



FAMILY COMMUNICATION PATTERN RELATION WITH DEPRESSION LEVEL ON ELDERLY IN POSYANDU ELDERLY

Heri Triwibowo

Universitas Bina Sehat PPNI Mojokerto

Email: herippni@gmail.com

ABSTRACT	Keywords
<p>Elderly age said to be the final stage of development in the life cycle. In this period a person experiencing a physical setback, mental social gradually decreasing ability to adapt to changes and environmental stress often cause psychosocial disorders in elderly. One of which is depression. To cope with depression in the elderly required functional family communication because of the confidence will increase and the motivation to face problems that occur will increase. Independent variable that is Family Communication Pattern and Dependent Variable is Depression Level. The research design uses analytical design on cross sectional design. Sample amounted to 30 respondents. With Purposive Sampling. The questionnaires used were two kinds of family communication pattern questionnaire and GDS (Geriatric Depression Scale). The Statistical Test used is the Lambda Correlation test. The result of $p(0,032)$ and $\alpha(0,05)$, so that $p(0,032) < \alpha(0,05)$ meaning that H_0 is rejected and H_1 accepted which means there is relation of family communication pattern with depression level in elderly at posyandu ugly village Jaringansari Hamlet Karangdiyeng Village. Dysfunctional family communication patterns can cause elderly sad, lonely and experiencing a lot of pressure consequently elderly will experience psychosocial problems especially depression. Functional family communication shows the existence of support to the family and increase the motivation to solve the problem, especially depression experienced by the elderly.</p>	<p><i>Communication Family, Family, Elderly, Depression</i></p>

INTRODUCTION

Old age is said to be the final stage of development in the life cycle. (Mellyna Martha Dewi, 2021). During this period, a person experiences gradual physical and mental decline, a decrease in the ability to adapt to change and environmental stress often causes psychosocial disorders in the elderly. In 2025, depression will be at the top of the list, replacing infectious diseases in

developing countries, especially Indonesia. (Pabebang, Mangapi, & Kelong, 2022) Depression is more common in the elderly than in the general population. Where someone who reaches old age will increasingly feel isolated and this condition can lead to depression (Manafe & Berhimpon, 2022). Ideally, family support in the form of communication can be a coping mechanism for the elderly in dealing with

depression. Family communication is very necessary as support and as a place of refuge. Family support is the most important element in helping individuals solve problems. If there is support, self-confidence will increase and motivation to face problems that occur will increase. (Gustianti, Kurniawan, & Sari, 2023)

The prevalence of depression in the elderly in the world ranges from 8% -15% and the results of a meta-analysis of reports from countries in the world found that the average prevalence of depression in the elderly is 13.5%..(Pratiwi, Novita, & Daeli, 2024). The prevalence of depression in the elderly based on health research from the University of Indonesia and the Oxford Institute of Aging shows that 30% of the elderly in Indonesia experience depression..(Pragholapati & Munawaroh, 2020). The family is the main support system for the elderly in maintaining their health. The role of the family in caring for the elderly includes looking after or caring for the elderly, maintaining and improving mental status, anticipating socio-economic changes, as well as providing spiritual needs and providing motivation in the form of good communication. It will be more difficult for elderly people to suffer from depression compared to elderly people whose families do not have a support system. who is kind and doesn't care about the affairs of each member of his family.(Subekti & Dewi, 2022)

The cause of depression is interference from predisposing factors (biological theory consisting of genetics and biochemistry) and trigger factors (psychosocial theory consisting of psychoanalysis, cognitive, learning theory, object loss theory)..(Nareswari & Gunadi, 2021)

As a result of the symptoms of depression that arise, the first will have an affective impact, for example anger, anxiety, apathy, annoyance, denial of feelings, melancholy, guilt, helplessness, hopelessness, loneliness, low self-esteem, sadness. The second is physiological, for example abdominal pain, anorexia, back pain, constipation, dizziness, fatigue, sleep disturbances. The third is cognitive, for

example ambivalence, confusion, inability to concentrate, loss of interest and motivation, self-blame, pessimism, uncertainty. The fourth is behavior, for example aggressiveness, agitation, alcoholism, intolerance, changes in activity level, drug addiction, easily irritated, lack of spontaneity, very dependent, poor personal hygiene, social isolation, crying easily, and withdrawing.accept.(Sihaloho, 2021). The higher the family communication, the lower the depression experienced by the elderly.(Damayanti, Wisanti, & Lestari, 2023)

Family support in the form of communication is very necessary as a support system for the elderly in dealing with depression. Communication itself is a social process that results in relationships between humans or interactions that can strengthen the attitudes and behavior of other people and change those attitudes and behavior. Communication is very important for family closeness, recognizing problems, responding to non-verbal roles and recognizing each individual's problems. It is hoped that a good communication process can form a good communication pattern in the family. It is hoped that implementing good communication patterns will provide a good contribution between families and the elderly in solving problems (Lestari, 2023). Based on a preliminary study of JaringansariHamlet, Karangdiyeng Village, Kutorejo District, Mojokerto, from 5 elderly people, it is indicated that separation from children who work outside the area causes loneliness and sadness because their children are no longer with them. This problem is because children no longer communicate frequently with the elderly.

N	Family Communication Patterns	Frequency (f)	Percentage (%)
1	Functional	13	43,3
2	Dysfunctional	17	56,7
Amount		30	100

RESEARCH METHODS

This research uses a correlation analytical design with the research using a cross sectional study approach. The population in this study were all elderly

people in the Posyadu for the Elderly, Jaringansari Hamlet, Karangdiyeng Village, Kutorejo District, Mojokerto, totaling 86 elderly people. In this study, the sample was 30 respondents who were at the Posyandu for the Elderly. The sampling technique in this study was purposive sampling. This research uses questionnaires and observation instruments. The data formed is processed and analyzed by SPSS with statistical tests *korelasi lambda*

RESEARCH RESULT

1. Family Communication Patterns for the Elderly at Posyandu for the Elderly at Jaringansari Hamlet, Karangdiyeng Village, Kutorejo, Mojokerto

Table 1 Frequency Distribution of Family Communication Patterns in Posyandu for the Elderly, Jaringansari Hamlet, Karangdiyeng Village, Kutorejo, Mojokerto

Table 1 above shows that the majority of respondents have dysfunctional family communication patterns, 17 respondents (56.7%)

2. Levels of Depression in the Elderly at Posyandu for the Elderly in Jaringansari Hamlet, Karangdiyeng Village, Kutorejo, Mojokerto

Tabel 2 Frequency Distribution of Levels of Depression in the Elderly at Posyandu for the Elderly in Jaringansari Hamlet, Karangdiyeng Village, Kutorejo, Mojokerto

No	Levels of Depression	Frequensi (f)	Percentage (%)
1	No depression	10	33,3
2	Mild Depression	9	30,0
3	Moderate Depression	11	36,7
Amount		30	100

Table 2 above shows that half of the respondents experienced moderate/severe levels of depression, 11 respondents (36.7%)

3. The Relationship Between Family Communication Patterns and Levels of Depression in the Elderly at the Elderly Posyandu, Jaringansari Hamlet, Karangdiyeng Village, Kutorejo, Mojokerto

Tabel 3 Frequency Distribution of Relationships Family Communication Patterns Levels of Depression in the Elderly at Posyandu, Jaringansari Hamlet, Karangdiyeng Village, Kutorejo, Mojokerto

		Levels of Depression			
		No depr on	Mild Depressi on	Moderate Depressi on	Total
Family Communication Patterns	Functional	8 (61,55%)	3 (23,00%)	2 (15,33%)	13 (100%)
	Dysfunctional	2 (11,76%)	6 (35,29%)	9 (52,94%)	17 (100%)
Total		10 (33,33%)	9 (30,00%)	11 (36,66%)	30 (100%)

The results of table 3 show that 13 respondents had functional family communication patterns, most of whom were not depressed, 8 respondents (61.5%), 3 respondents had mild depression (23.0%), and 2 respondents had moderate depression (15.33%). Then there were 17 respondents who had dysfunctional communication patterns, most of whom experienced moderate levels of depression, 9 respondents (52.9%), mild depression, 6 respondents (35.2%), and 2 respondents who were not depressed (11.7%).

The results of the lambda correlation test showed that the value of $p (0.032) < \alpha (0.05)$, meaning that the null hypothesis was rejected so that there was a relationship between family communication patterns and the level of depression in the elderly at the Posyandu for the elderly in Networksari

Hamlet, Karangdiyeng Village, Kutorejo, Mojokerto. Because the p value was (0.32). So the interpretation of the correlation coefficient is low because the coefficient interval is 0.20 - 0.399, the level of relationship is low(Sutisna, 2020).

DISCUSSION

1. Family Communication Patterns for the Elderly at Posyandu for the Elderly at Jaringansari Hamlet, Karangdiyeng Village, Kutorejo, Mojokerto

The results of table 1 show that the majority of respondents have dysfunctional family communication patterns, 17 respondents (56.7%). Family communication is a symbolic, transactional process that creates and shares meaning in the family. Just as every person has a different communication style, so does every family have a unique communication style and pattern. Clear and functional communication between family members is an important tool for maintaining a conducive environment necessary for developing feelings of worth and self-worth and internalizing them.(Rahmi, 2021). On the other hand, unclear communication is believed to be the main cause of poor family functioning.(Yaslina, Murni, & Yeni, 2018). The dysfunctional family communication pattern that occurs in the majority of respondents shows poor interpersonal relationships which are characterized by a lack of openness, not caring about each other, and feeling angry when communicating..

The research results showed that the majority of respondents lived with their biological children, 22 respondents (73.3%). Family forms are a variety of family structures, from traditional nuclear families with two parents to single parents and homosexuals. Family communication is influenced by the type of family form. There has been a lot of research conducted on heterosexual couples and nuclear families with two parents, usually excluding single parent, dual career, step parent, homosexual, and extended families. So far, there has been limited research on communication for traditional family forms, such as step-parent

families(Majid, 2022). Most of the respondents live with their biological children, this shows that the communication carried out is open and there is no feeling of awkwardness anymore because the communication pattern has been carried out for a long time and there is already a blood relationship between parents and children. On the other hand, if the respondent lives with stepchildren or adoptees, the communication pattern is not mutually open and will lead to dysfunctional family communication patterns.

2. Levels of Depression in the Elderly at Posyandu for the Elderly in Jaringansari Hamlet, Karangdiyeng Village, Kutorejo, Mojokerto

The results of table 2 show that the majority of respondents experienced moderate depression, 11 respondents (36.7%). Depression in elderly people is manifested by complaints of feeling worthless, excessive sadness, moodiness, lack of enthusiasm, feeling empty, hopeless, self-accusation, suicidal thoughts and lack of self-care or even self-neglect.(Suprapti, Adhisty, & Usman, 2018) . On average, 60-70% of elderly people who visit general practitioner practices are those with depression, but this often goes undetected because elderly people are tired of focusing too much on physical complaints which are actually accompanying emotional disorders. (Mahajudin, 2007in Azizah 2011)(Irawan, 2021). One of human needs is the need to love and be loved, a sense of security and protection, the desire to be appreciated, respected and so on. According to Hawari (1996), someone who loses these affectional needs (loss of love object) can fall into deep sadness. . For example, someone loses a loved one (husband or wife who dies), loses a job/position and the like will cause that person to experience deep sadness, disappointment followed by feelings of regret, guilt and so on, which in turn will cause the person to fall into depression. Depression is also influenced by work and education.(Irawan, 2021)

The research results showed that the majority of respondents with jobs were 23 respondents (76.7%). Other depression

factors included in psychosocial stressors are a history of previous depression, death of a spouse, divorce, recent adverse and unexpected events. Apart from that, loss of job, income, and positional power can also be a psychosocial stressor that increases the risk of depression in the elderly. Loss of job, income, and social support as old age increases is a predisposing factor for older people to experience depression. Low socioeconomic status is also associated with depression in the elderly (Nirwan, 2020). In research conducted by Surya (2010) on depressive syndrome in the elderly at Padang Bulan Health Center, Medan City, depressive syndrome occurred most often in elderly people who did not work (69.2%) than those who worked. From the data above, it shows that the majority of respondents do not work, this indicates that their income is not there, so this can be a factor that can cause depression.

The research results showed that the majority of respondents with education were not in school, namely 14 respondents (46.7%). Depression is a cognitive problem that is dominated by a person's negative evaluation of oneself, one's world, and one's future. developed from the framework of social learning theory, which assumes the cause of depression lies in a lack of positive desire to interact with the environment. One hypothesis to explain depression in the elderly is that individuals receive less gifts or more reward and punishment compared to individuals who are not depressed (Lewinsohn, 1974; Libert & Lewinsohn, 1977; Saimun, 2006. Dalam (Irawan, 2021)). According to Beck (1967; 1976); Saimun (2006) in Azizah 2011, someone who experiences depression because they have negative cognitive abilities to interpret themselves, the world and their future. In research conducted by Siboro (2012), the level of education is the most important thing in facing problems. The higher a person's education, the more life experience they have, so they will be better prepared to face problems that occur. The majority of respondents do not go to school, this shows that respondents have poor cognitive abilities with a negative evaluation of themselves to interpret themselves, the

world and their future. This can cause depression

3. The Relationship Between Family Communication Patterns and Levels of Depression in the Elderly at the Elderly Posyandu, Jaringansari Hamlet, Karangdiyeng Village, Kutorejo, Mojokerto

The results of table 3 show that 17 respondents had dysfunctional communication patterns, the majority experienced moderate levels of depression, 9 respondents (52.9%), 6 respondents (35.2%) had mild depression, and 2 respondents were not depressed (11.7%).

The results of the lambda correlation test showed that the value was $p(0.032) < \alpha(0.05)$, meaning that the null hypothesis was rejected so that there was a relationship between family communication patterns and the level of depression in the elderly at the Posyandu for the elderly. Because the p value is (0.32), the interpretation of the correlation coefficient is low because the coefficient interval is 0.20 - 0.399, the level of relationship is low (Sugiyono, 2007).

Unclear communication is believed to be the main cause of poor family functioning (Holman, 1983; Satir, 1983; Satir, Banmen, Gerber, & Gomori, 1991 in (Kholifah & Rusmawati, 2020). The family is the main support system for the elderly in maintaining their health. The role of the family in elderly care includes looking after or caring for the elderly, maintaining and improving mental status, anticipating socio-economic changes, and providing motivation and facilitating the spiritual needs of the elderly. (Maryam dkk, 2008)(PH, Hermanto, & Pratama, 2018). Low socio-emotional support is significantly associated with the prevalence of depressive symptoms in the elderly. The presence of social isolation increases the risk of depression. In contrast to these things, volunteering is reported to reduce the prevalence of depressive disorders in elderly men. Family support and family communication are also independent predictors of depression status in the elderly (Ningrum, 2024)

Poor communication patterns within the family caused respondents to experience various pressures. Because as an elderly

person who is starting to withdraw from the environment, the respondent really needs his family as his main support system. Lack of good communication within the family causes respondents to be confused about discussing the problems they face every day, so that this condition makes respondents depressed and ultimately causes sadness and melancholy which leads to depression.

Meanwhile, 13 respondents who had functional communication patterns had mild depression as many as 3 respondents (23.0%), and moderate depression as many as 2 respondents (15.3%). According to Saimun (2006) in Azizah (2011), there are 5 approaches which can explain the occurrence of depression in the elderly, namely. Psychodynamic approach, for example: losing a job/position and the like will cause the person to experience deep sadness, disappointment followed by feelings of regret, guilt and so on, which in turn the person will fall into depression. Learning Behavior Approach, One of the hypotheses to explain depression in the elderly are individuals who receive less gifts or more appreciation and punishment compared to individuals who are not depressed (Lewinsohn, 1974; Libert & Lewinsohn, 1977; Saimun, 2006. Dalam (Sulistiyorini & Sabarisman, 2017)

Cognitive Approach, According to Beck (1967; 1976); Saimun (2006) in (Sulistiyorini & Sabarisman, 2017), someone who experiences depression because they have negative cognitive abilities to interpret themselves, the world and their future. Existential Humanistic Approach, Humanistic and existential theories argue that depression occurs because of a mismatch between the reality self and the ideal self. Physiological Approach, Physiological theory explains that depression occurs due to low neurological activity (neurotransmitters norepinephrine and serotonin) in brain synapses which function to regulate pleasure. Family communication patterns are also a form of family support for family members, in this case the elderly. Respondents have functional family communication patterns but have levels of depression that are neither depressed nor moderate/severe depression

caused by factors other than family communication patterns, one of which is because they are elderly and their physiological health has declined a lot so that their psychological problems arise, including depression.

Meanwhile, 2 respondents (11.7%) who had dysfunctional communication patterns did not experience depression. The focus of the psychodynamic approach is dealing with conflicts related to loss and stress. Efforts to treat depression include identifying loss and stress that causes depression, overcoming it, and developing ways to deal with loss and stressors with psychotherapy which aims to restore self-confidence and strengthen the ego.(Erna, 2023). This approach is not only to eliminate symptoms, but also to achieve changes in personality structure and character aimed at improving personal confidence, intimacy, coping mechanisms for stressors, and the ability to experience various kinds of emotions. Respondents who have dysfunctional family communication patterns but do not experience depression are because the respondents have good psychodynamic approach mechanisms and depression management efforts, so that even though communication patterns in the family are dysfunctional, they are still able to overcome these problems well so that they do not cause depression.

CONCLUSION

Conclusion

Communication patterns influence the level of depression in the elderly, characterized by the more dysfunctional the family communication pattern, the higher the level of depression experienced by the elderly, while the more functional the communication pattern, the lower the level of depression experienced by the elderly.

Suggestion

1 For the Elderly

It is hoped that the results of this research can provide input to the elderly that family communication patterns greatly influence the level of depression in the elderly so that they can improve family communication patterns so that levels of depression can be

prevented by frequently communicating with family, maintaining communication with family, and taking time to gather. with family, they often discuss things to solve problems, often talk about what they are experiencing.

2 For Nursing Services

It is hoped that nurses can provide education to elderly posyandu cadres on how to have good deliberations in solving problems clearly and not using a high tone in communication and often spending time with their families to tell stories, share experiences about what they have experienced. Then cadres can convey this to the elderly so that a functional family communication pattern can be achieved.

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