Differences of Social Interaction at Depression Level between Elderly that Lives in Kelurahan Sukolilo Baru and at Panti Hargo Dedali of Surabaya

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Abstract

As they get older, older people can withdraw from social life. This caused a feeling of uselessness so that this condition was prone to depression. The aim of this research determined the differences in social interaction on the level of depression between the elderly who lived in Kelurahan Sukolilo Baru and the elderly who lived Panti Jompo Hargo Dedali Surabaya. The research method used a cross-sectional design. The research population was 30 elderly who lived in kelurahan Sukolilo Baru and 39 elderly who lived in Panti Hargo Dedali Surabaya. The research indicated that social interaction was sufficient (66.6%) and the level of depression was moderate (3.3%) in the elderly who lived in Kelurahan Sukolilo Baru, while the interaction was sufficient and the level of depression in the elderly who lived in Panti Hargo Dedali Surabaya was less (48, 7%), and moderate depression rates were higher (28.2%). The statistical test showed that there were differences in social interactions and levels of depression between the elderly who lived in Sukolilo Baru and those who lived in Hargo Dedali Surabaya. The value obtained in Sukolilo Baru was $\rho = 0.023$. There was a difference in social interaction with the level of depression between the elderly who lived in Panti Hargo Dedali Surabaya.

Keywords: Social Interaction, Depresion, Elderly, Residance

Introduction

Old age is considered a critical period of human life. Elderly people (elderly) need to interact with others to ask for help when they need it as a means of satisfying their emotional needs ^{1,2}. However, with increasing age the elderly can withdraw from social life. This causes a feeling of uselessness so that this condition is prone to depression ³. Depression symptoms are a psychological problem that often occurs in the elderly ⁴ According to the World Health Organization (WHO), depression is a major cause of disability worldwide and is a major cause of disability. the main contributing factor to the overall global disease burden ⁵.

Worldwide, the prevalence rate of elderly depression in the general population varies and ranges between 10% and 55% while in the institutionalized elderly it ranges from 34.6% -77.5% ⁶. Depression in the elderly in Indonesia according to the Indonesian Ministry of Health, (2017) was 11.6% and in East Java the incidence of depression in the elderly is 7.18%.

Several researchers have shown the benefits of living in a nursing home such as peer relationships, access to care and health facilities. However, placing the elderly in a home causes many problems ⁷. When an elderly person is in a nursing home, the elderly is likely to be physically, psychologically, emotionally and economically dependent ². The elderly who lives at home are physically, psychologically and satisfactorily higher than the elderly who lived in the orphanage because the elderly is related to their home. The elderly feels safer and have a positive feeling ⁸

The living environment for the elderly varies, namely, it is divided into the elderly who lives in nursing homes and the elderly who lives at home ⁹. Based on Pae's research, (2017) the proportion of depression in the elderly who lived at home experiences mild depression while the elderly who lived in nursing homes experience moderate depression¹⁰.

According to Izza & Munir (2010) that the solution for the elderly who are in nursing homes is to do recreational activities, exercise together, teach various skills and worship. Meanwhile, the solution for the elderly who lived at home is social support because the presence of other people is very influential in providing encouragement, assistance, comfort and attention in order to reduce the level of depression in the elderly 2 This research can analyze differences in social interactions. on the level of depression between the elderly who lived in Sukolilo Baru district and the elderly who lived in Panti Hargo Dedali Surabaya.

Methodology

This research used a cross-sectional design because it measured the dependent and independent variables together. The population in this research were young elderly people in Kelurahan Sukolilo Baru and Panti Hargo Dedali Surabaya. The sampling technique used was total sampling. Meanwhile, data collection using a questionnaire and data analysis using the Mann-Whitney test.

Research Result 3.1 Distribution of Respondents by Age of

Age of Kelurahan Sukolilo Baru			
Category	(f)	(%)	
60-69 Years	4	10.2	
70-79 Years	25	64.1	
>80 Years	1	2.5	
Total	30	100	

Based on table 1 respondents in Kelurahan Sukolilo Baru was mostly 70-79 years as many as 25 elderly (64.1%), and the lowest level is> 80 years old as many as 1 elderly (2.5%).

Age of Panti Hargo Dedali Surabaya			
Category	(f)	(%)	
60-69 Years	9	23	
70-79 Years 20		51.2	
>80 Years	10	25.6	
Total	39	100	

Based on table 2, respondents at Panti Hargo Dedali Surabaya are mostly 70-79 years old as many as 20 elderly (51.2%), and the lowest level is> 80 years old as many as 10 elderly (25.6%).

Gender of Kelurahan Sukolilo Baru			
Category	(f)	(%)	
Female 25 83.3		83.3	
Male 5		16.6	
Total	30	100	

3.2 Distribution of Respondents by Gender

Based on table 3, it showed that most of the respondents in Kelurahan Sukolilo Baru were female as many as 25 elderly or 83.3% and male gender as many as 5 elderly (16.6%).

Gender of Kelurahan Sukolilo Baru			
Category	(f)	(%)	
Female	39	100	
Male	0	0	
Total	39	100	

Based on table 4, it showed that most of the respondents who were at Panti Hargo Dedali Surabaya were 39 elderly (100%) female and none of them were male.

Education in Kelurahan Sukolilo Baru			
Category	(f)	(%)	
Elementary school	6	15.3	
Junior High School	16	41	
Senior High School	5	12.8	
University	3	7.6	
Total	30	100	

3.3 Distribution of Respondents Based on Education

Based on table 5 in Kelurahan Sukolilo Baru, most of them have junior high school education as many as 16 elderly (41%), and the lowest level was tertiary education with 3 elderly (7.6%).

Category	(f)	(%)
Elementary School	10	25.6
Junior High School	17	43.5
Senior High School	8	20.5
University	4	10.2
Total	39	100

Education at Panti Hargo Dedali Surabaya

Based on table 6 at Panti Hargo Dedali Surabaya, most of them have junior high school level as many as 17 seniors (43.5%), and the lowest level is higher education with 4 elderly (10.2%).

3.4 Identifying social interactions among the elderly who lived in Sukolilo Baru Village and the elderly who lived in the Hargo Dedali orphanage, Surabaya.

Social Interaction	(f)	(%)
Good	10	33,3
Enough	20	66,6
Total	30	100

In table 7, Social Interaction in Kelurahan Sukolilo Baru, most of the social interactions were 20 elderly (66.6%) and the lowest level was good social interaction as many as 10 elderly (33.3%).

Social Interaction	(f)	(%)
Good	10	25,6
Enough	19	48,7
Less	10	25,6
Total	39	100

In table 8 Social interaction at the Panti Hargo Dedali Surabaya, most of the social interactions are sufficient as many as 19 elderly (48.7%) 10 elderly (25.6%) had good social interaction, and 10 elderly (25.6%) had less social interaction.

3.5 Identifying the level of depression in the elderly who lived with their family in Kelurahan Sukolilo Baru and the elderly who lived in Panti Hargo Dedali, Surabaya.

Depression	(f)	(%)
Not depressed	3	10
Mild	26	86.6
Moderate	1	3.3
Total	30	100

In table 9 in Kelurahan Sukolilo Baru, it was found that most of the mild depression level was 26 elderly (86.6%), and the lowest level was moderate depression level. as much as 1 elderly (3.3%).

Depression	(f)	(%)
No depression	25	7.6
Mild	25	64.1
Moderate	11	28.2
Total	39	100

In table 10 at Panti Hargo Dedali Surabaya, most of the levels of mild depression were 25 elderly (64.1%), and the lowest level was no symptoms as many as 3 elderly (7.6%).

3.6 Analyze the difference between social interactions and the level of depression between the elderly who lived in Kelurahan Sukolilo Baru and the elderly who lived in Panti Hargo Dedali, Surabaya.

Test of Mann Whitney				
Variable	Place	Mean	Z	Sig.(2-tailed)
Social Interaction	Kelurahan Sukolilo Baru	30.1	- 1, 972	0.049
	Panti Hargo Dedali	38,7		

Based on the table 11, the results of Mann Whitney's data analysis on the social interaction variable showed that a significant difference in the value of Sig. (2-tailed) is 0.049 with a Z value of -1.972, which meant that the value is less than 0.05 so that there is a difference in social interaction in Kelurahan Sukolilo. New with Panti Hargo Dedali Surabaya.

Based on table 12, the results of analysis of data *Mann Whitney's* on the depression variable showed that the difference in value was significant, which means the value was less than 0.05, so there is a difference between depression in Kelurahan Sukolilo Baru and Panti Hargo Dedali Surabaya.

Discussion

4.1 Identifying social interactions among the elderly who lived in Kelurahan Sukolilo Baru and the elderly who lived in Panti Hargo Dedali, Surabaya.

Based on table 1, it was known that social interaction among the elderly who lived in Kelurahan Sukolilo Baru has obtained 10 elderly social interaction data (33%), social interaction was sufficient for 20 elderly (66.6%) and lack of social interaction. Whereas in table 2 it was known that social interaction among the elderly who lived at Panti Hargo Dedali Surabaya had 10 good social interaction data (25.6%), enough social interaction was 19 elderly (48.7%) and less social interaction was 10 elderly (25.6%).

Elderly in the home spend most of their day doing little or no activities while remaining in a lying or sitting position, without social interaction, and they rarely engage in meaningful activities ¹¹. However, an elderly person who lived in nursing home with good social interaction usually had high enthusiasm or motivation in existing activities such as exercising together and making handicrafts ¹². As previous research stated that the social interaction of the elderly is sufficiently supported by activities in the orphanage such as gymnastics and skills ¹³.

One of the reasons for someone who had sufficient social interaction at home is that they are still actively participating in groups in the home environment ⁸. From here the elderly can exchange ideas so that the elderly felt comfortable and did not lose their social role¹⁴.

4.2 Identifying the level of depression in the elderly who lived with their family in kelurahan Sukolilo Baru and the elderly who lived in the Panti Hargo Dedali, Surabaya.

Based on Table 3, it was known that the level of depression in the elderly who lived in Kelurahan Sukolilo Baru showed that there were no depression data as many as 3 elderly (10%), the level of mild depression was as many as 26 elderly (86.6%), the level of moderate depression was 1 elderly (3,3%) and the degree of major depression was absent. Most of the levels of depression in the elderly who lived in Kelurahan Sukolilo Baru

were mild depression.

Whereas in table 4, it was known that the level of depression in the elderly who lived at Panti Hargo Dedali Surabaya was obtained by no depression data of 3 elderly (7.6%), the level of mild depression was 25 elderly (64.1%), the level of moderate depression was 11 elderly (28.2%) and degree of major depression does not exist. Most of the levels of depression in the elderly who lived in Panti Hargo Dedali Surabaya were mild depression.

One of the factors that can cause stress to the elderly who were in the orphanage was not having a family, loneliness, and self-isolation ¹⁵. The factor of staying at home depression was caused by decreased social support because the respondent's family members had their own activities such as working, researching, so they did not have much time to interact with the elderly ⁸. Decreased activity after retiring the elderly after losing their position or retiring can experience a decrease in activity¹⁶. This was due to the loss of friends and jobs; it was in this phase that the elderly began to lose their social role. The depression factor that lived in the nursing home was caused by the feeling of being wasted. The elderly who suddenly had to move to another home can feel that they were no longer useful because they felt that their family's attention had decreased.

4.3 Analyze the differences between social interactions and levels depression between the elderly who lived in Kelurahan Sukolilo Baru and the elderly who lived in Panti Hargo Dedali, Surabaya.

Based on the results of the research showed that there was a difference in social interaction with the level of depression between the elderly who lived in Kelurahan Sukolilo Baru (ρ = 0.049) and those who lived in Panti Hargo Dedali Surabaya (ρ =0.023). The results also showed that there were more elderly people who experienced enough social interaction in Kelurahan Sukolilo Baru than in Panti Hargo Dedali Surabaya. From the research data, most of the elderly who experienced enough social interaction in Kelurahan Sukolilo Baru were 20 elderly (66.6%), and those in Panti Hargo Dedali Surabaya were 19 elderly (48.7%). The results of the research on the level of depression also showed that the elderly with moderate depression level in Kelurahan Sukolilo Baru were less than in Panti Hargo Dedali Surabaya. From the research data obtained, most of the elderly who experienced moderate depression in Kelurahan Sukolilo Baru were 1 elderly (3.3%), and 11 elderly at Panti Hargo Dedali Surabaya (28.2%).

This was also the same as the results of the research (Pae, 2017) which states that the level of depression in the elderly who lived at home is less than the elderly who lived in an institution because the age factor of the elderly who lived in the institution tends to be older than the elderly who lived at home. Juliana Sukmawati (2008) states that there is a very significant relationship between family support and depression levels in the elderly. Elderly who received high family support were less at risk of experiencing depression 8.33 times compared to elderly with moderate family support. One such family support in principle the communication is a communication.¹⁷

Conclusion

The social interaction was sufficient for the elderly who lived in Kelurahan Sukolilo Baru more than the elderly who lived in Panti Hargo Dedali Surabaya. The level of depression in the elderly who lived in Sukolilo Baru Village is less than the elderly who lived in Panti Hargo Dedali Surabaya. There was a difference in social interaction with the level of depression between the elderly who lived in Kelurahan Sukolilo Baru and the elderly who lived in Panti Hargo Dedali Surabaya.

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Ethical Approval : This study was approved by the Health Research Ethics Committee (KEPK) University Muhammadiyah of Surabaya with number 024/KET/II.3/AU/F/2019. All participants were providede with a participant information sheet written in Bahasa Indonesia, and they signed the consnt from prior to

participating in the study

References

- Sharghi, A., Zarghami, E., & Salehi Kousalari F. A Systematic Analytical Research about the Effective Criteria on the Life Quality in Nursing Homes. J Gerontol. 2018;2(3):44–56.
- Theurer, K., Mortenson, WB, Stone, R., Suto, M., Timonen, V., & Rozanova J. The need for a social revolution in residential care. J Aging Stud. 2015;35:201–10.
- Benjamin J, K., & Jack A S. Synopsis of Psychiatry: Clinical Psychiatric Behavioral Science. Character Building; 2010.
- Zhao, X., Zhang, D., Wu, M., Yang, Y., Xie, H., Li, Y., Jia, J., & Su Y. Loneliness and depression symptoms among the elderly in nursing homes: A moderated mediation model of resilience and social support. Psychiatry Res. 2018;268:143–51.
- World Health Organization. Mental health of older adults [Internet]. 2018. Available from: https:// www.who.int/news-room/fact-sheets/detail/ mental-health-of-older-adults
- Shrestha, K., Ojha, SP, Dhungana, S., & Shrestha S. Depression and its association with quality of life among elderly: An elderly home- cross sectional research. Neurol Psychiatry Brain Res. 2020;38:1– 4.
- Atadokht, A., Zare, R., & Karamati Topraghloo N. The Relationship Between Social Interest and General Health Among Elderly Non-Resident and Resident at Geriatric Centers of Ardabil City. J Heal Educ Heal Promot. 2015;3(2):141–9.
- Pae K. Differences in the level of depression in the elderly who livedd in nursing homes and those who livedd at home with their families. Ners Lentera J. 2017;5(1):21–32.
- Parasari, Gusti Ayu Trisna and Lestari M. Lansia In Sading Village. J Psychol Udayana. 2015;2(1):68– 77.
- Pramesona, BA, & Taneepanichskul S. Prevalence and risk factors of depression among Indonesian elderly: A nursing home-based cross-sectional research. Neurol Psychiatry Brain Res. 2018;30.
- De Boer, B., Hamers, JPH, Zwakhalen, SMG, Tan, FES, Beerens, HC, & Verbeek H. Green Care Farms as Innovative Nursing Homes, Promoting Activities and Social Interaction for People With

Dementia. J Am Med Dir Assoc. 2017;18(1):40-6.

- Enawan Selantoro, Nuri Nazari CSH. Hubungan Kemandirian Lansia Dengan Stress Di UPTD Rumoh Seujahtera Geunaseh Sayang Ulee Kareng Kota Banda Aceh. J Aceh Merdeka. 2018;2(1).
- Izza, EL & M. Hubungan Depresi Terhadap Interaksi Sosial Lansia Di UPTD Griya Werdha Jambangan Surabaya. NERSMID J Keperawatan dan Kebidanan. 2018;1(2):91–102.
- Seddigh, M., Hazrati, M., Jokar, M., Mansouri, A., Bazrafshan, MR, Rasti, M., & Kavi E. A comparative research of perceived social support and depression among elderly members of senior day centers, elderly residents in nursing homes, and

elderly living at home. Iran J Nurs Midwifery Res. 2020;25(2):160–5.

- Suaib M. Stressor and Coping Mechanisms for the Elderly at the Budi Luhur Yogyakarta Tresna Werdha Social Home. Universitas Muhammadiyah Yogyakarta; 2007.
- Disu, TR, Anne, NJ, Griffiths, MD, & Mamun M. Risk factors of geriatric depression among elderly Bangladeshi people: A pilot interview research. Asian J Psychiatr. 2019;4(6):163–9.
- Tamher & N. Kesehatan Lansia dengan Pendekatan Asuhan Keperawatan. Jakarta: Salemba Medika; 2009.