DESCRIPTION OF DEPRESSION AMONG ELDERLY WHO LOSS THEIR SPOUSE IN PANDES WEDI KLATEN

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PENELITIAN

GAMBARAN DEPRESI PADA LANSIA YANG KEHILANGAN PASANGAN HIDUP DI DESA PANDES KECAMATAN WEDI KABUPATEN KLATEN

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ABSTRAK

Ketidakmampuan lansia untuk menyesuaikan diri dengan kehilangan pasangan hidupnya akan berakibat pada keadaan psikologis, seperti terjadinya gangguan emosi, kesendirian, kemurungan, kesedihan, kehilangan harapan, merasa putus asa dan perasaan bersalah sehingga resiko depresi pada lansia akan muncul, maka seorang lansia harus dapat melalui proses berduka yang terjadi setelah pasangan hidupnya meninggal. Tujuan penelitian ini adalah untuk mengetahui gambaran depresi pada lansia di Desa Pandes Kecamatan Wedi Kabupaten Klaten. Jenis penelitian yang digunakan adalah kuantitatif dengan metode deskriptif menggunakan pendekatan cross sectional. Pengambilan sampel menggunakan purposive sampling didapatkan 41 responden yang kehilangan pasangan hidupnya antara 4 sampai 24 bulan. Hasil penelitian yang dikumpulkan menggunakan kuesioner Geriatric Depresion Scale (GDS) didapatkan sebanyak 18 responden tidak mengalami depresi setelah pasanganya meninggal, kemudian sebanyak 19 responden mengalami depresi ringan, 4 responden mengalami depresi sedang dan tidak ada responden yang mengalami depresi berat. Ditinjau dari jenis kelamin, tertinggi adalah lansia perempuan yangtidak mengalami depresi, lansia perempuan menjawab lebih suka untuk melakukan kegiatan (seperti mengikuti posyandu dan pengajian) sehingga lansia perempuan dapat merasa bahagia dan merasa bersemangat untuk menjalani hidupnya setelah pasangan hidupnya meninggal. Ditinjau dari usia, tertinggi adalah lansia kategori *elderly* yang tidak mengalami depresi, lansia kategori elderly berpikir bahwa masih ada harapan untuk menjalani hidup setelah pasanganya meninggal. Ditinjau dari lamanya waktu kehilangan, tertinggi adalah padalast phaseyang mengalami depresi ringan, lansia padalast phase merasa tidak berharga, tidak bersemangat dan bosan setelah pasanganya meninggal serta lebih suka tinggal dirumah daripada mengikuti kegiatan dalam masyarakat.

Kata Kunci : Lansia, Depresi, Kematian Pasangan Hidup

RESEARCH

DESCRIPTION OF DEPRESSION AMONG ELDERLY WHO LOSS THEIR SPOUSE IN PANDES VILLAGE WEDI DISTRIC KLATEN CITY

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ABSTRACT

Elderly inability to adjust to the loss of their spouse will result in psychological states, such as the occurrence of emotional distress, loneliness, melancholy, sadness, loss of hope, despair and guilt, the risk of depression in the elderly will appear, then an elderly person should be able to go through the process mourning that occurs after the spouse dies. The purpose of this study is to describe the depression in the elderly in the village Pandes Wedi Klaten. This type of research is quantitative descriptive cross-sectional approach. Sampling using purposive sampling obtained 41 respondents. The research results are gathered using questionnaires Geriatric Depression Scale (GDS) obtained a total of 18 respondents did not experience depression after her partner died, then as many as 19 respondents experiencing mild depression, and 4 respondents had moderate depression and no respondents who are severely depressed. The level of depression of elderly in terms of gender, more older women are depressed, it is because women experience more psychosocial distress than men. The level of depression of elderly in terms of age found in many old category, because the older the person will experience a variety of changes, both physical and psychological changes that affect the acceptance of the death of a spouse. The level of depression of elderly in terms of the length of the pair lost a lot going on last phase, it can be influenced by the support and acceptance of the death of a spouse, as well as elderly remind with a partner who has died will return create a feeling of no confidence against the death that has occurred in his life partner.

Keywords: Elderly, Depression, Loss of Spouse

INTRODUCTION

World According to the Health Organization (WHO) in 2013 the number of elderly in the world has reached 800 billion people. While the number of elderly people in Indonesia tend to increase from year to year, according to data from the Office of the Coordinating Ministry for People's Welfare (Welfare) estimated in 2020 the number of elderly in Indonesia will reach 28.8 million people. Meanwhile, according to Statistics Indonesia (2013), Central Java province is included in the category of having a number of elderly people, which is about 11.16% of the total population (Yasami, 2013; Ministry of Social Affairs of Indonesia, 2007; Statistics Indonesia, 2013).

THEORY

1. Concept Elderly

According to the World Health Organization (WHO) in Indriana (2012), the age category for the elderly include:

- a. Elderly, are the age group between 60 and 74 years,
- b. Old, is the age group ranging from 75 to 90 years,
- c. Very old, is the age group above 90 years.

2. Loss

Grieving is a normal response to loss or death suffered through feelings, behavior, and emotional distress. Grieving is the process of shifting past the pain caused by loss (Meiner, 2006).

According to Kubler-Ross in Meiner (2011), there are three stages of grieving in an elderly person is:

a. Shock and disbelief, the feeling of emptiness, loss and confusion experienced by the elderly. These feelings lead to excessive grief, called the initial phase (early)

- that occurred in the first months (range 3 months).
- b. Preoccupation with the memory of the dead person, the elderly are left trying to understand the death but have not been able to receive it. Elderly will recall the death of his life partner when there are special events related to the partner, so-called middle phase (middle), which ranged from 4 to 11 months.
- c. Resolution, which is the final stage which arise when the elderly are left to try new activities and try to believe in the death of his life partner, called the final phase (last phases) that ranged from 12 to 24 months or more.
- 3. Signs and Symptoms of Depression in Elderly

According Baldessarini and Calandra in Meiner (2006), signs and symptoms of depression in the elderly can be seen 6 to 12 weeks after the death of a spouse. Some signs and symptoms, namely:

- a. Changes in feelings, such as feeling unwell, fatigue, lack of interest, inability to express desires, feelings of uselessness, hopelessness, decreased independence, and anxiety.
- b. Cognitive changes, such as the inability to concentrate, paranoria, agitation, rapprochement on the experience of past failures, thinking about death, and thoughts of suicide.
- c. Changes in behavior, such as can not meet the needs of life (ADL), decreased appetite, insomnia, decreased physical health, and withdrew from the various activities.

d. Physical changes, such as muscle pain, abdominal pain, constipation, nausea and vomiting, dry mouth, and pain in the head.

4. Level of Depression

Stanley (2007), reveal the level of depression in the elderly can be measured using the Beck Depression Inventory questionnaire, Short Portable Mental Status Questionnaire (SPMQ) or Geriatric Depression Scale (GDS).

According Yesavage and Brink in (2007), a questionnaire Geriatric Depression Scale (GDS) can be used in the elderly who have a medical disease and mild to moderate cognitive impairment in acute or long-term condition, also can be used in healthy elderly as a screening assessment of depression. Contraindications to the use questionnaires Geriatric Depression Scale (GDS) is the elderly who already have a diagnosis of mental illness before.

According to Indriana (2012), levels of depression were divided into mild, moderate and severe, the level difference lies in the clinical assessment, including the number, sign and symptoms were found.

- a. Mild depression, for about 2 weeks and almost every day experiencing symptoms of depression such as feelings of disturbance, loss of interest, excitement and lack of passion for doing the activity and fatigue.
- b. Moderate depression, the above circumstances experienced by approximately 2 weeks with additional symptoms, the concentration was reduced, guilt and useless, hopeless, thinking to

- commit suicide, disturbed sleep and appetite decreased.
- c. Severe depression, the symptoms mentioned above have led to psychosocial barriers, defective function of employment, social relationships and daily activities.

RESEARCH METHODOLOGY

This type of research used in this research is quantitative descriptive cross-sectional approach (Hidayat, 2008). This study was conducted on 6 until 17 September 2014 Pandes Wedi Klaten. Total sample of 41 elderly people who have lost their spouse between 4 to 24 months using purposive sampling. Collecting data using questionnaires Geriatric Depression Scale (GDS) with 15 questions.

RESULTS AND DISCUSSION

1. Depression

Table 1. Distribution of frequency based on the incidence of depression

Occurrence	Persentage (%)	
No depression	18	43,9
Mild	19	46,3
Moderate	4	9,7
Total	41	100

The results obtainedwith the41respondents, shows total of 18respondents(43.9%) did not experiencedepressionafterher partnerdied, thenas many as 19respondents(46.3%) experiencedmilddepression, and4respondents(9.7%) had moderatedepression.

Elderly who are not depressed revealed that after her partner died they would rather leave the house to do an activity to get support from others so that the elderly are happy with the life lived after the death of their spouse. The situation is

consistent with the results of research by Monk et al (2012), which revealed that the activity and interact with the elderly community will get the support that the elderly will avoid feelings of loneliness

Elderly who experience mild depression mentions that he has left the activities (such as fishing, growth monitoring sessions, lectures, and cooperation), they are also afraid of something that would happen to him (such as fear of living alone). According to research by Yasami (2013), which states that the elderly who have left their activities in the community at risk for experiencing depression.

Elderly who are moderate depressed are added that he was not excited, bored and unhappy and lost hope to live after her partner died. The elderly also have left their activities and would rather stay at home than do activities outside the home, it is in line with the opinion Meiner (2006), which revealed that the deceased spouse would cause the elderly left behind feel the loss of a friend so that elderly people assume that he has lost the support (social support) and was not eager to live his life.

2. Depression by Gender

Table 2. Distribution of the frequency of depression by gender

	frequency of depression by gen				
	Level of	Ger	Gender		
	deppresi on	Male	Female		
	Mild	10	9	19	
Moderate		(90,9%)	(75%)	(82,6%)	
	1	3	4		
		(9,1%)	(25%)	(17,4%)	
	Total	11	12	23	

Based on thedata obtained, it was found thatelderlymenwho experiencemilddepressionby

10respondents(90.9%) and those withmoderatedepressionasonerespon dent(9.1%), and elderlywomenwho experiencemilddepressionas much as9respondents(75%) and with depressionareas much as 3respondents(25%).

Elderly women who are depressed answered prefers to perform activities (such as neighborhood health center follow the recitation) so that elderly women can feel happy and feel eager to live his life after his partner died. Santrock (2005), revealed that most elderly women have social support to re-engage in the family, neighbors, and peers after her partner died.

Elderly who experience mild depression most were men, after his wife's death, the elderly man was no longer have any friends to talk (discussion), the circumstances make the elderly feel worthless and helpless so that the elderly tend to prefer to stay at home and leave activities. this is in accordance with the opinion of Papalia (2012), namely elderly men tend to harbor feelings (do not want to share the problem).

Moderate depression are elderly women. Elderly women who are depressed are revealed that had been left in the conference in community and the emerging feelings of uselessness, boredom, anxiety towards life to be passed and was not happy, it corroborated by research Minton, (2004), elderly women are more sensitive to confront problems that occurs (using the feeling) and negative thoughts always appear so increases the risk of depression.

3. Depression by Age Table 3. Distribution of the frequency of depression by age category

<u>category</u>				
Level of	Age		_	
depressi on	Elderly	Old	Total	
Mild	7	12	19	
	(87,5%)	(80%)	(82,6%)	
Moderate	1	3	4	
	(12,5%)	(20%)	(17,4%)	
Total	8	15	23	

Based on thedata obtainedit was found thatthe elderlyinthe categoryElderlywho experiencemilddepressionby 7respondents(87.5%) those withmoderatedepressionasoneof the respondents(12.5%), thenthe elderlyinoldcategoriesareexperienci ngmilddepressionas much as12respondents(80%) andwith depressionareas much as 3respondents(20%).

Elderly who are not depressed most of whom are elderly category, this is because the elderly in the category still think that there is still hope to live after her partner died. According to research conducted by McDougall et al (2007), the elderly can avoid the risk of depression if the elderly still have hope for life, so that the elderly still have a business to achieve it.

Elderly who have mild depression and moderate depressed are old category, mostly elderly old category has been left in the conference in society and often experience boredom and often forgotten or confused, this is according to research by McDougall et al (2007), that the older the age of the person can succumb to various kinds of changes, both physical and

psychological changes that affect the acceptance of the death of their spouse so that the risk of depression in the elderly is higher old age.

4. Depression of Loss Spouse by Time
Table 4. Distribution of the
frequency of depression based on
the time lost of spouse

Level of	Time lost of		
depressi	spouse		Total
on	Early	Middle	_
Mild	7	12	19
	(77,8%)	(85,7%)	(82,6%)
Moderate	2	2	4
	(22,2%)	(14,3%)	(17,4%)
Total	9	14	23

Based on the data, it was found elderlyintheearlyphase thatthe ofexperiencingmilddepressionby 7respondents(77.8%) andwith depressionareas as 2of respondents(22.2%), thenthe elderlyinthemiddlephase ofexperiencingmilddepressionas as12respondents(85.7%) much andwith depressionareas much as 3respondents(14.3%).

Genesis nondepressed elderly highest in last phase phase, most of the elderly still have hope after her partner died and was eager to carry out activities in the community, this is in accordance with the expression Meiner (2011), that in the last phase phase elderly emotional state will return to normal and the elderly will return to activity after her partner died.

Then the most experienced mild depression is the last phase of phase. Elderly feel worthless, do not get excited and tired after her partner died and prefer to stay at home rather than take part in society, which is in line with research Nihtila et al (2008), feelings of

worthlessness and helplessness that comes after death resulted elderly couple feel sad and loss so that the elderly prefer to be alone in the house.

At the level of depression is, there are respectively 2 elderly in the middle phase and last phase, the elderly in the middle phase and last phase of feeling hopeless after her partner died and was not excited, worthless and tired, the elderly have left the activities in the community and also prefer to stay at home. Baldessarini and Calandra in Meiner (2006), revealed that the time in mourning phase that occurs in the elderly can be shifted, depending on the readiness of the elderly who underwent the grieving phase.

CONCLUSIONS AND RECOMMENDATIONS Conclusion

The highest level overview of elderly depression moderate is depression, elderly showed that he had left the activities (such as fishing, growth lectures. sessions, monitoring cooperation), they are also afraid of something that would happen to him (such as the fear of living alone). In terms of gender, the highest is elderly women who are not depressed, the elderly woman answered prefers to perform activities (such as neighborhood health center and follow the recitation) so that elderly women can feel happy and feel eager to live his life after his partner died. In terms of age, the highest category of Elderly elderly who are not depressed, elderly Elderly category still think that there is still hope to live after her partner died. Judging from the length of time lost, the highest is in the last phase experiencing mild depression, the elderly in the last phase of feeling

worthless, do not get excited and tired after her partner died and prefer to stay at home rather than take part in society.

Suggestion

- 1. It is expected thatfurther researchtoaskthe age oftheelderlyorelderlyrelativesto be moreconvincing.
- 2. For further researchis expectedin orderto addsomefactors that causedepressionelderlysoknownfactor s that can affect depression in the loss of a spouse.
- 3. For the village officials (RT or RW) and the family is expected topay attention to the welfare of the elderly, especially elderly people who live alones oavoid the risk of depression.

REFERENCES

Data Statistik Indonesia. (2013).

Available at http://www.datastatistik-indonesia.com/portal/index.php?option=com_supas&task=&Itemid=972 diakses pada tanggal 7 Desember 2013

Hidayat, Aziz A. (2008). Metode Penelitian Keperawatan dan Teknik Analisis Data. Jakarta: Salemba Medika

Indriana, Yeniar. (2012). *Gerontologi* dan Progeria. Jogjakarta: Pustaka Pelajar

Kementrian Sosial RI. (2007). Penduduk Lanjut Usia di Indonesia dan Masalah Kesejahteraanya.

Available at http://www.kemsos.go.id//modules.php?name=News&file=article&sid=522diakses pada tanggal 7
Desember 2013

McDougall, Fiona A., Kari Kvaal, Fiona E. Mathews, Eugene Paykel, Peter B. Jones, Michael E. Dewey, Carol Brayne. (2007). Prevalence of depression in older people in

- England and Wales. *Journal Of Psychological Medichine*. ProQuest 37, 1787-1795. DOI: 10.1017/S0033291707000372
- Meiner, Sue E. (2011). *Geriatric Nursing* (4th ed.). Philadelphia:
 Mosby Elsevier
- Meiner, Sue E., & Annette G. Lueckenotte. (2006). *Gerontologic Nursing* (3th ed.). Philadelphia: Mosby Elsevier
- Minton, Mary E. (2006). Widowhood:

 The First Anniversary Spousal
 Bereavement Related Stress and
 Well Being in Older Women.
 ProQuest. UMI number
 3.2006/32445-40
- Monk, Timothy H., Marissa K. Pfoff, dan Joette R. Zarotney. (2012). Depression in the spousally bereaved elderly: correlations with subjective sleep measures. Journal Depression Research *Treatment.* Hindawi **Publishing** Corporation Volume 2013, Article ID 409538. pages DOI:10.1155/2013/409538
- Nihtila, Elina dan Pekka Martikainen. (2008). Institutionalization of older adults after the death of a spouse. *American Journal Public*

- *Health*;98:1228–1234. DOI:10.2105/AJPH.2007.119271
- Papalia, Diane E & Ruth Duskin Feldman. (2012). Experience Human Development (12th ed.). New York: Mc Graw-Hill
- Santrock, John W. (2005). *Life Span Development*. New York: Mc Graw-Hill Companies
- Stanley, Mickey & Patricia Gauntlett Beare. (2007). Buku Ajar Keperawatan Gerontik (Nety Juniarti & Sari Kurnianingsih, Penerjemah). Jakarta: EGC
- Yasami, M.T., T. Dua., M. Harper., & S. Saxena. Mental health of older adult: addresing a growing concern. *Journal of Mental Health and Substance Abuse*. ProQuest volume 2013, Article ID 972194, 6 pages

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