



## THE DESCRIPTION OF THE DEPRESSION LEVEL AT THE ORPHANAGE OF ELDERLY

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### ABSTRACT

The elderly will do the aging process and change the physical and psychologically, this change can affect the health problems such as depression. Depression is often undetected among the elderly because of the aging process and chronic disease among elderly. Use quantitative methods with the descriptive design study. The number of samples is 64 elderly. Sampling techniques use purposive sampling. The research was done at the Orphanage for the Elderly at the Kendal District. The instrument used is the questionnaire of the Geriatric Depression Scale (GDS). The result showed that the majority of the elderly aged was 60 – 73 years, female, and not in school attendance. The level of depression among the elderly is moderate category is 37 elderly (57,8%). The orphanage nurse can deliver activity on the development of group activity therapy, facilitate the elderly to communicate with family when they want to meet with the family to reduce the depression level since they stay at the boarding house.

**Keywords :** depression; elderly; orphanage

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## INTRODUCTION

The aging process can affect the problems such as physically, biologically, socio-economic, and mentally. Mentally and emotionally problems similar to physical problems can affect the behavior. Mentally problems among the elderly such as stress, depression, and anxiety (Dewi, Triana, & Prihandini, 2020). The number of elderly in the world is increasing annually. Based on the World Health Organization, 2015, the number of elderly globally in 2015 reached 12% of the total global population (910,000,000 people) and will be predicted in 2025 increase become 2 billion people. The number of elderly in Indonesia is increasing annually, in 2010 reached 9,77 % (more than 23,9 million people). It will be predicted in 2020 is 11,34 % (more than 28,8 million people) and in 2025 will be predicted become double in Indonesia (Sarniyah, 2010).

Depression is one of the psychological problems that happened among the elderly. These problems are marked with the deep sadness that affects social interaction disorder. Depression is often undetected among the elderly because of the aging process and chronic disease among the elderly. Early detection and appropriate treatment for depression can improve the quality of life among the elderly (Dewi S, 2014). The prevalence of depression among the elderly above 60 years global is 7 % of the world population or 63 million (WHO, 2017). The

prevalence of depression in Indonesia based on information of non-communicable disease, the elderly who has depression is 11,6 % (Indonesia, 2012).

The result of the Basic Health Research in 2013 stated that the prevalence of depression among elderly of 55 – 64 years is 15,9 %, the elderly of 65 – 74 years is 23,2 % and the elderly above 75 years is 33,7 % (Ministry of Health, Republic of Indonesia, 2013). The occurrence of depression among the elderly refers to (Pae, 2017), stated that the difference of the depression level among elderly who stayed in orphanage and family house is the elderly who stayed in boarding house has moderate depression is 62,5 % and the elderly living in the family house has mild depression is 51,9 %, so the elderly who stayed in an orphanage has more risk to have depression compare to the elderly who live in the family house, because of far away from the family.

The result of a previous study conducted in October 2020 at the Orphanage Cepiring Kendal District is 100 elderly. The result of the interview with 10 elderly who stayed in boarding house, there were 6 of 10 respondents wanted back to their family, 7 of 10 respondents answered that have a sleep disorder, 5 of 10 respondents answered feel worthless. The result of the interview with the Nurse of the orphanage found that the elderly were often angry, easily offended, and often quarrel among them verbally or shouted if there was a problem, even cried without any causes. Based on the description, need to do the research with the goal to know to describe the level of depression among the elderly at the orphanage.

## **METHOD**

Quantitative research uses a descriptive research study design. The population of this research is elderly who stayed in Orphanage of Elderly at Cepiring Kendal District is 100 people. Sampling techniques use purposive sampling. The number of samples is 64 elderly with the inclusion criteria namely elderly who can communicate verbally and cooperatively, stayed at the boarding house, and willingness to be a respondent to the research. The research has been done at the of Orphanage of Elderly at the Kendal District. The questionnaire is the instrument to know the characteristic of the elderly such as age, gender, the highest level of education. While questionnaire for the level of depression uses Geriatric Depression Scale (GDS) – 15 version with the answer yes and no. The result of the examination divided becomes mild when the rate is 5 – 8, moderate 9 – 11, and severe 11 – 15 (Greenbeg, 2012). The descriptive data analysis to know the characteristic of the sample such as age, gender, highest education level, and level of depression.

## **RESULTS**

### **Demographic Characteristic**

Characterisof of the elderly is present in Table 1 below.

Table 1 showed the frequency based on the characteristic of the elderly at the Orphanage Cepiring Kendal District, majority of the elderly (60 – 70 years) is 47 people (73,5%), majority of the elderly is women with a total of 48 people (70,3%).

Table 1.  
Characteristic of the elderly (n=64)

Characteristic	f	%
Age		
Elderly (60-74)	47	73,5
Moderate Elderly (75-90)	15	23,4
Most Elderly (> 90)	2	3,1
Gender		
Male	16	25
Female	48	75
Highest education		
Not attending the school	45	70,3
Elementary School/equal	14	21,9
Junior High School/equal	5	7,8

### Level of depression

Depression levels among the elderly at the Orphanage of Elderly Cepiring Kendal District are present in table 2 below.

Table 2  
Elderly Depression Level (n=64)

Depression Level	f	%
Mild	19	29,7
Moderate	37	57,8
Severe	8	12,5

Table 2 shows that the majority of respondents with depression levels in the elderly are in the moderate level (57.8%).

## DISCUSSION

### Characteristic of the elderly

#### Age

The result of the research shows that the majority of the elderly who stayed at the Orphanage Cepiring Kendal which the age of 60 – 74 years is 47 persons or 73,5 %, while 75 – 90 years is 15 persons or 23, 4 %, while above 90 years is only 2 persons or 3,1 %. Refer to Maryam (2011) the elderly couldn't avoid the natural aging process. The function of the organs of the elderly will be decreased gradually. National Commission for the Elderly 2010 explained that the degenerative condition makes the elderly prone to be sick, including depression. GS Mahli 2018 explained that the elderly prone to be depressed and change their life.

The result of the research shows that the elderly prone to be depressed, this is in line with the research conducted by Herawati and Deharnita (2019) shows that mostly the elderly have depression in the age of above 65 years was 72 respondents or 87,3 %, because of the elderly above 60 years physical and psychological condition change and could affect to depression. The result of the research in line with the research conducted by Setyarini (2016) shows that the elderly have mild depression in the age of 60 – 74 years were 17 respondents or 60,7 %. The research is in line with the research of PH, Anggraeni, Darwati, Susanti (2018) show that the majority of the elderly have depression in the age of 60 – 70 years were 98 respondents or 86,7 %, it was more than 50 % of respondents in the age of 60 – 74 years, because of change of health problem physically and psychologically.

The other inline research conducted by Sisi and Ismahmudi (2020) shows there was a significant correlation between age and depression level. Age is one of the risks of the occurrence of depression, the older of the elderly have an increase of the risk of depression. The elderly have changed the physical, psychological, economic, and spiritual that can affect the quality of life. Based on the research and some literature can be concluded by the researcher that age can affect the people prone to be depressed because of the changing physical, psychological, economic, social, spiritual that can affect the quality of life.

### **Sex**

The result shows that the majority of the elderly who lived in Orphanage of Elderly at Cepiring Kendal District were women of 48 persons or 75 %, compared to men only 25 %. Ingram R. (2016) explained that elderly women are more at risk to have depression compared to men because of the factors biological change, psychological, and social. Elderly women are more prone to have depression caused by the change of hormonal system and traumatic experience. The result of the research at the Orphanage of Elderly at Cepiring Kendal District found more women than men who have depression. Ibrahim (2011) explained that women are two times more frequently depression diagnosed than men because of hormonal changes during the menstruation cycle related to pregnancy, birth, and menopause.

The result of the research is in line with the research by Onya and Naihil (2013) that found the proportion of depression majority in women and there was a correlation between sex and depression occurrence. It can happen because of some related factors, one of the factors is that elderly women are more sensitive than men. It is in line with the research by Kurniasari (2014) stated that the majority of the women elderly have moderate depression 23 people or 39,7 % with a p-value is 0,045 ( $p < 0,05$ ) means there was a correlation between sex and the level of depression. Women more frequently have depression because of the environmental stressor and have a lower cut-off point on stressors than men.

This research is in line with the research by Prabhaswari, Putu, and Ariastuti (2015) shows that the majority of the elderly who has depression are women 16 people or 30,8 %. This is in line with research by Agus, Nyoman, and Wayan (2014), which shows the majority of elderly who have depression were women 40,0 % compared to men 17,5 %, because of the hormone change. This research is in line with research by Setyarini (2016) shows that the majority of the women elderly have depression 20 people (71,4 %) because of the women elderly own sensitive characteristics due to hormonal change. The result of the research conducted by Sutinah and Maulani (2017) explained that the majority of the women elderly have depression (67,7 %) because of living alone and the lack of social support. More often they have environmental stressors and have a lower cut-off point on stressors than men.

The result of the research of Sisi and Ismamudi (2020) found that there was a significant correlation between sex and the level of depression among the elderly. Women took depression earlier than men because of hormonal of the women unstable or affect depression and for the recovery process also longer since they use emotional against self problems. This research is not in line with the research conducted by Herawati and Dharnita (2019) stated that the majority which depressed were men of 54 respondents (66,7 %). While women only 27 people or 33,3 % with a p-value = 0,368 so there was no significant correlation between sex and depression occurrence.

Kaplan and Saddock (2010) stated that depression of people is affected by sexual hormones, social interaction, how to handle the problem, frequency, and reaction of the stress, different of social role and culture. Even though gender affects depression, the occurrence of depression same between women and men. This research is supported by the statement of Ibrahim (2011) on depression recurrences such as the trend of recurrence, frequency of recurrence, severity, and duration of recurrence, and the interval of recurrence is not different between women and men. The researcher can conclude that sex can affect the prone to depression, particularly women because of biological change, psychological and social.

### **The Highest Education**

The result of the research shows that the majority of the level of education among elderly at the social service of the elderly at the Cepiring Kendal District did not attend to the school of 45 people or 70,3 %, others are Elementary School 14 people or 21,9 %, junior high school 5 people or 7,8 %. It shows that the elderly who have depression mostly with an educational background did not attend school. This research is in line with the research conducted by Livere, Alley, and Crimmis (2010) stated that low educational level is related to depression, particularly among the elderly, because of cognitive degradation and bad physical health.

The proportion of depression in 70 years or above which low-level educational background was 11,5 %, while a high level of educational background only 3,5 %. The other research by Setyarini (2016) shows that the majority of the level of education among the elderly who have depression mostly did not attend the school of 13 people or 46,1 % because of the lower level of education effect on how to solve the problems, more longer will be affected to depression. The result of the research by Taamu, Nurjannah, Bau, and Baudin (2017) shows that the elderly who have depression mostly in elementary school level of 22 people or 53,7 %. Besides that, education is the important capital during cognitive development, which can be a mediator between reality and mood, hence lack of education can be a risk factor for the elderly to be depressed. The researcher thinks that the lower the education level so higher the level of depression of the elderly.

The research shows that the majority of the elderly did not attend school who have depression, it is in line with the research by Herawati and Dhernita (2019) is 77 people or 90,0 % shows that less opportunity to attend school and no education facility at the rural areas have a contribution to the occurrence of depression. Education, behavior, and lifestyle can affect people particularly to motivate the attitude and participation in health development. The people with higher education levels easier receive the information so more knowledgeable. Theory of Beck et all (1997) in Stewart (2014), in general, knows that education is the primary factor to cognitive development as the mediator between reality and mood, hence lack of education can be a risk factor for the elderly to be depressed (Khan, et all. 2009). A low level of education can affect cognitive function so improving confidence, providing skills to adapt to global change, and improving the quality of life among the elderly. The level of depression of the person can increase when the level of education is low (Charlotte, 2012).

In general, knows that the number of elderly who did not attend school up to elementary school is more than junior high school. It is in line with the condition of education of elderly in Indonesia were not good enough, the trend of low education level was 38,06% of the elderly did not go to school, did not graduate from elementary school 28,76 %, the total of elderly who have the level of education below elementary school was 70 % (Ministry of Health, 2015). Based on the result of the research and several kinds of literature, the researcher can conclude that a lower level of education has a high risk to have depression.

### **The level of depression**

The result of the research shows that the majority of the elderly at the Orphanage of the elderly at the Kendal District has moderate depressions were 37 people or 57,8 %, mild depression were 19 people or 29,7 %, and severe depression were 8 people or 12,5 %. It is in line with the research conducted by Muna (2014) that 60 % have depression. The prevalence of depression at the Social Service of the elderly boarding house at the Kendal District is lower than at the other boarding house according to Darmawan (2016) in his research (94,5 %) and Pae (2017) was 100 %.

The research by Muna (2013) explained that 24 of 40 of the elderly or 60 % have depression and the majority of them feel boring, which makes depression among the elderly. While the result of the research conducted by Darmawan (2016) explained that the majority of the elderly has depression were 94,5 % divided into moderate depression 52,5 %, mild depression 41,8 % and no depression 5,5 %, the caused of depression was sadness since their family delivers the elderly to the boarding house, so that the elderly have perception will be lossed their family. This research is in line with the research conducted by Inayati and Ichsan (2018) stated that there was a significant correlation between family support with the level of depression with the p-value 0,001. Family support will be used to reduce the level of depression among the elderly, source of family support is an important aspect to know and understand by the family and the elderly itself.

The result of the research of Wardani and Sari (2014) explained that the majority of the level of depression of respondents is moderate, which means to show there was a significant correlation between the level of depression and social interaction at the Sobokerto Village. Pae (2017) explained that the majority of the elderly who lived at the boarding house were moderate depression. This is because the elderly who lived with the family have more attention compared to the elderly who live at the boarding house, they feel left out by the family. The result of Latue, Widodo, and Widiani (2017) stated that family support with the level of depression among the elderly who stayed at the Orphanage of Wreda Malang were 22 people or 73,3 % with good family support.

The result analysis shows that the p-value of 0,000 is  $< 0,05$  meaning there was a significant correlation between family support with the level of depression among the elderly at the Orphanage of the Elderly at the Cepiring Kendal District. Adams (2010) explained that moderate depression is caused by long-term less mood and personally have physical symptoms although different from others. The occurrence of the depression among elderly at the Orphanage of the Elderly at the Cepiring Kendal District is very closely related to many factors namely age, sex, low level of educational background, and living environment.

According to Kaplan and Saddock (2010), one of the factors that could affect depression is family support. According to Santosa and Ismail (2009), family support is important for the elderly to prevent depression, looks like did not have proper attention from the family. Based on the result of the research and some literature could be concluded by the researcher that the elderly need family and social support to be happy and prosperous. Family and social support have an important role to be given to the elderly to have mental health better and the opportunity to reduce the level of depression.

## CONCLUSION

The characteristic of the elderly at the Orphanage of Elderly at Cepiring Kendal District who has depression is the majority in the age of 60 – 74 years, women and did not attend the school. The level of depression among the elderly was a moderate level of 37 respondents or 57,8 %.

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