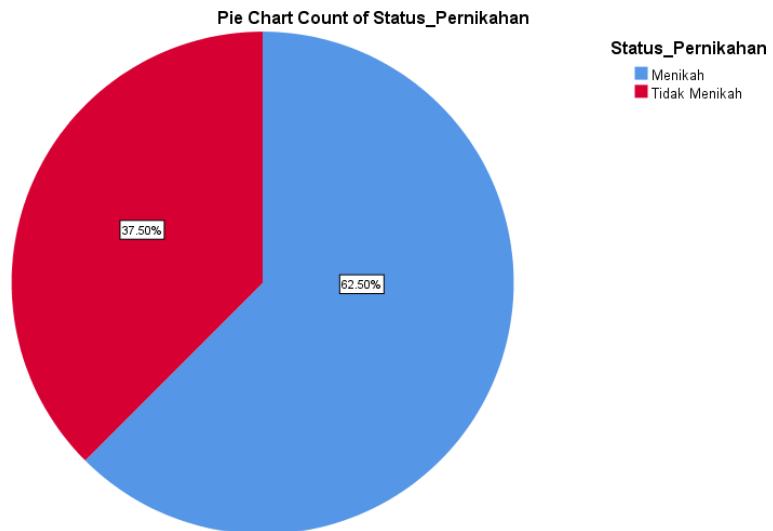
**Figure 2 Pie Chart Diagram**

Based on Figure 2, there were 6 respondents (25%) who were male, while there were 18 respondents (75%) who were female.





c. Marital status



**Figure 3 Pie Chart Diagram**

Based on Figure 4.3, there were 15 respondents who were married (62.50%), while those who were not married were 9 respondents (37.50%).

**B. Data Analysis Results**

1. Univariate Analysis

a. Age

**Table 1**  
**Description of Frequency Distribution of Respondents Based on Age n = 24**

No	Age	Frequency	Percentage (%)
1	45-59 Years	3	12.5
2	60-74 Years	10	41.7
3	75-90 Years	11	45.8
<b>Total</b>		<b>24</b>	<b>100.0</b>

Based on the data in table 1, it shows that the majority of respondents were aged 75-90 years, namely 11 respondents (45.8%).

b. Gender

**Table 2**

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**Description of Frequency Distribution of  
Respondents Based on Gender (n = 24)**

No	Gender	Frequency	Percentage (%)
1	Man	6	25.0
2	Woman	18	75.0
	<b>Total</b>	<b>24</b>	<b>100.0</b>

Based on the data in table 2, it shows that the majority of respondents were female, 18 respondents (75.0%).

c. Marital status

**Table 3  
Description of Frequency Distribution of  
Respondents Based on Marital Status (n = 24)**

No	Marital status	Frequency	Percentage (%)
1	Marry	15	62.5
2	Not Married	9	37.5
	<b>Total</b>	<b>24</b>	<b>100.0</b>

Based on the data in table 3, it shows that the majority of respondents have married status, 15 respondents (62.5%).

d. Factor of lack of social support

**Table 4  
Description of Frequency Distribution of  
Respondents Based on Lack of Social Support Factors (n = 24)**

No	Lack of social support	Frequency	Percentage (%)
1	Not good	5	20.8
2	Good	19	79.2
	<b>Total</b>	<b>24</b>	<b>100.0</b>

In table 4, the frequency distribution of respondents based on lack of social support showed the most good results, namely 19 respondents (79.2%).

e. Depression level

**Table 5  
Description of Frequency Distribution of  
Respondents Based on Level of Depression (n = 24)**





No	Depression Levels	Frequency	Percentage (%)
1	Not depressed	3	12.5
2	Mild depression	20	83.3
3	Moderate depression	1	4.2
<b>Total</b>		<b>24</b>	<b>100.0</b>

In table 5, the frequency distribution of respondents based on the level of depression at Graha Werdha Marie Joseph showed that 20 elderly people (83.3%) experienced mild depression.

## 2. Bivariate Analysis

Bivariate analysis was carried out to determine the relationship between each independent variable, namely age, gender, marital status, lack of social support, and family support on the level of depression in the elderly at Graha Werdha Marie Joseph Pontianak. The analysis technique used is the correlation test, so first the data is tested for normality to determine the correlation test technique used. If the data is normally distributed, then the test technique used is Product Moment, whereas if the data is not normally distributed then the test technique used is Rank Spearman.

### a. Data Normality Test

The data normality test uses the Shapiro-Wilk test, data is declared normal if the data probability value (p-value) is  $> 0.05$ , if the data is  $< 0.05$  the data is declared abnormal.

**Table 6**  
**Data Normality Test**

	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
	s			s		
Age	,287	24	,000	,775	24	,000
Gender	,464	24	,000	,542	24	,000
Status Wedding	,401	24	,000	,616	24	,000
Lack of social support	,484	24	,000	,503	24	,000





Level	,456	24	,000	,558	24	,000
Depression						

The results of the data normality test in table 4.9 show that the five research independent variables, namely age, gender, marital status, lack of social support, have a p-value  $< 0.05$ , so it is stated that the data is not normally distributed. For the dependent variable, namely the level of depression, it has a p-value  $< 0.05$  so that the data is declared not normally distributed.

b. Spearman Rank correlation test

The correlation test used is Spearman Rank correlation, the conditions for this test are if the p-value  $> 0.05$   $H_0$  is rejected (no relationship), if the p-value  $< 0.05$   $H_a$  is accepted (there is a relationship).

1. The relationship between lack of social support and the incidence of depression in the elderly at Graha Werdha Marie Joseph Pontianak.

**Table 7**  
**The Relationship Between Lack of Social Support and Depression**  
**in the Elderly at Graha Werdha Marie Joseph Pontianak**

		Depression Levels								P (value)	
Lack of <i>social</i> <i>support</i>	No depression		Depression light		Depressio n currently		Depressio n heavy		Total		
	n	%	n	%	n	%	n	%	n		%
Not good	1	4.1	4	16.6	0	0	0	0	5	20	0.048
Good	2	8.3	16	66.6	1	4.1	0	0	19	80	

Based on Table 7, it is known that 19 respondents (80%) had good social support, no depression, 2 respondents (8.3%), 16 respondents had mild depression (66.6%), 1 respondent had moderate depression (4.1%). Based on the Spearman rank statistical test that has been carried out, the value of  $p = 0.048 < 0.05$ , it can be concluded that there is a relationship between the lack of social support and the





incidence of depression at Graha Werdha Marie Joseph Pontianak.

Based on the results of the Spearman Rank statistical test that was carried out, the value  $p = 0.048$ , which means  $> 0.05$ , so it can be concluded that there is a relationship between lack of social support and the incidence of depression in the elderly at Graha Werdha Marie Joseph Pontianak. In this study, table 4.13 shows that of the 24 respondents, the lack of social support in the poor category was 5 respondents (20%), 1 respondent was not depressed (4.1%), 4 respondents had mild depression (16.6%).), while those lacking social support were in the good category as many as 19 respondents (80%), not depressed 2 respondents (8.3%), mild depression 16 respondents (66.6%), moderate depression 1 respondent (4.1%).

According to the researchers' assumptions in this study, it was found that there is a relationship between social support and the incidence of depression in the elderly. According to (Kulak-Bejda et al., 2021) Social support is the existence of other people who can be relied on to provide assistance, encouragement, acceptance and attention, so that there can be an increase in the welfare of life for the individual concerned. Another expert expressed almost the same opinion regarding social support, namely Sarafino in Jia et al., (2020) which states that social support is a pleasure that is felt as attention, appreciation and help received from other people or a group. The results of this study are not in line with research conducted by Niu et al., (2020) which states that there is a relationship between social support and the incidence of depression in elderly people in nursing homes ( $p = 0.00$ ).

Research by Inayati & Ichسانی (2019) in Sading sub-district entitled the relationship between family social support and levels of depression in the elderly. Family social support has an inverse relationship with the level of depression in the elderly in Sading sub-district. The relationship in the opposite direction is meant by increasing family social support, the tendency for depression levels to decrease. Research by Chen et al., (2022) It is certainly hoped that this family support can reduce psychological problems such as depression. Good family support can also be





influenced by the form of family that exists in the family. Further research conducted by Thomas & Barbato (2020) showed that family support for the elderly was mostly categorized as good, namely 80 people (90.91%), the level of depression in the elderly, the majority was categorized as not depressed, namely 88 people (90.91%).

Further research carried out by researchers Haryanto & Septimar (2020) showed less family support with mild depression (16.7%) and good family support with mild depression (100%). Meanwhile, family support is lacking with a moderate level of depression (83.3%) and good family support with a moderate level of depression (0%). Further research conducted by (He et al., 2023) shows that old age is often seen as a period of biological degeneration accompanied by various conditions that accompany the aging process. The chronology is that conditions in the elderly accompanied by physical, mental, psychological and disease changes will lead to levels of depression in the elderly, this is caused by a lack of family social support which includes information support, assessment support, instrumental support and emotional support given to the elderly in carrying out daily activities (Saputri, 2019).

Further research conducted by Hanifah et al., (2022) suggests depression can exacerbate morbidity and disability. This disorder is not only influenced by biological and genetic factors, but also by psychosocial factors, one of which is family support. Subsequent research conducted by Putu Pradnyadewi Nataswari, IGA Indah Ardani showed that depression is a disease that often occurs in the elderly. There are several factors that influence the occurrence of depression in the elderly, one of which is family support. Study Khodadadi et al., (2022) Furthermore, what is done shows that family support is the most important element in helping the elderly in solving problems. Poor family support can cause depression in the elderly, which will have an impact on the elderly's social interactions becoming worse, the elderly prefer to lock themselves up at home and do not want to socialize in society. Further research was carried out by Zhai et al., (2019) shows that depression is the third largest psychological disorder which is estimated to occur in (5%) of the world's population and the emergence of depression





is related to several factors, one of which is family support. Subsequent research also conducted by Rokhmatul Hikmat, Armelinda showed that anxiety is one of the mental disorders that elderly people often experience when undergoing hospitalization.

The results of this research are in line with research conducted by Jahirin & Gunawan (2020) that there is a relationship between family social support and the incidence of depression in the elderly, the result is  $p = 0.000$ . From the results of previous research, researchers found that family social support greatly influences the health of the elderly, namely the occurrence of depression, where family support given to the elderly, such as education and information, can help the elderly in their daily lives.

#### 4. Conclusion

Based on the results of research regarding the relationship between social support and the incidence of depression in the elderly at Graha Werdha Marie Joseph Pontianak, the following conclusions can be drawn:

- a. The results of univariate analysis based on age showed that the majority of respondents were female, 18 respondents (75.0%). Based on marital status, 15 respondents (62.5%) were already married. Based on the lack of social support, the results obtained were the most in the good category were 19 respondents (79.2%), based on family support the most results were found in the less good category as many as 19 respondents (79.2%) and based on the level of depression at Graha Werdha Marie Joseph Pontianak in the mild category as many as 20 respondents (83.3%).
- b. The results of the Spearman Rank correlation test obtained a p-value of 0.048, namely  $> 0.05$ , so it can be concluded that there is a relationship between lack of social support and the incidence of depression in the elderly at Graha Werdha Marie Joseph Pontianak.

#### Suggestion

- a. For clients and families

It is hoped that the results of this research can be used as a source of knowledge and insight





regarding the relationship between social support and the incidence of depression in the elderly.

b. For Health Institutions

It is hoped that the results of this research can be used as input into pursuing learning activities specifically regarding the relationship between social support and the incidence of depression in the elderly.

c. For Nurses

It is hoped that the results of this research can be used as a reference or study material in formulating nursing care plans so that nursing actions can be carried out in accordance with priority problems and needs.

d. For other researchers

For future researchers, it is hoped that the results of this research can be used as a reference source by other researchers who wish to conduct further research with different characteristics.

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