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# Factors Affecting Depression to Old Age at Rehabiliy Old Age and Home Family Registered Health Primary Sentani Jayapura Regency Papua Province

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**Abstract**

Old age developing at Indonesian getting crescent by marks sense a spark of life age that excelsior. Impact of physical change on lansia is invasive health and about problem social as role self, separate is with peopled one is loved, so vulnerable experiences problem mental, one of it is heavyhearted There is purpose was to know factor's affecting depression to old age at rehabiliy old age and home registry Health Primary Sentani Jayapura Regency Papuan Province. The method of this study was observational type is *descriptive analytic* with design *cross sectional study.* This research is done at Health primary Sentani teritory Jayapura Regency. Population is all old age at rehabiliy old age and home is registered at Health primary Sentani teritory Jayapura Regency by totals sample as much 231 old age. Data approach used qustionaire and analyzed by chi square. Results indicated that there is corelation Variable that is engaged depression on old age who lives at rehablity old age and home family at Health Primary Sentani teritory Jayapura Regency is aged (*ρ-value* = 0,000; RP= 0,937; CI95%= 1,717; CI95%= 1,313 – 2,246), education (*ρ-value* = 0,001; RP= 2,131; CI95%= (1,387 – 7,069), work (*ρ-value* = 0,001; RP= 2,259; CI95%= 1,287 – 3,964), diseased history (*ρ-value* = 0,000; RP= 0,396; CI95%= 0,306 – 0,514), family support (*ρ-value* = 0,000; RP= 2,013; CI95%= 1,579 – 2,567) and home ( *ρ-value* = 0,000; RP= 1,466; CI95%= 1,114 – 1,928).

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Meanwhile There is corelation Variable that is engaged depression on old age who lives at rehablity old age and home family at Health Primary Sentani teritory Jayapura Regency is sex (*ρ-value* = 0,200; RP = 0,816; CI95%= 0,618 – 1,077) and marital status (*ρ-value* = 0,416 RP= 1,182; CI95%= 0,831 – 1,681).

***Keywords:*** Depression; panti; house family; Old age.

## 1. Introduction

Elderly development in Indonesia is increasing with their life expectancy is higher. Menkokesra [1], reported an increase in the number of elderly is influenced socioeconomic increased, advances in health care, the level of knowledge of the community and the majority of the elderly now live in urban areas. Number of Elderly in Indonesia in 2015 as many as 19,142,805 people (7.59%) of the total of 252 124 458 inhabitants [2]. While data from the BPS Papua province in 2015, the elderly population as much as 35 934 (1.03%) of the total population of 3,486,432 inhabitants. The number of elderly in the district of Jayapura as many as 4,313 (3.61%) people of the total population of 119 383 people. The prevalence of depression in elderly in the world ranging from 8-15 percent and the results of a meta-analysis of reports of countries in the world to get the average prevalence of depression in the elderly is 13.5 percent with female-male ratio of 14.1: 8.6, [3]. Mental disorder at the age of 55-64 years reached 7.9% while those aged over 65 years reached 12.3%. In the year 2020 depression will be topped illness suffered by the elderly in developing countries including Indonesia [4]. Changes in physical appearance as part of normal aging, such as graying hair, wrinkles of aging on the face, loss of sensory acuity, and decreased immunity, is acaman to the integrity of the elderly. Not to mention they have to deal with the losses incurred in the role of self, social status, as well as the separation from loved ones. The above conditions cause the elderly to be more prone to having mental problems, one of which is depression [5].

Depression is a feeling of sadness, helplessness and pessimism associated with an affliction directed at themselves or angry feelings deep. Depression can occur spontaneously or as a reaction to changes in life, such as physical or mental disabilities that lead to dependence on others, the atmosphere of grief, as well as the death of a spouse [5].The family is the primary support system for the elderly in maintaining their health. The role of the family among others, maintain or care for the elderly, maintain and improve mental status, anticipating changes in socio-economic status as well as to motivate and facilitate the spiritual needs of the elderly. To improve elderly care services the family needs support them motivation and family support. The family is the smallest unit of society of head of the family and some people who get together and stay in the roofing sector in a state of mutual dependence [6]. Family support is a social support instrumental support, informational and emotional assessment (Prasetyawati, 2013). Research conducted DokterSpesialis Mental Health Association of Indonesian society menunjukkansebagian mengidapdepresi, research medical doctor jiwamenunjukkan 94% of the people mengidapdepresi (Idris, 2008, in Aryani, 2008). Almost 30% of the elderly suffer from depression because of illness other than depression dantimbulnya yangdiderita also caused post powersyndrom elderly, because the elderly feel tidakmampu support themselves or memenuhikebutuhannya itself as before. Kehilangansilaturahmi with family also memicudepresi in the elderly [7].

Depression in the elderly can be caused olehberbagai factors. According Marwiati (2008) depression padalansia

may be caused, among others, the elderly yangditinggalkan by all her children karenamasing their own form keluargadan living at home or a separate town, stopping of work (pension sehinggakontak with co-workers disconnected atauberkurang), the withdrawal of the various activities (due to sparse meet more people), lack of inclusion of the elderly in berbagaikegiatan, abandoned by people who dicintaimisalnya spouses, children, siblings, friends and others. Loneliness will sangatdirasakan by elderly people who live alone, without children, his health condition is low, low education levels and low self confident , penyebabtersebut can arise from some depression. Elderly Care can be treated in the family or dipanti Jompo.Kebijakan government in improving the elderly policy according Act - Act No. 13 of 1998 on the welfare of the elderly. The government has made efforts to address in the institutions, one of which Panti Social Affairs Jayapura Section Bina Seniors which is the Regional Technical Implementation Unit of the Department of Social Welfare and Community Isolated Papua Province as an institution of service to elderly based Government Institutions and strives to provide service to elderly disadvantaged good social relationship problems with family or himself (the psychosocial issues). Preliminary studies in Panti Bina Seniors Jayapura District, the number of elderly carrying 60 people. This data always increase or decrease because there are elderly people who returned to the family, died and there is also a new entry in the elderly Panti Bina's Seniors. The results of appearance observation of the elderly there is a neat, nothing looked dirty and unkempt. Likewise, there is visible activity of elderly diligent and eager, but there also seemed lethargic or lazy and aloof. This is because apart from physical deterioration, as well as a small portion of elderly depressed because of the lack of family support. The same thing happened to the elderly who live in families of observations recorded in Puskesmas Sentani. Results of preliminary tests on the elderly by measuring Geriatric Depression Scale (GDS) in the elderly who live in institutions in 10 older people, gained 6 people are depressed, while the elderly who live in families in 10 elderly people as many as four people experiencing depression.

This shows the distribution of depression in the elderly is different - different. Based on these problems, the authors are interested in conducting research on "Factors - Factors Influencing Depression in Elderly living in Panti Bina Seniors and the elderly who live in the Home and Family registered in Jayapura SentaniKabupaten health center."The aim of research to identify factors - factors that influence depression in elderly living in the Home and Family at PHC SentaniKabupaten listed in Jayapura.

## 2. Materials and Methods

This type of research is descriptive analytic cross sectional study in which data collection was done simultaneously to examine the relationship between the variables studied (Sugiyono, 2013), which is to find the relationship between the variables as a cause of depression in elderly relations who live in homes and families. The research location is in Panti Bina Seniors Sentani, Jayapura district and health center Listed Sentani held in November 2016.Populasi in this study were all elderly Sentani Listed PHC comprising as many as 231 people at Panti BinaLanjut Minimum of 60 people and as many families orang.Besar 171 samples in this study used is the total population or the sampling technique using saturated sample. Thus a total population of 231 people, consisting of 60 elderly people at the center and 171 people were registered at health centers Sentani. The data were obtained using a questionnaire and analyzed using chi square.

## 3. Results

### *3.1 Univariate Analysis*

**Table 1:** Distribution of independent and dependent variables

| No | Variabel | Frekuensi (n) | Presentase (%) |
|---|---|---|---|
| 1 | **Age** | | |
| | 60 - 74 year | 81 | 35,1 |
| | ≥ 75 year | 150 | 64,9 |
| 2 | **sex** | | |
| | female | 140 | 60,6 |
| | male | 91 | 39,4 |
| 3 | **Education** | | |
| | Low | 200 | 86,6 |
| | High | 31 | 13,4 |
| 4 | **Occupation** | | |
| | Not work | 187 | 81 |
| | Work | 44 | 19 |
| 5 | **Marriage status** | | |
| | No couple | 174 | 75,3 |
| | Couple | 57 | 24,7 |
| 6 | **Illness experience** | | |
| | Cronic | 160 | 69,3 |
| | Acute | 71 | 30,7 |
| 7 | **Family support** | | |
| | Not support | 47 | 20,3 |
| | Support | 184 | 79,7 |

| | | | |
|---|---|---|---|
| 8 | **Living place** | | |
| | Panti | 60 | 26 |
| | House | 171 | 74 |
| 9 | **Depresi** | | |
| | Depresi | 106 | 45,9 |
| | Not depresi | 125 | 54,1 |
| Total | | 231 | 100 |

Based on Table 1, shows that most elderly people aged> 75 years as many as 150 people (64.9%), female gender as many as 140 people (60.6%), low education of 200 people (86.6%), marital status as many as 174 people (75.3%) there is no spouse, chronic disease history of 160 people (69.3%), dukungankeluarga support as many as 184 people (79.7%), stay at home as much as 171 (74%). Of the 231 elderly were 106 people (45.9%) depression and depression as many as 125 people (54.1%).

### *3.2 Analysis Bivariat*

a. The relationship of age on depression in elderly living in the Home and Family
Table 2. Correlation of age on depression in elderly living in the Home and Family registered at health centers Sentani Jayapura District.

**Table 2**

| No | Age | Depression | | | | total | |
|---|---|---|---|---|---|---|---|
| | | Depression | | Not Depression | | | |
| | | n | % | n | % | n | % |
| 1 | 60 – 74 year | 51 | 63 | 30 | 37 | 81 | 100 |
| 2 | ≥75 year | 55 | 36,7 | 95 | 63,3 | 150 | 100 |
| Total | | 106 | 45,9 | 125 | 54,1 | 231 | 100 |
| *p-value* = 0,000; RP = 1,717; CI95%= (1,313 – 2,246) | | | | | | | |

Based on Table 2, shows that of the 81 elderly aged 60 -74 years as many as 51 people (63%) depressed and non-depressed as many as 30 people (37%). Meanwhile, 150 elderly aged> 75 years as many as 55 people (36.7%) depression and depression are not as many as 95 people (63.3%). The results of chi square test values

obtained ρ-value = 0.000 <0.05. This means that there is a relationship of age to depression in elderly living in nursing and family health centers were registered in Sentani Jayapura district. When viewed from the RP = 0.937; CI95% = 1,717; CI95% = (1.313 to 2.246) which interpreted that age> 75 years experience depression berpelung 1,717 times greater than the elderly aged 60-74 years.

b. Relationships sex to depression in elderly living in the Home and Family

**Table 3:** Relationship sex to depression in elderly living in the Home and Family registered at health centers Sentani Jayapura District

| No | Sex | Depression | | | | Total | |
|---|---|---|---|---|---|---|---|
| | | Depression | | Not Depression | | | |
| | | n | % | n | % | n | % |
| 1 | Female | 59 | 42,1 | 81 | 57,9 | 140 | 100 |
| 2 | Male | 47 | 51,6 | 44 | 48,4 | 91 | 100 |
| Total | | 106 | 45,9 | 125 | 54,1 | 231 | 100 |
| *p-value* = 0,200; RP = 0,816; CI95%= (0,618 – 1,077) | | | | | | | |

Based on Table 3, show female 140lansia as many as 59 people (42.1%) were depressed and non-depressed 81 people (57.9%). While male 91lansia as many as 47 people (51.6%) were depressed and non-depressed as many as 44 people (48.4%). The results of chi square test values obtained ρ-value = 0.200> 0.05. This means that there is no relationship of sex to depression in elderly living in nursing and family health centers were registered in Sentani Jayapura district. When viewed from the RP = 0,816; CI95% = (0.618 to 1.077) which is interpreted that the sexes are not meaningful.

c. The relationship of education to depression in elderly living in the Home and Family

**Table 4:** Relationship of education on depression in elderly living in the Home and Family registered at health centers Sentani Jayapura District

| No | Education | Depression | | | | Total | |
|---|---|---|---|---|---|---|---|
| | | Depression | | Not Depression | | | |
| | | n | % | n | % | n | % |
| 1 | Low | 101 | 50,5 | 99 | 49,5 | 200 | 100 |
| 2 | High | 5 | 16,1 | 26 | 83,9 | 31 | 100 |
| Total | | 106 | 45,9 | 125 | 54,1 | 231 | 100 |
| *p-value* = 0,001; RP = 2,131; CI95%= (1,387 – 7,069) | | | | | | | |

Based on Table 4, show that of the low educational 200lansia many as 101 people (50.5%) were depressed and non-depressed as many as 99 people (49.5%). While higher education 31lansia 5 people (16.1%) were depressed and non-depressed as many as 26 people (83.9%). The results of chi square test values obtained ρ-value = 0.001 <0.05. This means that there is a relationship of education on depression in elderly living in nursing and family health centers were registered in Sentani Jayapura district. When viewed from the RP = 2.131; CI95% = (1.387 to 7.069) were interpreted bahwalansia less educated berpelung depressed 2.131 times greater than the elderly educated.

d. Relationships work against depression in elderly living in the Home and Family

**Table 5:** Relationship of work on depression in elderly living in the Home and Family registered at health centers Sentani Jayapura District

| No | Occupation | Depression | | | | Total | |
|---|---|---|---|---|---|---|---|
| | | Depression | | Not Depression | | | |
| | | n | % | n | % | n | % |
| 1 | Not work | 96 | 51,3 | 91 | 48,7 | 187 | 100 |
| 2 | Work | 10 | 22,7 | 34 | 77,3 | 44 | 100 |
| Total | | 106 | 45,9 | 125 | 54,1 | 231 | 100 |
| *p-value* = 0,001; RP = 2,259; CI95%= (1,287 – 3,964) | | | | | | | |

Based on Table 5, show that from 187 lansia are not working as many as 96 people (51.3%) were depressed and non-depressed as many as 91 people (48.7%). While 44lansia who worked as many as 10 people (22.7%) were depressed and non-depressed as many as 34 people (77.3%). The results of chi square test values obtained ρ-value = 0.001 <0.05. This means that there is an employment relationship to depression in elderly living in nursing and family health centers were registered in Sentani Jayapura district. When viewed from the RP = 2,259; CI95% = (1.287 to 3.964) were interpreted bahwalansia are not likely to experience depression works 2,259 times greater than the elderly to work.

e. Marital status relationship to depression in elderly living in the Home and Family

Based on Table 6, show that from 174lansia that no pasangansebanyak 83 people (47.7%) were depressed and non-depressed as many as 91 people (52.3%). While 57lansia that no pair as many as 23 people (40.4%) were depressed and non-depressed as many as 34 people (59.6%). The results of chi square test values obtained ρ-value = 0.416> 0.05. This means that there is no relationship Marital status against depression in elderly living in nursing and family health centers were registered in Sentani Jayapura district. When viewed from the RP = 1.182; CI95% = (0.831 to 1.681) which is interpreted that the elderly who no chance of experiencing depression pairs 1,182 times greater than the elderly who do not have a partner.

**Table 6:** Relationship marital status on depression in elderly living in the Home and Family registered at health centers Sentani Jayapura District

| No | Marital status | Depression | | | | Total | |
|---|---|---|---|---|---|---|---|
| | | Depression | | Not Depression | | | |
| | | n | % | n | % | n | % |
| 1 | Not couple | 83 | 47,7 | 91 | 52,3 | 174 | 100 |
| 2 | Couple | 23 | 40,4 | 34 | 59,6 | 57 | 100 |
| Total | | 106 | 45,9 | 125 | 54,1 | 231 | 100 |
| *p-value* = 0,416; RP = 1,182; CI95%= (0,831 – 1,681) | | | | | | | |

f. The relationship of the disease history of depression in the elderly who live in the Home and Family

**Table 7:** Relationship history of the disease to depression in the elderly who live in the Home and Family registered at health centers Sentani Jayapura District

| No | Illness ecperience | Depression | | | | Total | |
|---|---|---|---|---|---|---|---|
| | | Depression | | Not Depression | | | |
| | | n | % | n | % | n | % |
| 1 | cronic | 50 | 31,3 | 110 | 68,8 | 160 | 100 |
| 2 | acute | 56 | 78,9 | 15 | 21,1 | 71 | 100 |
| Total | | 106 | 45,9 | 125 | 54,1 | 231 | 100 |
| *p-value* = 0,000; RP = 0,396; CI95%= (0,306 – 0,514) | | | | | | | |

Based on Table 7 shows that of 160lansia who have a history of chronic disease as many as 50 people (31.3%) were depressed and non-depressed as many as 110 people (68.8%). While 71lansia with acute disease as much as 56 people (78.9%) were depressed and non-depressed as many as 15 people (21.1%). The results of chi square test values obtained ρ-value = 0.000 <0.05. This means that there is a relationship to the disease history of depression in the elderly who live in institutions and families enrolled in Puskesmas Sentani Jayapura district. When viewed from the RP = 0.396; CI95% = (0.306 to 0.514) were interpreted bahwariwayat disease is not meaningful.

g. Family support relationship to depression in elderly living in the Home and Family

Based on Table 8, shows that from 47lansia family support does not support as many as 36 people (76.6%) were depressed and non-depressed as many as 11 people (23.4%). While 184lansia with the support of family support

as many as 70 people (38%) were depressed and non-depressed as many as 114 people (62%). The results of chi square test values obtained ρ-value = 0.000 <0.05. This means that there is a relationship of depression in family support for the elderly who live in institutions and families enrolled in Puskesmas Sentani Jayapura district. When viewed from the RP = 2.013; CI95% = (1.579 to 2.567) which interpreted that family support is not likely to experience depression support 2,013 times greater than supportive family.

**Table 8:** Relations family support for depression in elderly living in the Home and Family registered at health centers Sentani Jayapura District

| No | Family support | Depression | | | | Total | |
|---|---|---|---|---|---|---|---|
| | | Depression | | Not Depression | | | |
| | | n | % | n | % | n | % |
| 1 | Not support | 36 | 76,6 | 11 | 23,4 | 47 | 100 |
| 2 | Support | 70 | 38 | 114 | 62 | 184 | 100 |
| Total | | 106 | 45,9 | 125 | 54,1 | 231 | 100 |
| *p-value* = 0,000; RP = 2,013; CI95%= (1,579 – 2,567) | | | | | | | |

h. Relations shelter against depression in elderly living in the Home and Family

**Table 9:** Relationships shelter against depression in elderly living in the Home and Family registered at health centers Sentani Jayapura District

| No | Living place | Depression | | | | Total | |
|---|---|---|---|---|---|---|---|
| | | Depression | | Not Depression | | | |
| | | n | % | n | % | n | % |
| 1 | Panti | 36 | 60 | 24 | 40 | 60 | 100 |
| 2 | House | 70 | 40,9 | 101 | 59,1 | 171 | 100 |
| Total | | 106 | 45,9 | 125 | 54,1 | 231 | 100 |
| *p-value* = 0,016; RP = 1,466; CI95%= (1,114 – 1,928) | | | | | | | |

Based on Table 9 shows that of 60lansia living dipanti many as 36 people (60%) were depressed and non-depressed as many as 24 people (40%). While 171lansia stay at home as much as 70 people (38%) were depressed and non-depressed as many as 101 people (59.1%). The results of chi square test values obtained ρ-value = 0.000 <0.05. This means that there is a relationship shelter against depression in elderly living in nursing and family health centers were registered in Sentani Jayapura district. When viewed from the RP = 1,466; CI95% = (1.114 to 1.928) which is interpreted that the elderly are housed tinggaldi parlors likely

depressed 1,466 times greater than lanasia who stay at home.

## 4. Discussion

### *4.1 The relationship of age to depression in elderly living in the Home and Family*

The result showed that there was correlation between age against depression in elderly living in homes and families enrolled in Sentani Jayapura District Puskesmas (ρ-value = 0.000).

The results of this study do not line denganpenelitian Melisa [8], age is not a factor risikoterjadinya depression, but kehilanganpasangan life or suffer penyakitkronik a factor dapatmeningkatkan terhadapterjadinya depression vulnerability. Age in the Great Dictionary of Indonesian is a long time since they were born alive or no [9]. The relation to depression in the elderly age when the review of the age of the majority of the elderly aged> 75 years as many as 150 people (64.9%). From the research data recorded that the elderly aged> 75 years experience more chronic diseases (88.7%) than elderly people aged between 60 to 74 years (33.3%). This suggests that increasing the age is getting depressed. This is due to the decline in body functions, causing limitation of activity. While the elderly aged> 75 years without depression can be caused that their family support as well as the personality of the elderly who surrender and accept his situation, so it is not depressed.

This is evident from the test results RP = 0.937; CI95% = 1,717; CI95% = (1.313 to 2.246) which interpreted that age> 75 years experience depression berpelung 1,717 times greater than the elderly aged 60-74 years.This is according to research Ollyvia [10] on lansia high prevalence of depressive symptoms and semakinmeningkat with age-old lansia.Lansia keatascenderung 75 years experience depression than elderly people aged less than 75 years. According Andarmoyo [11], that the type of the elderly, among others, which are types resigned to accept and wait for good luck, have a concept gone dark comes light, follow the activities of worship, light feet, any job done, while the elderly who experience depression can be caused by not satisfied that cause inner and outer conflict against the process of aging, which causes loss of beauty, loss of physical attractiveness, loss of power, status, cherished friends, grumpy, impatient, irritable, demanding, difficult serviced and critics. Elderly or the elderly are the age group at the man who has entered the final stages of life phase. In the group of elderly categorized this will happen in a process called Aging Process. The study of the phenomenon of aging include aging and cell degeneration process, including problems encountered and the expectations of the elderly called gerontology [12].

### *4.2 The relationship of sex to depression in elderly living in the Home and Family*

The result showed that there was no relationship of sex to depression in elderly living in homes and families enrolled in Sentani Jayapura District Puskesmas (ρ-value = 0.200). The results are consistent with research Yuliati [13], in Elderly Social Services that the sex of the elderly is not related to the incidence of depression. Gender is a difference in the reproductive organs which differentiate between male - male and female. The roles and penurunaninteraksi social and job loss male bisamenyebabkan be rentanterhadap mental problems termasukdepresi. Each character and nature berbedabaik women and men dalamkeadaan harusdiberi disturbed psychological support, so that things can be overcome bad yangberdampak ataudiminimalkan depression

problems.

The result showed that elderly women as many as 59 people (42.1%) were depressed and non-depressed 81 people (57.9%). While male 91lansia as many as 47 people (51.6%) were depressed and non-depressed as many as 44 people (48.4%). This shows that the elderly gender equal - equally likely to experience depression. This is evident from the test results RP = 0,816; CI95% = (0.618 to 1.077) which is interpreted that the sexes are not meaningful.
The absence of gender relations on the incidence of depression in the elderly who live in institutions and families enrolled in Puskesmas Senani disbebakan that physically women and elderly men had perbedaandalam activity. Additionally, wanitalansia has a higher value in halkesepian, low economic and kekhawatiranterhadap future, whereas in men lansiamemiliki higher satisfaction dalambeberapa aspects of personal relationships, family support, economic circumstances, pelayanansosial, the living conditions and the gender kesehatan.Perbedaan memberikanandil turns real in the quality of life of the elderly.

***4.3 The relationship of education to depression in elderly living in the Home and Family***

The result showed that there is a relationship of education on depression in elderly living in homes and families enrolled in Sentani Jayapura District Puskesmas (ρ-value = 0.001).

According [14], said the elderly bahwarespons to changing conditions that occur ataupenurunan, sangatdipengaruhi by knowledge, pengalamanhidup, how the elderly gave artiterhadap change, social resources, coping used andPatterns elderly. Thus directly affect the educational role of knowledge of the disease, so it has a good health behavior than the less educated elderly. According Prayoto [15], that education requires people to do and fill his life to attain salvation and happiness. Education is needed to get informaasi, for example, things that support health so as to improve the quality of life. Thus it can be interpreted that the higher one's education semakain, then the easier to receive information so that the more knowledge he has, otherwise less education will menghambatperkembangan attitudes towards values introduced.

***4.4 Relationships work against depression in elderly living in the Home and Family***

The result showed that there was an employment relationship to depression in elderly living in homes and families enrolled in Sentani Jayapura District Puskesmas (ρ-value = 0.001). The results of this research consistent with research Pradnyandari [16] in Social Institutions Tresna Werdha Wana Seraya Denpasar Baliada employment relationship with the incidence of depression.

Work is something you do for a living, livelihood (Prayoto, 2014). Work environment can make a person gain experience and knowledge, either directly or indirectly [17].

Work carried the elderly in this study is the majority of work in the field of non-formal. Elderly with low education generally work as a trader as selling betel nut, while highly educated elderly have practiced business before becoming elderly.The results obtained that the elderly who do not work (51.3%) were depressed and non-depressed (48.7%). While elderly people who work (22.7%) were depressed and non-depressed as many as 34

people (77.3%). It shows the proportion that far to depression among elderly people who work and do not work against depression, where the value of RP = 2,259; CI95% = (1.287 to 3.964) which is interpreted that the elderly who do not work likely to experience depression 2,259 times greater than the elderly to work.

Elderly people who still work in addition to interacting with other people, so that they feel that dirinnya beneficial to himself and his family. This is due to the work, memerpoleh income elderly in meeting the needs of themselves and their families, so that it can be prevented occurrence of depression than elderly people who are not able to generate revenue and hanging out with his family. Social and economic changes also affect the family's role as primary care providers for the elderly.

***4.5. The relationship marital status on depression in elderly living in the Home and Family***

The result showed that there was no relationship Marital status against depression in elderly living in homes and families enrolled in Sentani Jayapura District Puskesmas (0.416). The results are consistent with research conducted by Nauli [18], that there is no relationship marital status on the incidence of depression. According to the Marriage Act No. I / 1974 on Marriage, that legal marriage is the occurrence of an inner and outer bond between a man and a woman who later married status in order to establish a happy family and lasting popularity supreme deity . In psychological , the definition of marriage is a vocation and psychological kebu¬tuhan because it contains both love and responsibility are bound in religious law, and the state social mem¬bentuk kinship ties in cultural institutions [19] . Conditions lost a spouse hidupmerupakan one of the challenges that may be faced lansia.Diperkirakan emosionalterbesar there are 50% of women who berusia60 year and 85% of women aged 85 tahunadalah widow.

Number of priamenjadi age unknown widower widower dikarenakanbanyak each stage yangmenikah age more than the percentage of widowed women danjumlah much sedikit.Penyesuaian of death pasanganatau priamaupun divorce is very difficult for women in the elderly, this time all the adjustments karenapada sulitdilakukan. Widows and dudalebih prone to experiencing depresidibanding geriatric patients with statusmenikah [20]. The results of this study also proves that, although not statistically related but have a chance 1.182 times the elderly who no chance couple depression than elderly who do not have a partner. Where it is known that the elderly are no couples (47.7%) were depressed and non-depressed (52.3%). While 57lansia that no pair as many as 23 people (40.4%) were depressed and non-depressed as many as 34 people (59.6%). This is due to the elderly who do not have a partner and feel sad and no place to tell by her partner, but still actively working and the support of family and home, so that elderly people feel no one noticed, so the status perawinan indirectly related to the incidence of depression caused by the factors more influential yakmi their family support.

***4.6. Relationship to the disease history of depression in the elderly who live in the Home and Family***

The result showed that there is a connection to the disease history of depression in the elderly who live in institutions and families enrolled in Sentani Jayapura District Puskesmas (ρ-value = 0.000). The results are consistent with research Romladani [21], revealed that the presence of a history of the disease caused physical disability or reduced mobility caused utamagangguan activities of daily living (activity of daily living), causing

even more depressed elderly. Ediawati [22], revealed that the health status lansiadipengaruhi by the presence or absence of disease and the elderly dalamtubuh permasalahansubjektif, causing kesehatanyang perbedaanlansia in addressing the problems going on inside her body. Elderly who tidakmempunyai complaint against the disease, akanselalu able to perform its activities and mampumelakukan all activities independently. The result showed that elderly people who have a history of chronic disease (31.3%) were depressed and non-depressed (68.8%). While the elderly with acute disease (78.9%) were depressed and non-depressed (21.1%). The data indicate that the elderly who have chronic diseases is lower depression than elderly who have acute pain, so the value of RP = 0.396; CI95% = (0.306 to 0.514) which is interpreted that no significant history of disease.

No significant correlation between the incidence of disease history of depression caused by the process of receiving from the elderly. Seniors who get older realize that with age bertamjabayhnya increasingly vulnerable to health problems. While the elderly who do not receive even with acute pain conditions can cause depression in him. In this study found no severe chronic diseases such as stroke, but hypertension and diabetes mellitus. So that the elderly can still do activities. The existence of these activities and receive a state of the disease itself, so the history of the disease there is no significant relationship to the occurrence of depression.

### *4.7. Relationship between the family support for depression in elderly living in the Home and Family*

The result showed that there is a relationship of depression in family support for the elderly who live in institutions and families enrolled in Sentani Jayapura District Puskesmas (p-value = 0.000). The results are consistent with research Yuliati (2014), that there is a relationship of family support on the incidence of depression. The family were members of households that are interconnected through consanguinity or marriage. The family is a group of people who live in a household in the proximity of consistent and close relationships [23] social .Dukungan family is a process of relationship between the family and social environment. Family support is also an attitude, actions and acceptance of the family members. Family members saw that the people who are supportive are always ready to provide help and assistance if necessary [24].

There is support for the family of the elderly 62% had no depression than elderly people who do not get the support of 76.6% of depression are seen. The test results RP = 2.013; CI95% = (1.579 to 2.567) which interpreted that family support is not likely to experience depression support 2,013 times greater than supportive family. Family support at home and the home for the family to provide the equipment and facilities needed elderly, providing drugs - drugs are needed as well as their support of informational, such as maintaining the health and emotional support to give comfort to the elderly. Seniors who do not get more support likely to be depressed. Because elderly people who still have family certainly hope to get support from his family. Support their families, so that the elderly felt he did not bear the burden alone, but there are others who pay attention, want to hear his complaints, sympathetic and empathetic to the problems it faces, and even willing to help solve the problems that it faces.

### *4.8. Relationships shelter against depression in elderly living in the Home and Family*

The result showed that there was a relationship shelter against depression in elderly living in homes and families

enrolled in Sentani Jayapura District Puskesmas (ρ-value = 0.000). The results of this study are not consistent with research Yuliati [13] Social diPelayanan Seniors Jembertempat stay tidaksignifikan on quality of life. While this research is in line with research Juliantika [25] that there is a relationship residence on the incidence of depression.

The result showed that elderly people who tinggaldi homes (60%) experienced depression and 40% had no depression, while the elderly stay at home 38.9% were depressed and non-depressed (59.1%). This shows that the elderly who live in the house percentage is lower than the depressed elderly tinggaldi parlors. It is also evident from the value of RP = 1,466; CI95% = (1.114 to 1.928) which is interpreted that the elderly who reside in institutions likely to experience depression 1,466 times greater than lanasia who stay at home. Halini accordance with Yuliati study [13] that the elderly who live in communities with different memilikitingkat independence lansiayang PSLU stay in Jember. Elderly in komunitasmengaku still quite able to meet his own life semuakebutuhan socioeconomic. In addition, elderly people in the community directly involved in the activity merekamasih keluarga.Sedangkan elderly who live in PSLU mengakumereka no longer able to melakukankegiatan-strenuous activities so merekamembutuhkan help health workers. Meanwhile, according to Kusbaryanto [26], depressive disorders are terjadipada elderly who live in the Home SosialTrisna Wredha beberapahal caused by, among others: loss of a spouse, have a physical illness seriusdisertai disabilities, environmental stress danmerasa isolated. Mengalamidepresi elderly who are elderly merasatakut light will recurrence of the disease, feeling his life is empty, lonely, danmerasa he did not mean bagikeluarganya. Researchers assume that the elderly who experience depression is higher in elderly homes tinggaldi due to a lack of family support and less interaction with family environment. But it is influenced also by the family support to the elderly who live in the family, so it was also found that elderly people experience depression in the elderly who live in families. It also occurs in the elderly living at home who do not have depression due to family support in meeting the needs of the elderly family. However, higher family support dirasakanoleh elderly who live at home rather than the elderly who live in institutions, so that the differences in depression.

## 5. Conclusion

The results of the study can be summarized as follows:

1. There is a correlation between age against depression in elderly living in homes and families enrolled in Sentani Jayapura District Puskesmas (ρ-value = 0.000; RP = 0.937; CI95% = 1.717; CI95% = 1.313 to 2.246).

2. There is no relation of sex to depression in elderly living in homes and families enrolled in Sentani Jayapura District Puskesmas (ρ-value = 0.200; RP = 0,816; CI95% = 0.618 to 1.077).

3. There is a relationship of education on depression in elderly living in homes and families enrolled in Sentani Jayapura District Puskesmas (ρ-value = 0.001; RP = 2.131; CI95% = (1.387 to 7.069).

4. There is an employment relationship to depression in elderly living in homes and families enrolled in

Sentani Jayapura District Puskesmas (ρ-value = 0,001RP = 2.259; CI95% = 1.287 to 3.964).

5. No relationship Marital status against depression in elderly living in homes and families enrolled in Sentani Jayapura District Puskesmas (ρ-value = 0,416RP = 1.182; CI95% = 0.831 to 1.681).

6. There is a connection to the disease history of depression in the elderly who live in institutions and families enrolled in Sentani Jayapura District Puskesmas (ρ-value = 0.000; RP = 0.396; CI95% = 0.306 to 0.514).

7. There is a relationship of family support against depression in elderly living in homes and families enrolled in Sentani Jayapura District Puskesmas (ρ-value = 0.000; RP = 2.013; CI95% = 1.579 to 2.567)

8. There is a relationship shelter against depression in elderly living in homes and families enrolled in Sentani Jayapura District Puskesmas (ρ-value = 0.000; RP = 1,466; CI95% = 1.114 to 1.928).

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