

URGENT FACTORS RELATED TO THE INCIDENCE OF DEPRESSION IN ELDERLY IN KORONG TOBOH WORK AREA PUSKESMAS KAMPUNG DALAM

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Abstract

According to the survey results of the World Health Organization (WHO) 1990 every year there are 100 million cases of depression (Handajani, 2003). It is estimated that in the future (2020) Developing countries in disease patterns will change, ie unipolar major depression will replace respiratory diseases as the top down (Amir, 2005). The purpose of the study to determine the factors associated with mental disorders (*depression*) in the elderly dikorong Toboh Puskesmas village in 2014. Depression is a mood disorder. Mood is the atmosphere that is pervasive and persistent feelings experienced internally and that affects a person's *behavior* and their perceptions of the world (Sadock & Sadock, 2007) This study uses descriptive analytic study with cross sectional approach. The study was conducted in Korong Toboh Puskesmas In the village on 23 to 30 June 2014, all elderly study population aged over 60 years who are as much as 168 diKorong Toboh sampling technique is simple random sampling, 42 samples were obtained. SPSS data processing is done. The results showed the total sample of 42 respondents, 54.8%, has a female gender, 52.4% of respondents do not work, 64.3% supported no families and 61.9% had a mental disorder. There is a significant relationship between sex with the incidence of mental disorders (*depression*) in Korong Toboh Puskesmas In the village, There is a significant association between the incidence of work with mental disorders (*depression*) in Korong Toboh Puskesmas Village In and There is a significant association between *kejandian* family support with mental disorders (*depression*) in Korong Toboh Puskesmas Kampung in. It is expected that this research as an input and information for institutions and health workers in health centers in order to plan more effective programs, so as to provide information to the public about the factors associated with depression in the elderly and may prevent further occurrences.

Keywords- Gender, Employment Status, Family Support and Mental Disorders (*Depression*)

INTRODUCTION

The goal of health development towards a Healthy Indonesia 2025 is to increase awareness, willingness, and ability to live healthy for everyone so that the highest public health status can be realized, through the creation of a society, nation and state of Indonesia which is marked by its people who live with behavior and behavior. healthy environment, has the ability to reach quality health services, fairly and equitably, and has the highest health status (Depkes RI, 2009).

One of the results of health development in Indonesia is an increase in life expectancy. From this perspective, health development in Indonesia has been quite successful because our nation's life expectancy has increased significantly. But on the other hand, the increase in life expectancy brings a burden on society because the population of the elderly population (elderly) increases. This means that the risk pool in our society is higher. The increasing population of the elderly is not only a phenomenon in Indonesia, but also globally (Wahjudi Nugroho, 2012).

The increase in life expectancy on the one hand is an indicator of the progress of a nation, but on the other hand it will cause many problems, especially health problems and social insecurity due to the large number of neglected elderly people. Unwise handling will cause new problems, especially psychologically the elderly do not have a social place in society (Hawari, 2007).

The elderly group is seen as a group of people who are at risk of experiencing health problems, such as mental health problems, including depressive disorders (Ministry of Health of the Republic of Indonesia (DepKes RI, 2004). So far, the

prevalence of depression in the elderly in the world ranges from 8% -15%. meta-analysis of countries in the world reported that the average prevalence of depression in the elderly was 13.5% with a female-male ratio of 14.1: 8.6. -45 percent (Kompas, 2008).

According to a survey by the World Health Organization (WHO) in 1990, each year there are 100 million cases of depression (Handajani, 2003). It is estimated that in the future (2020) the disease pattern of developing countries will change, namely unipolar major depression will replace lower respiratory tract diseases as the top (Amir, 2005).

Depression is an affective disorder that often occurs in the elderly and is an emotional disorder. Symptoms of depression in the elderly can be seen as the elderly become less enthusiastic in living their lives, easily discouraged, decreased activity, lack of appetite, fatigue and difficulty sleeping at night (Whyjudi Nugroho, 2012) Elderly who experience depression will cause difficulties in fulfilling their daily activities (Palestin, 2006). Depression is a mental disorder that causes the most disability burden, increases morbidity, mortality, and the risk of suicide. Depression is also associated with a person's sociodemographic factors. This is explained in the Canadian Community Health Survey which states that there are differences in the level of depression between women and men, age, marital status, education level and type of work. (Canadian Medical Association Journal, 2006)

One of the policies of the Indonesian Ministry of Health in coaching elderly people is to improve health and the ability to be independent so that as long as possible they can be productive and play an active role in development. Efforts to promote health for the elderly are carried out through the elderly posyandu program, which is a cross-program and cross-sectoral collaboration. To get the maximum results, it requires the active participation of the elderly to follow it. Posyandu activities for the elderly are carried out to improve the health of the elderly, including their mental health, as well as increase public awareness of the existence of the elderly (Depkes RI, 2009).

Various activities and programs for the elderly posyandu are very useful for the health of the elderly, one of which is mental health, the existence of the posyandu for the elderly can allow the elderly to gather among the elderly and share stories that can reduce the psychological burden they experience. You can also get information about health and counseling from medical personnel at the posyandu for the elderly.

According to data from the Ministry of Social Affairs, the 21st century is known as the aging population period or the Era of Population Aging (Hawari, 2007). In 2000 the elderly population worldwide is estimated at 426 million or about 6.8%. This number will almost double by 2025, namely to be around 828 million people or around 9.7% of the world's total population. In developed countries, the number of elderly people has also increased, including: Japan (17.2%), Singapore (8.7%), Hong Kong (12.9), and South Korea (7.5%) are sufficient. large since the 1990s. Meanwhile, countries such as the Netherlands, Germany and France have already faced similar problems. Elderly, as the final stage of the human life cycle, are often characterized by living conditions that are not in accordance with expectations (Syamsuddin, 2006).

The growth in the number of elderly people in Indonesia is recorded as the fastest in the world. In 2000, Indonesia was the 4th country with the highest number of elderly people after China, India and the USA. Based on the population census, it was found that in 2000 the number of elderly people reached 15.8 million or 7.6%. In 2005 it is estimated that the number of elderly people is 18.2 million or 8.2% and in 2015 it is 24.4 million or 10%. The total population of Indonesia in 2008 was around 241.97

million people with a life expectancy of 69.57 years. For men 67.3 years and women 72.13 years (Central Statistics Agency (BPS), 2008).

Based on 2012 data, the elderly population in Indonesia is 19 million people with a presentation of depression as much as 65% of the number of elderly people, with a life expectancy of 66.2 years, in 2013 it is estimated that the number of elderly people is 23.9 million people with a prevalence of depression incidence of 71. % of the population and in 2020 the number of elderly people is estimated at 28.8 million with a life expectancy of 71.1 years. The increase in the number of the elderly population is due to the increasing social and economic level of the community, progress in the field of health services and the increased level of public knowledge (Coordinating Minister for the Economy of People's Welfare (MENKOKESRA), 2013). While the total population of West Sumatra in 2008 was around 4.6 million with an elderly population of around 22.6% (West Sumatra Health Office (DinKes Sumbar, 2008).

Based on research conducted by Coni Octazulvia (2010) in Parupuk Tabing Padang Village, West Sumatra, on 320 elderly people, there is a small proportion of elderly people who experience depression and most of the elderly people who do not experience depression. In line with the results of Rafika Wahyuni's research (2009) regarding the relationship between sex and work with the incidence of depression in the elderly in Sijunjung village in 2009. One of the factors that influence the occurrence of depression in the elderly is gender and occupation, where the elderly who are female are 36%. shows that they experience depression, while 64% of the elderly men do not experience depression in the elderly and there is a relationship between the elderly who work and the incidence of depression in the elderly.

Data from the Padang Pariaman District Health Office shows that there are 1667 elderly people who experience depression from the 24 Puskesmas, while for the Kampung Dalam Puskesmas, 186 elderly who experience depression are found.

A preliminary survey conducted by researchers at the Kampung Dalam Puskesmas where the researcher interviewed one of the officers from the USILA section where the Kampung Dalam Puskesmas was divided into 2 Puskesmas, namely the Kampung Dalam Community Health Center and the Sikucur Community Health Center, it was found that the number of elderly people in the Kampung Dalam and Sikucur Puskesmas was 1631 people, while one of them was The officer said that the elderly who had a lot of depression were found in Korong Toboh with 168 elderly people

The results of interviews with 10 elderly people in Korong Toboh showed that 7 elderly women who were female had some of the symptoms of depression where they revealed their condition. In addition, most of the elderly who do not work are more likely to have depressive symptoms because they are unable to earn their own income so they have to depend on their livelihood to provide for their children and grandchildren for their daily needs.

Some of the problems faced by the elderly above can make them experience depression. Another problem faced by the elderly who live in the village of Toboh, Padang Pariaman, they also lack of attention and support from their families. This is due to the busyness of the children, living far away from their parents so that children rarely visit their parents and some have even died first, there are problems between parents and their children and children do not want to be bothered with their parents' affairs and parents have already rarely involved. in solving problems that exist in the family. From that reason, the elderly feel that they are no longer needed, useless, not respected in their

families and feel a burden on their families. Meanwhile, 3 other people, aged 55-64, are men who work as farmers, retired civil servants and workmen who have other signs or symptoms of depression, namely fatigue, lack of enthusiasm, sometimes decreased appetite.

Based on the above, the researcher is interested in examining the factors associated with the incidence of mental disorders (depression) in the elderly in Korong Toboh, the Kampung Dalam Community Health Center Work Area.

RESEARCH METHOD

This type of research is quantitative. Quantitative research is systematic scientific research on parts and phenomena and their relationships (Sugiyono, 2012). With a descriptive analytic research design and a cross sectional study approach. A cross sectional study is a one-time and one-time study, with no follow-up, to find a relationship between the independent variable and the dependent variable (Notoatmodjo, 2010).

FINDINGS

Univariate Analysis

1. Gender

The results of the analysis regarding the gender of the respondents found that more than a portion of the elderly respondents, namely 23 elderly (54.8%) had female gender.

The results of this study are also the same as the research conducted by Irma Tania (2010). In his research on the factors associated with the incidence of depression in the elderly at 6 Puskesmas Sintuak, it was also found that more than half of the respondents were female.

The same research was conducted by Silvia Agus (2008), in her research on factors related to the incidence of mental disorder (depression) in the elderly at the Rimbo Kaduduk Elderly Posyandu, it was also found that more than a portion of the respondents were female.

Although the diagnostic criteria are the same for all genders, women are found to be more susceptible to depression. Women are more at risk of depression due to hormonal changes as well as differences in characteristics between the two, said the head of the Psychiatric Addiction Division of the Department of Psychiatry, FKUI Dr. Danardi Sosrosuhardjo SpKJ (K).

The same thing was expressed by a psychiatrist from the University of Nebraska College of Medicine Subhash C Bathia MD. He said, the criteria for depression were the same for all genders. However, women are more prone to feelings of guilt, anxiety, increased or even decreased appetite, sleep disorders, and eating disorders. Doctor Danar added, the possibility of women experiencing depression is one and a half times to two times that of men. He reiterated that not all women experience this.

The results of the knowledge of respondents in this study were mostly female, namely 23 respondents (54.8%). In this case, it can be concluded that the number of respondents who are female can be at risk of experiencing depression in old age where according to the existing theory said that the cause of depression is influenced by hormonal changes, one of which is the hormone estrogen which is only found in women

2. Occupational Status of Elderly Respondents

The results of the analysis of the respondents' occupation found that more than 22 respondents (52.4%) did not work at old age.

The results of this study are also the same as the research conducted by Irma Tania (2010). In his research on the factors associated with the incidence of depression in the elderly at the Sintuak Health Center, it was also found that more than half of the respondents did not work.

The same research was conducted by Silvia Agus (2008), in her research on factors related to the incidence of mental disorder (depression) in the elderly at the Rimbo Kaduduk Elderly Posyandu, it was also found that more than a portion of the respondents did not work.

A person's occupational characteristics may reflect income, social status, education, socioeconomic status, risk of injury or health problems in a population group. Work is also a determinant of risk and exposure that is specific to certain occupations and is a predictor of health status and the conditions in which a population works (Widyastuti, 2005).

In general, this change begins at retirement. Although the ideal goal of pension is so that the elderly can enjoy old age or old age security, in reality it is often interpreted the opposite because retirement is often interpreted as losing income, position, position, role, activities, status and self-respect. especially the elderly who have degenerative diseases such as diabetes mellitus, hypertension and others, will certainly deepen their sense of depression (Asman, et al, 2020).

The results showed that almost half of the respondents who worked but there were still many respondents who did not work which caused them to be at risk of experiencing depression in old age, this is in accordance with the theory that someone who previously worked but did not work in old age becomes a burden on the mind that can interfere with health because they feel lost in terms of income, position and self-esteem

3. Respondent Family Support

The results of the analysis of the study were more than half of the elderly respondents, namely from 42 elderly, 27 elderly respondents (64.3%) there was no support.

The results of this study are also the same as the research conducted by Irma Tania (2010). In his research on the factors associated with the incidence of depression in the elderly at the Sintuak Health Center, it was also found that more than half of the respondents had no support.

The same research was conducted by Silvia Agus (2008), in her research on factors related to the incidence of mental disorder (depression) in the elderly at the Rimbo Kaduduk Elderly Posyandu, it was also found that more than a portion of the respondents did not receive support.

Support is a force or factor contained in a person that causes, moves and organizes his behavior. Support is basically a mental condition that encourages action and gives strength which leads to the achievement of goals. This support is what encourages someone to be active in achieving the goal of support will not happen, if there is no stimulation to things like that above which will foster support and growing support that can make a motor or drive to achieve goals (Eliza 2010)

Based on the results of the study, it was found that the support provided by the family to the respondents was still a lot without support from the family (61.9%). The

low level of support provided by the family can be seen from the absence of efforts from the family to convince respondents to always accompany and protect respondents in their old age.

According to the researchers' assumptions, there are still many respondents who do not get support from their families due to a lack of understanding of the concept of elderly people and how efforts should be made to help the elderly in improving their ability to face old age.

4. Incidence of mental disorders (depression) in the elderly

The results of the analysis of the study, almost half of the respondents did not experience, namely 16 elderly (38.1%), and as many as 26 respondents (61.9%) experienced mental disorders (depression) in the elderly.

The results of this study are also the same as the research conducted by Irma Tania (2010). In his research on the factors associated with the incidence of depression in the elderly at the Sintuak Health Center, it was also found that more than half of the respondents experienced mental disorders (depression).

The same research was conducted by Silvia Agus (2008), in her research on factors related to the incidence of mental disorders (depression) in the elderly at the Rimbo Kaduduk Elderly Posyandu, it was also found that more than a portion of the respondents experienced mental disorders (depression).

Depression is a mood disorder. Mood is a pervasive and persistent feeling that is experienced internally and which affects a person's behavior and perception of the world (Sadock & Sadock, 2007)

Depression is a depressed mood which can be a diagnosis of disease or as a symptom or response to other disease conditions and environmental stress. Depression in the elderly is depression according to the DSM-IV criteria. Major depression in the elderly is diagnosed when an elderly person shows one or two of the two core symptoms (depressed mood and loss of interest in something or pleasure) along with four or more of the following symptoms for at least 2 weeks: feeling of self-worth or guilt, reduced ability to concentrate or make decisions, fatigue, agitation or psychomotor retardation, insomnia or hypersomnia, significant changes in body weight or appetite, and repeated thoughts about death or suicidal thoughts (American Psychiatric Association / APA, 2000).

Based on the analysis of the results of the research conducted by the author, it turned out that the respondents who did not experience mental disorders in Korong Toboh, the Kampung Dalam Community Health Center (Puskesmas) were found to be very few (38.1%), even though the government had collaborated with local health officials to reduce the incidence of depression in elderly either through counseling or information conveyed in the mass media or electronically so that the elderly can avoid depression.

Bivariate Analysis

Bivariate analysis was carried out to see if there was a relationship between variables:

1. The Relationship between Gender of Respondents and Incidence of Mental Disorders (Depression)

Based on table 5.7 above, it can be seen that the percentage who experienced a higher incidence of depression was found in female respondents with male respondents, namely 82.6%: 36.8%

The results of the Chi Square analysis showed that $p = 0.007 < \alpha 0.05$. Ha accepted the decision, which means that there is a significant relationship between gender and the incidence of mental disorders (depression) in the elderly.

The results of this study are also the same as the research conducted by Irma Tania (2010). In his research on the factors associated with the incidence of depression in the elderly at Sintuak Health Center, where there is a significant relationship between gender and the incidence of mental disorders (depression) in the elderly.

The same research was conducted by Silvia Agus (2008), in her research on factors related to the incidence of mental disorders (depression).

In the elderly at the Rimbo Kaduduk Elderly Posyandu, it was also found that there was a significant relationship between gender and the incidence of mental disorders (depression) in the elderly.

According to Dr. Fatimah Haniman SpKJ, a psychiatrist at RSU Dr. Soetomo Surabaya, women are more prone to experiencing depression than men. But in fact more and more women are more resistant to depression so as not to commit suicide (suicide). It should be noted, suicide is mostly done by men. Women are more free to have the opportunity to vent their feelings of stress as a trigger for depression than men. Most environment members tolerate and consider it normal for women to cry, or scream to shed their frustration and sadness. While in men, they feel a sign of their weakness.

In terms of gender, women suffer from depression more than men, namely 82.6%. This is partly due to hormonal fluctuations that are more pronounced in women. When under pressure, men generally have more of their own efforts to cope with that pressure, such as outside activities, consuming alcoholic beverages, smoking and sitting in small shops. Meanwhile, women who are depressed tend to stay at home more. Women are said to be twice as likely to experience depression. Biologically, hormonal changes influence mood swings in women, especially just before and during menstruation. In addition, women also tend to think more deeply than most men.

2. The Relationship between Respondents' Occupation and the Incidence of Mental Disorders (Depression) in the elderly

Based on table 5.8 above, it can be seen that the percentage of experiencing a higher incidence of depression is found in respondents who do not work with respondents who work, namely 81.8%: 40.0%

The results of the Chi Square analysis showed that $p = 0.014 < \alpha 0.05$. Ha accepted the decision which means that there is a significant relationship between work and the incidence of depression in the elderly.

The results of this study are also the same as the research conducted by Irma Tania (2010). In his research on the factors associated with the incidence of depression in the elderly at Sintuak Health Center, where there is a significant relationship between work and the incidence of mental disorders (depression) in the elderly. The elderly need to be taught relaxation techniques to deal with depression (Asman, et al,2019)

The same study conducted by Silvia Agus (2008), in her research on factors related to the incidence of mental disorders (depression) in the elderly at the Rimbo Kaduduk Elderly Posyandu, also found that there was a significant relationship between work and the incidence of mental disorders (depression) in the elderly. elderly people. Work is indeed one of the necessities of human life. Because by working someone can make ends meet. Kartono (2003) argues that work, besides providing material in the form of salaries, wealth and various material facilities, also provides non-material social

rewards, namely social status and social processes. So a sense of pride and great interest in work with all ranks, positions, respect, and symbols of greatness become a strong incentive for someone to love work.

Of the 42 elderly in Korong Toboh, the Kampung Dalam Puskesmas working area who are no longer working, 18 elderly admit that they feel unhappy because they have no more work to do, this means that elderly people who have retired experience rejection of their retirement.

The existence of a relationship between work status and the incidence of depression proves that not working directly causes the elderly to experience depression. This could happen because the elderly could not accept his retirement happily.

3. The Relationship between Respondents' Family Support and the Incidence of Mental Disorders (Depression) in the Elderly

Based on table 5.9 above, it can be seen that the percentage of experiencing mental disorders (depression) is higher in respondents who do not have family support with respondents who have family support 77.8%: 33.3%

The results of the Chi Square analysis showed that $p = 0.012 < \alpha 0.05$. H_0 accepted the decision, which means that there is a significant relationship between family support and the incidence of mental disorders (depression) in the elderly.

The results of this study are also the same as the research conducted by Irma Tania (2010). In his research on the factors associated with the incidence of depression in the elderly at Sintuak Health Center, where there is a significant relationship between family support and the incidence of mental disorders (depression) in the elderly.

The same research was conducted by Silvia Agus (2008), in her research on factors related to the incidence of mental disorders (depression) in the elderly at the Rimbo Kaduduk Elderly Posyandu, also found a significant relationship between family support and the incidence of mental disorders (depression) in the elderly.

According to Teddy (2011), an elderly person can actually be responsive to many people. In fact, it is not impossible that they can still be productive in producing various types of works. From a medical point of view depression in the elderly can be treated with anti depressant drugs. These drugs can be found at the Puskesmas at an affordable price. However, if the cause of depression is loneliness, the children and other family members are obliged to create a warm atmosphere for their parents.

Based on the results of the family support questionnaire, it is known that 21 out of 42 elderly people disagree that they feel happy and comfortable living with their families.

This is because in rural areas, the family system is still a large family system in contrast to urban areas. In urban areas, most of the elderly are not paid enough attention by their children. This is because the children are busy. Families who live together due to their lack of strength in dealing with these incidents are annoyed, irritated and act caring for the elderly.

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