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Chab-7

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RESEARCH ARTICLE

ARELATED SOCIAL SUPPORT OF FAMILIES WITH DEGREES DEPRESSION ON ELDERLY LIVING TOGETHER WITH FAMILY IN WORK AREA OF ROSES POSYANDU CAPE TOWN HEALTH SENGKUANG BATAM, INDONESIA

Tiurma Yohana, Mutia Amalia Lubis and *Chablullah Wibisono

Department of Nursing Science, Faculty of Medicines, University of Batam, Batam, Indonesia

ABSTRACT

The elderly are the elderly are susceptible to depression. One risk factor for depression in the elderly is a lack of social support. Social support obtained from the family nearby. The family is the primary support system for the old in maintaining their health. The purpose of this study was to identify the relationship of social support of families with the degree of depression in the elderly who live with their families. Design of this research is the analytic survey with cross-sectional approach. Samples are old who live with the family. The sampling technique used purposive sampling. The complete example of 30 older adults. The research was conducted on 06-20 May 2017 in Posyandu Mawar Sengkuang Puskesmas Tanjung Batam. Tools and techniques of data collection using questionnaires and interviews guided. Computerized data were processed using SPSS and analyzed using univariate and bivariate. For bivariate analysis using chi-square test. The results obtained from the 30 older adults, who receive social support families of 10 elderly (3.3%) with excellent support and 20 older (66.7%) of social support low-income families. For old depression degree obtained 3 (10%) do not suffer from depression, 11 (36.7%) had mild depression and 16 (53.3%) depression moderate/severe. Furthermore, the results obtained chi-square test p-value 0.001 <0.05. The conclusion can be drawn that there is a significant relationship between social support of families with degrees deperesi elderly who live with the family.

INTRODUCTION

Elderly population (aged) is part of the family and community members, and the numbers continue to grow according to life expectancy (UHH). An increasing number of older adults who are not accompanied by increased efforts to provide guarantees and adequate social support, will result in increased rates of dependence of elderly against the inhabitants of productive age (old dependency ratio), in other words, the burden to be borne by the productive age population will more increasing. Data from the World Health Organization (WHO) estimates that 75% of the elderly population in the world in 2025 were in developing countries and amount of older adults worldwide will reach 1.2 billion and will grow to 2 billion by 2050 (Isamas, 2013). The Central Bureau of Statistics in 2010 about the growing number of elderly in Indonesia is predicted to increase. The number of elderly in 2010 has reached 18,043,712 inhabitants, then predicted to rise to 40 million by 2025 and even expected to be 71.6 million in 2025 (Utari, 2012).

Health profile data in the Riau islands of Batamparticularly mentioned that the number of elderly has risen there are 864 older adults in 2014, there was 990 elderly in 2015, and in 2016 as many as 1.472 elderly (Batam City Health Office, 2016). According to WHO and Law No. 13 of 1998 on the welfare of the elderly in article 1, paragraph 2, the states that the age of 60 years old is the age of onset. A person who has entered the elderly in general undergo the comprehensive changes Characterized by changes in physical, psychological, social and spiritual. The transformation of physical disorders that occur is changed to existing systems in the body. Furthermore, psychological and social changes that occur generally arising in the elderly are 1) mental disorders such as anxiety disorders (anxiety or Anxiety), guilt (guilty feeling), etc. 2) self-concept disturbances such as changes in emotional stability, changes in the level of depression/mood disorders. 3) the reliance due to decreased physical function and disease. 4) social aspects of the elderly such as changing attitudes to the elderly, values, belief in the elderly and stigma from society. Elderly have different personalities before. The elderly of personality types can be seen how the elderly in managing stress at hand. The adaptation to the changes that occur due to prepare themselves to be ready by the time the elderly and in adapting to various modifications, various problems faced by

Corresponding author: Chablullah Wibisono,
Department of Nursing Science, Faculty of Medicines, University of Batam, Batam, Indonesia.

someone who is starting to become seniors. Most of the results Obtained from growing niche Reviews These adjustments to the head and bring adjustment is not better than good, mainly because of the physical and mental retardation that lasted slowly and Gradually. If the change difficult, for the elderly, may be due to the unwillingness of the elderly to internet with the environment or the great limit to interact. Depression can occur in all age groups, socio-economic class, race and culture. In the elderly, depression continues to be a serious mental health problem even though the cause and development of pharmacologic and psychotherapeutic treatment is so advanced (Stanley & Beare, 2006). In elderly depression is Often misdiagnosed or overlooked. Some factors led to this situation, Including the fact that in the old, depression can be disguised or masked by other physical disorders. In addition to social isolation, the denial, the attitude of the family, a waiver of the normal aging process that Considered cause undetected and Settlement of this disorder. Some health professionals and many elderly still one regard depression as a natural part of growing older and Eventually fail to extinguish between expected behavior and a treatable disease (Stanley & Beare, 2007). In addition to the above statement that the complaints such as sleep disturbances and physical fatigue are an indication of depression in the elderly. It is also expressed in the report that the elderly with low typically demonstrate physical complaints than emotional complaints, so it becomes difficult to detect depressive symptoms. it could lead to delays in the handling (Suardiman, 2011).

The existence of the various causes of depression can shorten life expectancy by triggering or exacerbating a physical setback. The most significant impact often occurs in areas where satisfaction and decreased quality of life. the fulfillment of developmental tasks elderly. Furthermore, depression can be emotionally and financially draining family and social support systems of its informal and formal. According to Amir (2005), there are Several risk factors for depression in the old items, namely internal and external elements. Internal factors Consist of (1) biological factors (age, gender, family history), (2) physical factors (history it had Suffered), (3) psychological factors (personality and cognitive elderly).While external factors are items, namely social that includes (1) marital status, (2) employment, (3) social stressor and social support. Besides geographical factors Obtained from outside the individual is a factor that can be modified to reduce the potential for stress and depression. Referred to social support social, social interaction, social support Obtained from family support. According to Sarafino (2006), social support can come from various sources such as a spouse, family, girlfriend, friends, coworkers, and community organizations. Social support refers to give comfort to others, care or appreciate.

Social support may include providing information, emotional attention, presenting the necessary aid and assistance issues judging from the family to the elderly. Furthermore, according to Lieberman that the study of family social support is found in patients suffering from the disease and the elderly. The closest social support which can be obtained elderly is sourced from the family itself (Azizah, 2011). The family is the primary support system for the elderly in maintaining their health. Families serve as the unit of service because of family health problems are interrelated and influence each other among family members and will affect members of families in the

surrounding or society as a whole. According Santrock (2003) in Juwita (2013) that the effect of social support is essential in the life of the elderly. It can tolerate the conditions of the elderly in the social life of the elderly. Likewise, social networks and social interaction can be determined by identifying individuals who are close to the elderly. In addition to proximity to the elderly, the frequency and quality of communication are much more critical in determining the occurrence of depression. Based on previous studies in Sari (2010), showed that there is a high influence between social support and depression in the elderly living at home Elderly along with other members who are in the institutions of the Elderly. Further research was ever conducted Myers (2010) stated that social support is closely related to happiness and health in the elderly and found that people who do not receive social assistance more frequent stress, lack of sleep and eager suicide more significant, while those who get social support right, easy to relate to others (outgoing), affective (lover) has the physical and mental health was good.

Theoretically, social support can reduce the emerging trend of events that can lead to stress, and it is because of the interaction with others can modify or alter the individual perception of the events, so it is said to reduce the potential emergence of stress. According to the Health Service Data Batam (2016), that of 109 Posyandu elderly in the city of Batam, the data seniors who most first contained in the work area Community Health Centers Tanjung Sengkuang, that there are 474 older adults, both in SeiLekop about 366 elderly and the third The Botania 297 elderly. Based on the above the data the Researchers continue doing pre-survey in February 2017 in Cape Sengkuang health centers, and 64 elderly people are living with families experiencing emotional disorders. According to the results of interviews with the person in charge in the poly elderly, PHC Tanjung Sengkuang Batam has 2 IHC, namely Posyandu Batu Merah as many as 100 elderly and Posyandu Tanjung Sengkuang as many as 215 elderly between the ages of 45-80 years. Next Researchers again conducted interviews with the person in charge of IHC on March 4, 2017, that the Data which Often reported to the clinic form of the data perceived physical complaints of the elderly themselves, but the field of data collection Periodically the degree of depression in the elderly has not been done. Besides, researchers also conducted interviews by asking the condition of feelings of elderly today that is to 12 elderly people who live with the family housed in the vicinity of Tanjung Sengkuang Posyandu and Tanjung Batu Merah PHC Tanjung Sengkuang.

Provisional data obtained from the interviews that most of the elderly are nine seniors (75%) complained of feeling lonely, irritable, anxious, lacking the spirit to follow Posyandu activities, decreased appetite, 2 elderly (16.7%) are often easily confused when doing something, afraid wrong to do something that will be done, forgetfulness, fatigue, and even the elderly (8.3%) of them said that the feeling of pessimism about the present life, felt guilty when he was sick because it can only troublesome family and felt worthless. As for other information related to his physical health and about his family Obtained from 12 elderly said that entering old age they think Reviews their various physical complaints that Arise, such as fatigue, sleep Easily Awakened and sleeplessness Returned, hypertension, varicose veins, arthritis, insomnia, diabetes, impaired hearing, cholesterol and others. Furthermore, the

additional of the data from the elderly about the family said that family behavior is perceived differently when they can not work anymore, families lack confidence in what the elderly, families happier when the elderly are at home alone, and five elderly said that his family sometimes just can accompany elderly posyandu and 6 elderly said the family always remembering the elderly to go to posyandu and accompany him Based on the description above, the Researchers are interested in studying the relationship of social support of families with the degree of depression in the elderly living with a family in PHC Tanjung Sengkuang Batam.

Theoretical Review

Depression

Depression is a severe mood disorder manifested by functional impairment and the social and physical function were terrific, old and settled on the individual concerned. Depression is a typical reaction when it takes place in a short time in the presence of apparent precipitating factors, past and depression There following the originator's consideration (Joseph, 2010).Depression can occur in all age groups, socio-economic class, race and culture. In the elderly, depression continues to be a severe mental health problem even though the cause and development of pharmacologic and psychotherapeutic treatment are so advanced (Stanley & Besre, 2006). In elderly depression is Often misdiagnosed or overlooked. Some factors led to this situation, including the fact that in the elderly, depression can be disguised or masked by other physical disorders. In addition to social isolation, the attitude of parents, denial, ignorance of the normal aging process causes undetected and Settlement of this disease. Some health professionals and many elderly still one regard depression as a natural part of growing older and eventually fail to extinguish between expected behavior and a treatable disease. The existence of the various causes of depression can shorten life expectancy by triggering or exacerbating a physical setback. The most significant impact Often Occurs in areas where satisfaction and Decreased quality of life, the fulfillment of developmental tasks elderly. Furthermore, depression can be emotionally and financially draining family and social support systems of its informal and formal. Socio-demographic factors such as age, Socioeconomic status, marital status, gender, education and income has consistently been identified as an essential factor in the prevalence of risk elderly depressed (Juwita, 2013).

In addition, According to Mary, et al (2008); Hanna (2009) that the occurrence of depression in the elderly Often co-occur with problems they experienced chronic physical disorders such as diabetes, heart disease, high blood pressure, chronic liver disease is severe, to cure, asthma, stroke, arthritis, osteoporosis, cancer, etc. other Impaired vision and hearing a familiar result and lead to depression isolated elderly. Hormonal disorders in the elderly, especially postmenopausal women, can trigger the onset of the recession. Also, low may. Also be the caused by the use of certain drugs in the long term, such as steroids, some high blood pressure and heart medications, sleeping pills, antirheumatic, and others. Furthermore, addiction or drug dependence, drug. According to Amir (2005), many risk factors could affect the occurrence of depression in the elderly. A risk factor for depression in the elderly can be divided into two elements: internal and external factors.

Internal factors

Biological

- **Age:** Depression often occurs at a young age. The average age of onset of 20-40 years Social factors usually put someone young at high risk, such as biological predisposition genetic factors also often give effect to someone younger. However, depression can also occur in children up to the elderly (the elderly).
- **Gender:** Depression is more common in women Apresumption that women more often seek treatment so more often diagnosis. Other than that depression, there is also the claim that women are more exposed to environmental stressors and lower the threshold to stressors than men. Depression associated with hormonal imbalance in women adds to the high prevalence of depression in women, adding to the high incidence of depression in women, such as the premenstrual depression, postpartum, postmenopause.
- **Family History:** Family history of suffering from depressive disorders is higher than on the subject of depression patients when compared with the control. Other than that, family history of suicide and alcohol use was more frequent in patients with depression from the family control, in other words, the higher the risk of depression when there is a history of a genetic family.

Physical factors

- **History of disease / illness being suffered:** A chronic disease that affects the elderly for many years usually makes the elderly more susceptible to depression.
- **The ability to perform everyday activities:** Reduced willingness to take care of themselves as well as the loss of independence may increase susceptibility to depression.

Psychological factors

- **Personality elderly:** Someone with a personality that is more introverted, anxious, hypersensitive and more dependent on other people more susceptible to depression.
- **Cognitive function:** The reduced memory and intellectual functioning (cognitive) is often associated with depression.

External factors, Social Including

Marital status

Major depressive disorder is more common in individuals who are divorced or separated or when Compared with singletons Status divorce puts a person at high risk for depression

Work

The lack or absence of financial resources, loss of position and freedom can be a trigger factor for depression.

Social stressors

A stressor is a perceived stressful situation so that one can not adapt and survive. Social stressors are precipitating depression

Life events that occur in acute or chronic can lead to depression, such as loss or separation factor (spouses, close friends and family members, loss of sense of security, housing and transportation is inadequate).

Social support

Family social support factors in the social environment that may modify the effect of psychosocial stressors on depression and the availability of social support used elderly in the face of an aggressor. According to Santrock (2003), social interaction plays a vital role in the lives of the elderly. It can tolerate loneliness conditions that exist in the social life of the elderly. One of the instruments or measuring devices to be used in measuring the scale of elderly depression is a Geriatric Depression Rating Scale (GDRS) by Brink and Yesavage. The specifications of the design parameters Geriatric Depression Scale (GDS) according to Rinaldi P., et al. (2003) are:

- Interest in the activity is emerging because there is a feeling attracted to something that is being done or movement.
- Sadness is a flavor or the state of mind when dealing with something or events which can create feelings of depression.
- Loneliness and boredom is the sense or state of mind when dealing with something or events that already do not like anymore because it is too often done.
- Feelings of helplessness is feeling or state of mind when dealing with something or events that are not powered (not capable) of doing nothing.
- Guilt is feeling, or state of mind that has opinions (opinions) about what he does is always wrong in front of others.
- Attention/concentration is the concentration of attention or thoughts on a matter.
- Spirit or hope for the future is the primary form of belief in something desired will be Obtained, or an event will bring a goodness in the future.

Assessment of the degree of depression in the elderly above the Sunaryo (2016), can be grouped by three groups:

- No depression: It said depression is not the caused by circumstances not dissolve in grief by each.
- Mild depression: The most common type of depression. This type of short-lived and do not affect the activity seriously. Usually triggered by a variety of unpleasant events that lead to frustration and stress. Medical treatments are generally not required because the patient usually only need a new atmosphere.
- Depression Moderate / Heavy: It said depression moderate / severe marked by feelings of despair or lose interest in the outside world and severe behavioral changes in the long term, followed by withdrawal from real life and the idea or attempted suicide.

Social Support

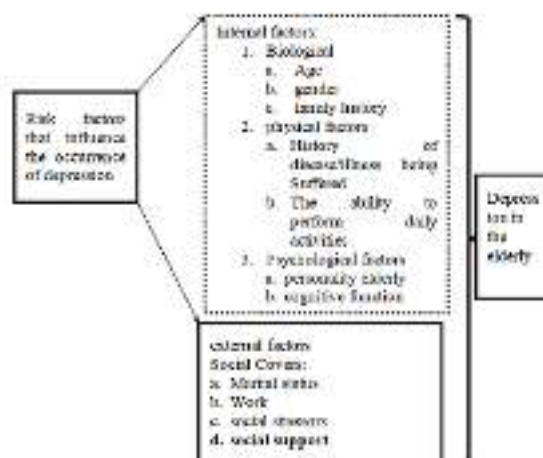According to House Smet in Setiadi (2008), every form of social support has characteristics include:

- Informative items, namely the help of Information Provided to be used by someone in tackling the problems faced, Including the provision of advice, guidance, ideas or other information that is required and this information can be passed on to others who might be facing the same problems or similar.
- Emotional attention, everyone will need the help of affection from others, support in the form of loving support and empathy, love, trust, and respect. Thus Spake faces the challenge someone who felt he did not bear the burden alone, but there are others who would listen and pay attention to his complaints, sympathetic and empathetic to the problems that it faces.
- Instrumental assistance, aid aims to simplify the form of a person in performing activities related to the problems they face or to help direct the Difficulties he encountered, for example, by providing a complete and adequate equipment for Patients, providing the required drugs and others.
- Help assessment, the roommates is a form of appreciation given to the other person based on the actual condition of the patient. This evaluation can be positive and negative the roommates is very meaningful for somebody influence. In connection with the family social support is very helpful assessment is positive assessment.

The effects of social support on health and welfare family work well together. In more specific, the existence of adequate family support shown to be associated with reduced mortality. Easier to recover from illness, cognitive, physical and emotional health. Also, the positive influence of family social support is an adjustment to stressful events in life. The theoretical framework of research on the risk factors that influence the occurrence of depression can be seen In Scheme One Below:

Scheme 1. Theory Framework Research

MATERIALS AND METHODS

This study design using analytic survey with cross sectional approach. Samples are elderly who live with the family. The sampling technique used purposive sampling. The number of samples was 30 elderly people. Collecting the data in this study using questionnaires and interviews guided.

Data were Analyzed in two ways: univariate and bivariate. For bivariate analysis using chi-square tests were performed using SPSS computerized manner.

RESULTS AND DISCUSSION

Univariate Analysis

Social Support Family

Based on Table 1 it can be seen from 30 respondents, it can be viewed that as many as 10 respondents (33.3%) receive social support of families, and 20 respondents (66.7%) receive social support low families in the elderly living together with the family at PHC Tanjung Sengkuang, Batam.

together with the family, with p-value Person Chi-Square = 0.001, which means smaller p-value <0.05 so that Ha is accepted and H0 is rejected.

DISCUSSION

Frequency Distribution of Family Social Support in Elderly Who Live Together With Family at PosyanduMawar Working Area PuskesmasTanjungSengkuangBatam

The results in Table 1.The frequency distribution of social support of families with right family support category as many as 10 respondents (33.3%), while the low family social support as many as 20 respondents (66.7%) in PuskesmasTanjung

Table 1.Frequency distribution Social Support Families in SeniorsFamilies are Staying Together with IHC Rose Sengkuang PHC TanjungBatam

Social Support Family	Frequency	Percent (%)
Good	10	33.3
not good	20	66.7
TOTAL	30	100

Table 2. Frequency Distribution Depression, Degrees Seniors Families, Are Staying Together With IHC Rose Sengkuang PHC TanjungBatam

The degree of Depression	Frequency	Percent (%)
No Depression	3	10.0
Mild Depression	11	36.7
Moderate / Heavy	16	53.3
TOTAL	30	100

Table 3. Relationship Between Social Support Families with Degrees of Depression in Elderly Stay Together with Family at PHC TanjungSengkuangBatam

No.	Family support	No depression	%	light Depression	%	Depression is /weight	%	total	%	p-value
1.	Good	3	10.0	6	20.0	1	3.3	10	33.3	0.001
2.	not good	0	0	5	16.7	15	50.0	20	66.7	
Total		3	10.0	11	36.7	16	53.3	30	100.0	

The Degree of Depression

According to the table above can be seen from 30 respondents, it can be seen that as manyas 16 respondents (53.3%) have some degree of depression of moderate/severe, 11 respondents (36.7%) have a degree of mild depression, and a third of respondents (10%) without depression in the elderly who live together with the family at PuskesmasTanjungSengkuangBatam.

Bivariate Analysis

Relationships Social Support Depression User Degrees

According to the table can be seen that out of 30 respondents, found that as many as 10 respondents (33.3%) who received social support such a good family 3 seniors (10%) are not depressed, 6 seniors (20%), depression moderate / severe, while 20 the elderly poor social support (66.7%) there were five elderly (16.7%) mild depression and 15 elderly (50.0%) depression moderate/severe. Based on statistical test known to have a significant relationship between social support of families with the degree of depression in the elderly who live

Sengkuang, Batam. According to Serafino (2006), states that social support aims to give comfort to others, care for, or appreciate it. Social support from family or people who considered the family has a narrower scope. Marriage and the family is the source of the most important social support. Social support provided by family expected of the individual to the state for the better. According to the previous studies Myers (2010), states that social support is closely related to happiness and health in the elderly and found that people who do not receive social support more frequent stress, lack of sleep and eager suicide larger, while reviews Reviews those who get good social support, easy to relate to others (outgoing), affective (lover) has the physical and mental health was good. The results of this study is different from that performed by the Goddess (2014), the roommates conducts research on the relationship of family support at the level of depression in the elderly in the village fortunate Look District of Saronggi Sumenep them less support (7%), moderate (12%), good (81%). Batam city is nctty The Province Riau islands, Indonesia Batam is a city with a very strategic location. Batam city designated as an industrial area with a work environment supported by the Industrial Development Authority Batam or

better known as the Batam Authority Board (BOB) as a driver of development of Batam that most people find employment in the city of Batam. Older adults who live together with the family especially in Batam would not want to live with a family that does not have the free time to sit together (gather together) with family members the caused by the activities or work that is done every day. The elderly feel that they are no longer useful, and its presence is negative and is Often Considered Considered as a burden for the families of children or children or the whole family. Family support is an important aspect that must exist in a family, Because The effects of family support on health and well-being to function together with the Increase in life expectancy is undoubtedly having an impact Occurs more frequently disease in the elderly, is the reviews Reviews most considerable depressive disorders. Social support from family is a very important thing for a person when entering the elderly in helping to address the problems it faces.

The social comfort that comes from a family of attitudes, actions, and acceptance of family against Patients who support the view that people are always ready to provide help and help if necessary. In fact, reducing the capacity of familiarity with family relationships and reduced interaction with family can lend to feelings of a loved one is not useful, feel excluded and are no longer needed, then the resulting in the occurrence of depression in the elderly. The effects of social support on health and welfare family together. More specifically function, the presence of adequate family support shown to be associated with reduced mortality, Easier to recover from illness, cognitive, physical and emotional health. Also, the positive influence of family social support is an adjustment to stressful events in life. Social support is the availability of resources that can be given a sense of psychological comfort that is Obtained through interaction by the individual to be loved, cared for, valued by others and is part member of a group based on shared interests (Setyandy et al, 2010). Social support provided by the families of the elderly in the care and improve the health status is to provide services to the acceptance condition.

The family is the primary support system for the elderly in maintaining their health. Families serve as the unit of service because of family health problems are interrelated and influence each other among family members and will affect members of families in the surrounding or society as a whole. Friedman (1998) quoted from Harnilawati (2013) divides 5 family duties in the field of health to be done namely: Know health problems for each member, Make decisions to take appropriate health action for the family, Provide nursing family members who are sick or who cannot help himself or herself because of disability or age too young, Maintain a home atmosphere that benefits the health and personality development of family members, Maintain mutual relationships between family and health institutions (utilization of existing health facilities). Relationships that are positive will provide a good influence on the family regarding health facilities. It is expected that with a positive correlation to health care will change each healthy behavior regarding sick family members. Social support was obtained from the results of individual interactions with others in their social environment and can come from anyone, family, spouse (husband or wife), my friend. Psychological and emotional comfort of the family received social support individual can protect people from the consequences of stress on him. After doing research, it can be seen that there is a significant relationship between social support of families with the degree of depression in elderly living with a family, it can be Described in the research results have been Obtained, Because The trends that have occurred in the elderly who receive social support are less well will Affect the mindset and can result in depression of moderate / severe in the elderly themselves. Preferably as family members can provide a good social support to the elderly, so that the elderly feel safe and comfortable when staying with a family. Because daily activities that can help is a member of her own family. Family social support refers to the support-support that is seen by family members as an accessible or held to the family. Support can or cannot be used, but the family members saw that the people who are supportive are always ready to provide help and assistance if needed (Kurniawati, 2007), The family is a support system which means that can give clues on mental health, physical and emotional elderly (seniors). Family support can be divided into four aspects: assessment support, instrumental support, support the informational and emotional support (Kaplan, et al, 2010). One form of social support is social support from family, family is where the growth and development of the individual. Unmet physical and psychological needs are from the family environment. Individuals will make the family as a hope, a place to pour out feelings / tell stories, and issue a complaint when the individual has problems. Social support is the availability of resources that can be given a sense of psychological comfort that is Obtained through interaction by the individual is loved, cared for. valued by others and is part member of a group based on shared interests (Sostyadi, Endang 2010). One form of social support is social support from family, and family is where the growth and development of the individual. Unmet physical and psychological needs of the family environment. Individuals will make the family as a hope, which tells the story, and issue a complaint when the individual has a problem. Based on the research that has been done can be seen from 30 respondents, it can be seen that as many as 10 elderly (33.3%) receive social support of families with both categories, and 20 elderly (66.7%) who lived with the family social support with unfavomble category in PHC Tanjung Sengkuang Batam.

Distribution of Frequency of Elderly Depression Which Live With Family at Posyandu Mawar Working Area PHC Tanjung Sengkuang Batam

Based on the data obtained, the degree of elderly depression shows that of 30 respondents, there are 16 respondents with moderate / severe depression and as many as 11 respondents suffered from mild depression.It is influenced by Several indicators, among others Forgetful, feeling sad and hopeless, worried about the past, it was difficult to start doing new things, explore the present situation there is no hope, thinking that others are better off than yourself. Results of a previous study conducted by the Goddess (2014), the which does research on the relationship of family support at the level of depression in the elderly in the village fortunate Look District of Saronggi Sumenep no low (21%), minor depression (79 %), moderate depression (10%) (5%) of major depression (6%).Depression is a severe mood disorder manifested by functional impairment and the social and physical function were terrific. old and settled on the individual concerned. Depression is a typical reaction when it takes place in a short

time in the presence of apparent precipitating factors, past and depression Therein in accordance with the originator's consideration (Joseph, 2010) According to Santrock (2003), social interaction plays an important role in the life of this elderly. It can tolerate loneliness in social life such as reduced physical function. Self-interested factors to treat, as well as loss of independence, can increase susceptibility to depression. Decreased memory and intellectual function (cognitive) are often associated with depression. Other predisposing factors that can cause depressive symptoms are loss (spouse, close friends and family members, loss of security, length of service, and freedom), loss of sensory capacity such as vision and hearing result in isolation and depression. Factors that increase is a person's risk for depression include: age, Socioeconomic status, marital status, gender (in Juwita, 2013). Socio-demographic factors such as age, sex, marital status, education, and income have consistently been identified as an essential factor in the prevalence of depression. Depression in the elderly Often co-occurs with problems they experienced chronic physical disorders such as diabetes, heart disease, high blood pressure, chronic liver disease is difficult, to cure, asthma, stroke, arthritis, osteoporosis, cancer, and others. Impaired vision and hearing are shared in the elderly may aggravate hormonal depression. Interference Also in the old, primarily postmenopausal women, can trigger the onset of the recession. Depression can also be caused by the use of certain drugs in the long term, such as steroids, some high blood pressure, and heart medications, sleeping pills, rheumatic drugs, and so on. In addition to addiction or drug addiction, drugs, and alcohol can also cause depression (Hanna, 2009).

General changes seen in the elderly is Characterized by Certain physical and psychological changes. Both men and women will adjust so that they are ready by the time the elderly is good or not good. However, the results Obtained from growing niche Reviews These modifications to the head and bring adjustment is not better than good, especially because of the physical and mental setbacks that lasted slowly and gradually. Based on the survey results revealed that elderly people who live with the family a lot because of the high family Children or grandchildren are busy in their work resulted in the lack of interaction with the elderly. As a result of the lack of communication between the older family members is less than the requirement for the old well. Excellent communication is expected by the elderly often cannot be met where more family members are not at home and had little time to be able to communicate and can meet the needs of old life. Stress is very vulnerable in the elderly because of the loss, decreased physical health, and lack of social support from family. Lack of social support from the family to the old will affect coping in the elderly is inadequate. After doing research, it can be seen that there is a significant relationship between social support of families with the degree of depression in elderly living with a family, it can be Described in the research results have been Obtained, Because The trends that have occurred in the elderly who receive social support are less well will Affect the mindset and can result in depression of moderate / severe in the elderly themselves. Preferably as family members can provide a good social support to the elderly, so that the elderly feel safe and comfortable when staying with a family, Because daily activities that can help is a member of her own family. In line with the statement that says that depression in the elderly covered by a physical disorder, in addition to the occurrence of

denial and neglect committed against the elderly is Considered normal aging process causes no detection of depressive disorders (Stanley and Beare, 2007)

Though complaints of sleep disturbance and physical fatigue is an indication of depression in elderly. This too Expressed in the statement that the old with depression in general Showed than emotional complaints of physical complaints, so it Becomes difficult, to detect depressive symptoms, it could lead to delays in the handling (Suardiman, 2011) Based on previous research in Sari (2010), Showed that there is a high influence on social support and depression in the elderly living at home Elderly along with other members who are in the Elderly dwellings. Further research was ever conducted Myers (2010), states that social support is closely related to happiness and health in the elderly and found that people who do not receive social support more frequent stress, lack of sleep and eager suicide larger, while Reviews those who receive excellent social support, easy to relate to others (outgoing), affective (lover) has the physical and mental health was good. Inadequate coping in the face of problems would cause a prolonged crisis Eventually that accumulate and can cause symptoms of depression. From the tabulation of the data from 96 respondents support families in the village fortunate. Based on the research that has been done on 30 respondents, it can be seen that as many as 16 respondents (53.3%) have some degree of depression of moderate/severe, 11 respondents (36.7%) have a degree of mild depression, and a third of respondents (10%) do not experience depression in the elderly who live together with the family at Puskesmas Tanjung Sengkuang Batam.

Relationship Between Family Social Support With Depression in Elderly Who Live With Family at Posyandu Mawar Working Area PHC Tanjung Sengkuang Batam

According to table 3. It is known that from 30 respondents (100%), among them there are 10 respondents (33.3%) who get good family social support. Of which three respondents (10%) did not experience depression, as many as six respondents (20%) had mild depression, and one respondent (3.3%) had moderate / severe depression. While 20 respondents (66.7%) who get social support family with less good category, in which none of the respondents had no depression (0%), five (5) respondents (16.7%) had mild depression, and 15 respondents (50%) had moderate / severe depression. Based on statistical tests known to have a significant relationship between social support of families with the degree of depression in the elderly who live together with the family, with p-value Person Chi-Square = 0.001, the roommates means smaller p-value of <0.05 was so that Ha is accepted and H0 is rejected. According to Friedman (2010), depression is very vulnerable in the elderly because of the loss, decline in physical health and lack of social support from family. Lack of family support for the elderly will Affect coping in the elderly is inadequate. Inadequate dealing in the face of problems, will lead to a crisis in the long term and can Eventually lead to depression in the elderly. According to Maryam dkk (2008), the occurrence of depression in the elderly is influenced by other factors such as poor physical health, parting with a partner, housing, and inadequate transportation, lack of financial resources and the availability of social support used elderly in the face of a stressor Depression was the caused by many factors, among others: hereditary and genetic factors, constitutional factors, premorbid

personality factors, physical factors, psychological factors, neurological factors, biochemical factors in the body, factor electrolyte balance and so on. Depression is usually triggered by physical trauma such as infections, surgery, accidents, labor and so on, as well as psychic as loss of affection or esteem (Joseph, 2010) According Santrock (2003) social interaction plays an important role in the life of this elderly. Hal can tolerate loneliness conditions of social life such as reduced physical old. Factor Themselves willingness to care for, as well as the loss of independence, may increase susceptibility to depression. The reduced memory and intellectual functioning (cognitive) is Often associated with depression. Other predisposing factors that can cause symptoms of depression are loss (spouses, close friends and family members, loss of sense of security, tenure and freedom), loss of sensory capacities such as vision and hearing, resulted in elderly isolated and led to depression. According to Amir (2005) many risk factors that could affect the occurrence of depression in elderly. Risk factors for depression in the elderly are divided into two elements: internal and external factors. In line with the statement that says that depression in the elderly covered by a physical disorder, in addition to the occurrence of denial and neglect committed against the elderly is Considered normal aging process causes no detection of depressive disorders (Stanley & Beare, 2007). Though complaints of sleep disturbance and physical fatigue is an indication of depression in elderly. This too Expressed in the statement that the old with depression in general Showed than emotional complaints of physical complaints, so it Becomes difficult, to detect depressive symptoms, it could lead to delays in the handling (Suardiman, 2011). Based on previous research in Sari (2010), Showed that there is a high influence on social support and depression in the elderly living at home Elderly along with other members who are in the Elderly dwellings. Further research was ever conducted Myers (2010), states that social support is closely related to happiness and health in the elderly and found that people who do not receive social support more frequent stress, lack of sleep and eager suicide more significant, while those who receive social support good, easy to relate to others (outgoing), affective (lover) has the physical and mental health was good. After doing research, it can be seen that there is a significant relationship between social support of families with the degree of depression in elderly living with a family, it can be Described in the research results have been Obtained. Because The trends that have occurred in the elderly who receive social support are less well will Affect the mindset and can result in depression of moderate / severe in the elderly themselves. According to Lieberman that the study of family social support are found in Patients Suffering from the disease and the elderly. The closest social support can be Obtained old roommates are sourced from the family itself (Azizah, 2011). Preferably as family members can provide an excellent social support to the elderly so that the elderly feel safe and comfortable when staying with a family Because daily activities that can help is a member of her own family. Theoretically, social support can reduce the emerging trend of events that can lead to stress; it is because of the interaction with others can modify or alter individual perception of the events so it is said to reduce the potential emergence of fear.

Conclusion

- Most (66.7%) elderly have less family social support.

- More than half (53.3%) elderly people have some degree of depression moderate/severe.
- There is a significant relationship between social support of families with the degree of depression in the elderly living with a family with a value of p-value = 0.001.

Recommendation

Family Elderly

It is expected to pay more attention to the family of the elderly in providing social support in the form of information, emotional care, practical assistance, and assistance in preventing and reducing the assessment of risk factors for depression in the elderly.

For the development of Nursing and Health Officer

- In addition to learning materials in the field of family nursing science, nursing and community nursing gerontik that the lack of family social support can affect the mental health and physical health of the elderly.
- It is expected that health workers to schedule a meeting posyandu roses directly to the families of the elderly in increasing knowledge about the physical and psychological needs of the elderly and encourage you to participate in any senior activities program.
- For caregivers who are community must be prepared professionally to communication the concern to the elderly, helping clients Realize that the elderly experience the sorrow that is not fair, providing information about depression and increase of the role of the family to create healthy social and physical environment.
- Educating the elderly and families about the normal and pathological aging process.
- Nurses are facing elderly people who have Suffered great loss can help the elderly avoid depression by redirecting interests of elderly, encourage activities, meaningful new relationships and support networks of social support the elderly.
- Mental status screening on a periodic basis to the elderly who experience emotional disturbance by using a mini mental status exam (MMSE) to assess cognitive status in elderly people who show signs and symptoms of depression.

For Further Research

Given the limitations of the researcher, the next researcher to research to test the multivariate analysis by looking at the factors of social support the most dominant influence the degree of depression in the elderly, may also use qualitative research methods. As well as for future research to develop research by looking at the differences in family social support in the elderly who live alone (elderly without a partner) and the elderly without a couple who live in institutions with degree level Elderly depression.

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International Journal of Information Research and Review, April, 2018 International Journal of Information Research and Review Vol. 05, Issue, 04, pp. 5380-5388, April, 2018 RESEARCH ARTICLE ARELATED SOCIAL SUPPORT OF FAMILIES WITH DEGREES DEPRESSION ON ELDERLY LIVING TOGETHER WITH FAMILY IN WORK AREA OF ROSES POSYANDU CAPE TOWN HEALTH SENGKUANG BATAM, INDONESIA Tiurma Yohana, Mutia Amalia Lubis and *Chablullah Wibisono Department of Nursing Science, Faculty of Medicines, University of Batam, Batam, Indonesia ARTICLE INFO Article History: Received 29th January, 2018 Received in revised form 12th February, 2018 Accepted 24th March, 2018 Published online 25th April, 2018 Keywords: Social Support, Depression and Family. ABSTRACT The elderly are the elderly are susceptible to depression. One risk factor for depression in the elderly is a lack of social support. Social support obtained from the family nearby. The family is the primary support system for the old in maintaining their health. The purpose of this study was to identify the relationship of social support of families with the degree of depression in the elderly who live with their families. Design of this research is the analytic survey with cross-sectional approach. Samples are old who live with the family. The sampling technique used purposive sampling. The complete example of 30 older adults. The research was conducted on 06-20 May 2017 in Posyandu Mawar Sengkuang Puskesmas Tanjung Batam. Tools and techniques of data collection using questionnaires and interviews guided. Computerized data were processed using SPSS and analyzed using univariate and bivariate. For bivariate analysis using chi-square test. The results obtained from the 30 older adults, who receive social support families of 10 elderly (3.3%) with excellent support and 20 older (66.7%) of social support low-income families. For old depression degree obtained 3 (10%) do not suffer from depression, 11 (36.7%) had mild depression and 16 (53.3%) depression moderate/severe. Furthermore, the results obtained chi-square test p-value 0.001<0.05. The conclusion can be drawn that there is a significant relationship between social support of families with degrees deperesi elderly who live with the family. Copyright © 2018, Tiurma Yohana, Mutia Amalia Lubis and Chablullah Wibisono. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricte d use, distribution and reproduction in any medium, provided the original work is properly cited. INTRODUCTION Elderly population (aged) is part of the family and community members, and the numbers continue to grow according to life expectancy (UHH). An increasing number of older adults who are not accompanied by increased efforts to provide guarantees and adequate social support, will result in increased rates of dependence of elderly against the inhabitants of productive age (old dependency ratio), in other words, the burden to be borne by the productive age population will more increasing. Data from the World Health Organization (WHO) estimates that 75% of the elderly population in the world in 2025 were in developing countries and amount of older adults worldwide will reach 1.2 billion and will grow to 2 billion by 2050 (Isamas, 2013). The Central Bureau of Statistics in 2010 about the growing number of elderly in Indonesia is predicted to increase. The number of elderly in 2010 has reached 18,043,712 inhabitants, then predicted to rise to 40 million by 2025 and even expected to be 71.6 million in 2025 (Utari, 2012). *Corresponding author: Chablullah Wibisono. Department of Nursing Science, Faculty of Medicines, University of Batam, Batam, Indonesia. Health profile data in the Riau islands of Batamparticularly mentioned that the number of elderly has risen there are 864 older adults in 2014, there was 990 elderly in 2015, and in 2016 as many as 1,472 elderly (Batam City Health Office, 2016). According to WHO and Law No. 13 of 1998 on the welfare of the elderly in article 1, paragraph 2, the states that the age of 60 years old is the age of onset. A person who has entered the elderly in general undergo the comprehensive changes Characterized by changes in physical, psychological, social and spiritual. The transformation of physical disorders that occur is changed to existing systems in the body. Furthermore, psychological and social changes that occur generally arising in the elderly are 1) mental disorders such as anxiety disorders (anxiety or Anxiety), guilt (guilty feeling), etc. 2) self-concept disturbances such as changes in emotional stability, changes in the level of depression/mood disorders. 3) the reliance due to decreased physical function and disease. 4) social aspects of the elderly such as changing attitudes to the elderly, values, belief in the elderly and stigma from society. Elderly have different personalities before. The elderly of personality types can be seen how the elderly in managing stress at hand. The adaptation to the changes that occur do to prepare themselves to be ready by the time the elderly and in adapting to various

modifications, various problems faced by Tiurma Yohana, Mutia Amalia Lubis and Chablullah Wibisono. Arelated social support of families with degrees depression on elderly living together with family in work area of roses posyandu cape town health Sengkuang Batam, Indonesia someone who is starting to become seniors. Most of the results Obtained from growing niche Reviews These adjustments to the head and bring adjustment is not better than good, mainly because of the physical and mental retardation that lasted slowly and Gradually. If the change difficult, for the elderly, may be due to the unwillingness of the elderly to interact with the environment or the grant limit to interact. Depression can occur in all age groups, socio-economic class, race and culture. In the elderly, depression continues to be a serious mental health problem even though the cause and development of pharmacologic and psychotherapeutic treatment is so advanced (Stanley & Beare, 2006). In elderly depression is Often misdiagnosed or overlooked. Some factors led to this situation, Including the fact that in the old, depression can be disguised or masked by other physical disorders. In addition to social isolation, the denial, the attitude of the family, a waiver of the normal aging process that Considered cause undetected and Settlement of this disorder. Some health professionals and many elderly still one regard depression as a natural part of growing older and Eventually fail to extinguish between expected behavior and a treatable disease (Stanley & Beare, 2007). In addition to the above statement that the complaints such as sleep disturbances and physical fatigue are an indication of depression in the elderly. It is also expressed in the report that the elderly with low typically demonstrate physical complaints than emotional complaints, so it becomes difficult to detect depressive symptoms, it could lead to delays in the handling (Suardiman, 2011). The existence of the various causes of depression can shorten life expectancy by triggering or exacerbating a physical setback. The most significant impact often occurs in areas where satisfaction and decreased quality of life, the fulfillment of developmental tasks elderly. Furthermore, depression can be emotionally and financially draining family and social support systems of its informal and formal. According to Amir (2005), there are Several risk factors for depression in the old items, namely internal and external elements. Internal factors Consist of (1) biological factors (age, gender, family history), (2) physical factors (history it had Suffered), (3) psychological factors (personality and cognitive elderly).While external factors are items, namely social that includes (1) marital status, (2) employment, (3) social stressor and social support. Besides geographical factors Obtained from outside the individual is a factor that can be modified to reduce the potential for stress and depression. Referred to social support social, social interaction, social support Obtained from family support. According to Sarafino (2006), social support can come from various sources such as a spouse, family, girlfriend, friends, coworkers, and community organizations. Social support refers to give comfort to others, care or appreciate. Social support may include providing information, emotional attention, presenting the necessary aid and assistance issues judging from the family to the elderly. Furthermore, according to Lieberman that the study of family social support is found in patients suffering from the disease and the elderly. The closest social support which can be obtained elderly is sourced from the family itself (Azizah, 2011). The family is the primary support system for the elderly in maintaining their health. Families serve as the unit of service because of family health problems are interrelated and influence each other among family members and will affect members of families in the surrounding or society as a whole. According Santrock (2003) in Juwita (2013) that the effect of social support is essential in the life of the elderly. It can tolerate the conditions of the elderly in the social life of the elderly. Likewise, social networks and social interaction can be determined by identifying individuals who are close to the elderly. In addition to proximity to the elderly, the frequency and quality of communication are much more critical in determining the occurrence of depression. Based on previous studies in Sari (2010), showed that there is a high influence between social support and depression in the elderly living at home Elderly along with other members who are in the institutions of the Elderly. Further research was ever conducted Myers (2010) stated that social support is closely related to happiness and health in the elderly and found that people who do not receive social assistance more frequent stress, lack of sleep and eager suicide more significant, while those who get social support right, easy to relate to others (outgoing), affective (lover) has the physical and mental health was good. Theoretically, social support can reduce the emerging trend of events that can lead to stress, and it is because of the interaction with others can modify or alter the individual perception of the events, so it is said to reduce the potential emergence of stress. According to the Health Service Data Batam (2016), that of 109 Posyandu elderly in the city of Batam, the data seniors who most first contained in the work area Community Health Centers Tanjung Sengkuang, that there are 474 older adults, both in SeiLekop about 366 elderly and the third The Botania 297 elderly. Based on the above the data the Researchers continue doing pre-survey in February 2017 in Cape Sengkuang health centers, and 64 elderly people are living with families experiencing emotional disorders. According to the results of interviews with the person in charge in the poly elderly, PHC Tanjung Sengkuang Batam has 2 IHC, namely Posyandu Batu Merah as many as 100 elderly and Posyandu Tanjung Sengkuang as many as 215 elderly between the ages of 45-80 years. Next Researchers again conducted interviews with the person in charge of IHC on March 4, 2017, that the Data which Often reported to the clinic form of the data perceived physical complaints of the elderly themselves, but the field of data collection Periodically the degree of depression in the elderly has not been done. Besides, researchers also conducted interviews by asking the condition of feelings of elderly today that is to 12 elderly people who live with the family housed in the vicinity of Tanjung Sengkuang Posyandu and Tanjung Batu Merah PHC Tanjung Sengkuang. Provisional data obtained from the interviews that most of the elderly are nine seniors (75%) complained of feeling lonely, irritable, anxious, lacking the spirit to follow Posyandu activities, decreased appetite, 2 elderly (16.7%) are often easily confused when doing something, afraid wrong to do something that will be done, forgetfulness, fatigue, and even the elderly (8.3%) of them said that the feeling of pessimism about the present life, felt guilty when he was sick because it can only troublesome family and felt worthless, As for other information related to his physical health and about his family Obtained from 12 elderly said that entering old age they think Reviews their various physical complaints that Arise, such as fatigue, sleep Easily Awakened and sleeplessness Returned, hypertension, varicose veins, arthritis, insomnia, diabetes, impaired hearing, cholesterol, and others. Furthermore, the additional of the data from the elderly about the family said that family behavior is perceived differently when they can not work anymore, families lack confidence in what the elderly, families happier when the elderly are at home alone, and five elderly said that his family sometimes just can accompany elderly posyandu and 6 elderly said the family always remembering the elderly to go to posyandu and accompany him.Based on the description above, the Researchers are interested in studying the relationship of social support of families with the degree of depression in the elderly living with a family in PHC Tanjung Sengkuang Batam. Theoretical Review Depression Depression is a severe mood disorder manifested by functional impairment and the social and physical function were terrific, old and settled on the individual concerned. Depression is a typical reaction when it takes place in a short time in the presence of apparent precipitating factors, past and depression There following the originator's consideration (Joseph, 2010).Depression can occur in all age groups, socio-economic class, race and culture. In the elderly, depression continues to be a severe mental health problem even though the cause and development of pharmacologic and psychotherapeutic treatment are so advanced (Stanley & Beare, 2006). In elderly depression is Often misdiagnosed or overlooked. Some factors led to this situation, including the fact that in the elderly, depression can be disguised or masked by other physical disorders. In addition to social isolation, the attitude of parents, denial, ignorance of the normal aging process causes undetected and Settlement of this disease. Some health professionals and many elderly still one regard depression as a natural part of growing older and eventually fail to extinguish between expected behavior and a treatable disease. The existence of the various causes of depression can shorten life expectancy by triggering or exacerbating a physical setback. The most significant impact Often Occurs in areas where satisfaction and Decreased quality of life, the fulfillment of developmental tasks elderly. Furthermore, depression can be emotionally and financially draining family and social support systems of its informal and formal. Socio -demographic factors such as age, Socioeconomic status, marital status, gender, education and income has consistently been identified as an essential factor in the prevalence of risk elderly depressed (Juwita, 2013). In addition, According to Mary, et al (2008); Hanna (2009) that the occurrence of depression in the elderly Often co-occur with problems they experienced chronic physical disorders such as diabetes, heart disease, high blood pressure, chronic liver disease is severe, to cure, asthma, stroke, arthritis, osteoporosis, cancer, etc. other. Impaired vision and hearing a familiar result and lead to depression isolated elderly. Hormonal disorders in the elderly, especially postmenopausal women, can trigger the onset of the recession. Also, low may. Also be the caused by the use of certain drugs in the long term, such as steroids, some high blood pressure and heart medications, sleeping pills, antirheumatic, and others. Furthermore, addiction or drug dependence, drug, According to Amir (2005), many risk factors could affect the occurrence of depression in the elderly. A risk factor for depression in the elderly can be divided into two elements: internal and external factors. Internal factors Biological ? ? Age: Depression often occurs at a young age. The average age of onset of 20-40 years. Social factors usually put someone young at high risk, such as biological predisposition genetic factors also often give effect to someone younger. However, depression can also occur in children up to the elderly (the elderly). Gender: Depression is more common in women. Apresumption that women more often seek treatment so more often diagnosis. Other than that depression, there is also the claim that women are more exposed to environmental stressors and lower the threshold to stressors than men. Depression associated with hormonal imbalance in women adds to the high prevalence of depression in women, adding to the high incidence of depression in women, such as the premenstrual depression, postpartum, postmenopause. ? Family History: Family history of suffering from depressive disorders is higher than on the subject of depression patients when compared with the control. Other than that, family history of suicide and alcohol use was more frequent in patients with depression from the family control, in other words, the higher the risk of depression when there is a history of a genetic family. Physical factors ? History of disease / illness being suffered: A chronic disease that affects the elderly for many years usually makes the elderly more susceptible to depression. ? The ability to perform everyday activities: Reduced willingness to take care of themselves as well as the loss of independence may increase susceptibility to depression. Psychological factors ? Personality elderly: Someone with a personality that is more introverted, anxious, hypersensitive and more dependent on other people more susceptible to depression. ? Cognitive function: The reduced memory and intellectual functioning (cognitive) is often associated with depression. External factors, Social Including Marital status Major depressive disorder is more common in individuals who are divorced or separated or when Compared with singletons. Status divorce puts a person at high risk for depression. Work The lack or absence of financial resources, loss of position and freedom can be a trigger factor for depression. Social stressors A stressor is a perceived stressful situation so that one can not adapt and survive. Social stressors are precipitating depression. living together with family in work area of roses posyandu cape town health Sengkuang Batam, Indonesia Life events that occur in acute or chronic can lead to depression, such as

loss or separation factor (spouses, close friends and family members, loss of sense of security, housing and transportation is inadequate). Social support Family social support factors in the social environment that may modify the effect of psychosocial stressors on depression and the availability of social support used elderly in the face of an aggressor. According to Santrock (2003), social interaction plays a vital role in the lives of the elderly. It can tolerate loneliness conditions that exist in the social life of the elderly. One of the instruments or measuring devices to be used in measuring the scale of elderly depression is a Geriatric Depression Rating Scale (GDRS) by Brink and Yesavage. The specifications of the design parameters Geriatric Depression Scale (GDS) according to Rinaldi P., et al. (2003) are: ? Interest in the activity is emerging because there is a feeling attracted to something that is being done or movement. ? Sadness is a flavor or the state of mind when dealing with something or events which can create feelings of depression. ? Loneliness and boredom is the sense or state of mind when dealing with something or events that already do not like anymore because it is too often done. ? Feelings of helplessness is feeling or state of mind when dealing with something or events that are not powered (not capable) of doing nothing. ? Guilt is feeling, or state of mind that has opinions (opinions) about what he does is always wrong in front of others. ? ? Attention/concentration is the concentration of attention or thoughts on a matter. Spirit or hope for the future is the primary form of belief in something desired will be Obtained, or an event will bring a goodness in the future. Assessment of the degree of depression in the elderly above the Sunaryo (2016), can be grouped by three groups: ? ? No depression: It said depression is not the caused by circumstances not dissolve in grief by each. Mild depression: The most common type of depression. This type of short-lived and do not affect the activity seriously. Usually triggered by a variety of unpleasant events that lead to frustration and stress. Medical treatments are generally not required because the patient usually only need a new atmosphere. ? Depression Moderate / Heavy: It said depression moderate / severe marked by feelings of despair or lose interest in the outside world and severe behavioral changes in the long term, followed by withdrawal from real life and the idea or attempted suicide. Social Support According to House Smet in Setiadi (2008), every form of social support has characteristics include: ? Informative items, namely the help of Information Provided to be used by someone in tackling the problems faced, Including the provision of advice, guidance, ideas or other information that is required and this information can be passed on to others who might be facing the same problems or similar. ? Emotional attention, everyone will need the help of affection from others, support in the form of loving support and empathy, love, trust, and respect. Thus Spake faces the challenge someone who felt he did not bear the burden alone, but there are others who would listen and pay attention to his complaints, sympathetic and empathetic to the problems that it faces. ? Instrumental assistance, aid aims to simplify the form of a person in performing activities related to the problems they face or to help direct the Difficulties he encountered, for example, by providing a complete and adequate equipment for Patients, providing the required drugs and others. ? Help assessment, the roommates is a form of appreciation given to the other person based on the actual condition of the patient. This evaluation can be positive and negative the roommates is very meaningful for somebody influence. In connection with the family social support is very helpful assessment is positive assessment. The effects of social support on health and welfare family work well together. In more specific, the existence of adequate family support shown to be associated with reduced mortality, Easier to recover from illness, cognitive, physical and emotional health. Also, the positive influence of family social support is an adjustment to stressful events in life. The theoretical framework of research on the risk factors that influence the occurrence of depression can be seen In Scheme One Below: Scheme 1. Theory Framework Research METERIALS AND METHODS This study design using analytic survey with cross sectional approach. Samples are elderly who live with the family. The sampling technique used purposive sampling. The number of samples was 30 elderly people. Collecting the data in this study using questionnaires and interviews guided. Data were Analyzed in two ways: univariate and bivariate. For bivariate analysis using chi-square tests were performed using SPSS computerized manner. RESULTS AND DISCUSSION Univariate Analysis Social Support Family Based on Table 1 it can be seen from 30 respondents, it can be viewed that as many as 10 respondents (33.3%) receive social support of families, and 20 respondents (66.7%) receive social support low families in the elderly living together with the family at PHC Tanjung Sengkuang Batam. together with the family, with p-value Person Chi-Square = 0.001, which means smaller p-value <0.05 so that Ha is accepted and HO is rejected, DISCUSSION Frequency Distribution of Family Social Support in Elderly Who Live Together With Family at PosyanduMawar Working Area PuskesmasTanjungSengkuangBatam The results in Table 1.The frequency distribution of social support of families with right family support category as many as 10 respondents (33.3%), while the low family social support as many as 20 respondents (66.7%) in PuskesmasTanjung Table 1.Frequency distribution Social Support Families in SeniorsFamilies are Staying Together with IHC Rose Sengkuang PHC TanjungBatam Social SupportFamily Frequency Percent (%) Good 10 33.3 not good 20 66.7 TOTAL 30 100 Table 2. Frequency Distribution Depression, Degrees Seniors Families, Are Staying Together With IHC Rose Sengkuang PHC TanjungBatam The degree of Depression Frequency Percent (%) No Depression Mild Depression Moderate / Heavy TOTAL 3 11 16 30 10.0 36.7 53.3 100 Table 3. Relationship Between Social Support Families with Degrees of Depression in Elderly Stay Together with Family at PHC TanjungSengkuangBatam Depression No. Family support total p-value No depression % light Depression % Depression is /weight % % 1. Good 2. not good Total 3 10.0 0 0 3 10.0 6 20.0 5 16.7 11 36.7 1 3.3 15 50.0 16 53.3 10 20 30 33.3 0,001 66.7 100.0 The Degree of Depression According to the table above can be seen from 30 respondents, it can be seen that as manyas 16 respondents (53.3%) have some degree of depression of moderate/severe, 11 respondents (36.7%) have a degree of mild depression, and a third of respondents (10%) without depression in the elderly who live together with the family at PuskesmasTanjungSengkuangBatam. Bivariate Analysis Relationships Social Support Depression User Degrees According to the table can be seen that out of 30 respondents, found that as many as 10 respondents (33.3%) who received social support such a good family 3 seniors (10%) are not depressed, 6 seniors (20%), depression moderate / severe, while 20 the elderly poor social support (66.7%) there were five elderly (16.7%) mild depression and 15 elderly (50.0%) depression moderate/severe. Based on statistical test known to have a significant relationship between social support of families with the degree of depression in the elderly who live Sengkuang Batam. According Sarafino (2006), states that social support aims to give comfort to others, care for, or appreciate it. Social support from family or people who considered the family has a narrower scope. Marriage and the family is the source of the most important social support. Social support provided by family expected of the individual to the state for the better. According to the previous studies Myers (2010), states that social support is closely related to happiness and health in the elderly and found that people who do not receive social support more frequent stress, lack of sleep and eager suicide larger, while reviews Reviews those who get good social support, easy to relate to others (outgoing), affective (lover) has the physical and mental health was good. The results of this study is different from that performed by the Goddess (2014), the roommates conducts research on the relationship of family support at the level of depression in the elderly in the village fortunate Look District of Saronggi Sumenep them less support (7%), moderate (12%), good (81%). Batam city is acity The Province Riau islands, Indonesia Batam is a city with a very strategic location. Batam city designated as an industrial area with a work environment supported by the Industrial Development Authority Batam or living together with family in work area of roses posyandu cape town health Sengkuang Batam, Indonesia better known as the Batam Authority Board (BOB) as a driver of development of Batam that most people find employment in the city of Batam. Older adults who live together with the family especially in Batam would not want to live with a family that does not have the free time to sit together (gather together) with family members the caused by the activities or work that is done every day. The elderly feel that they are no longer useful, and its presence is negative and is Often Considered Considered as a burden for the families of children or children or the whole family. Family support is an important aspect that must exist in a family, Because The effects of family support on health and well-being to function together with the Increase in life expectancy is undoubtedly having an impact Occurs more frequently disease in the elderly, is the reviews Reviews most considerable depressive disorders. Social support from family is a very important thing for a person when entering the elderly in helping to address the problems it faces. The social comfort that comes from a family of attitudes, actions, and acceptance of family against. Patients who support the view that people are always ready to provide help and help if necessary. In fact, reducing the capacity of familiarity with family relationships and reduced interaction with family can lead to feelings of a loved one is not useful, feel excluded and are no longer needed, then the resulting in the occurrence of depression in the elderly. The effects of social support on health and welfare family together. More specifically function, the presence of adequate family support shown to be associated with reduced mortality, Easier to recover from illness, cognitive, physical and emotional health. Also, the positive influence of family social support is an adjustment to stressful events in life. Social support is the availability of resources that can be given a sense of psychological comfort that is Obtained through interaction by the individual to be loved, cared for, valued by others and is part member of a group based on shared interests (Setyoady et al. 2010). Social support provided by the families of the elderly in the care and improve the health status is to provide services to the acceptance condition. The family is the primary support system for the elderly in maintaining their health. Families serve as the unit of service because of family health problems are interrelated and influence each other among family members and will affect members of families in the surrounding or society as a whole. Friedman (1998) quoted from Harnilawati (2013) divides 5 family duties in the field of health to be done Know health problems for each member, Make decisions to take appropriate health action for the family, Provide nursing family members who are sick or who cannot help himself or herself because of disability or age too young, Maintain a home atmosphere that benefits the health and personality development of family members, Maintain mutual relationships between family and health institutions (utilization of existing health facilities). Relationships that are positive will provide a good influence on the family regarding health facilities. It is expected that with a positive correlation to health care will change each healthy behavior regarding sick family members. Social support was obtained from the results of individual interactions with others in their social environment and can come from anyone, family, spouse (husband or wife), my friend. Psychological and emotional comfort of the family received social support individual can protect people from the consequences of stress on him. After doing research, it can be seen that there is a significant relationship between social support of families with the degree of depression in elderly living with a family, it can be Described in the research results have been Obtained, Because The trends that have occurred in the elderly who receive social support are less well will Affect the mindset and can result in depression of moderate / severe in the elderly themselves. Preferably as family members can provide a good social support to the elderly, so that the elderly feel safe and comfortable when staying with a family, Because daily activities that can help is a member of her own family. Family social support refers to the support-support that is seen by family members as an accessible or held to the family. Support can or cannot be used, but the family members saw that the

people who are supportive are always ready to provide help and assistance if needed (Kurniawati, 2007), The family is a support system which means that can give clues on mental health, physical and emotional elderly (seniors). Family support can be divided into four aspects: assessment support, instrumental support, support the informational and emotional support (Kaplan, et al., 2010). One form of social support is social support from family, family is where the growth and development of the individual. Unmet physical and psychological needs are from the family environment. Individuals will make the family as a hope, a place to pour out feelings / tell stories, and issue a complaint when the individual has problems. Social support is the availability of resources that can be given a sense of psychological comfort that is Obtained through interaction by the individual is loved, cared for, valued by others and is part member of a group based on shared interests (Soetyodi, Endang 2010). One form of social support is social support from family, and family is where the growth and development of the individual. Unmet physical and psychological needs of the family environment. Individuals will make the family as a hope, which tells the story, and issue a complaint when the individual has a problem. Based on the research that has been done can be seen from 30 respondents, it can be seen that as many as 10 elderly (33.3%) receive social support of families with both categories, and 20 elderly (66.7%) who lived with the family social support with unfavorable category in PHC Tanjung Sengkuang Batam. Distribution of Frequency of Elderly Depression Which Live With Family at Posyandu Mawar Working Area PHC Tanjung Sengkuang Batam Based on the data obtained, the degree of elderly depression shows that of 30 respondents, there are 16 respondents with moderate / severe depression and as many as 11 respondents suffered from mild depression.It is influenced by Several indicators, among others Forgetful, feeling sad and hopeless, worried about the past, it was difficult to start doing new things, explore the present situation there is no hope, thinking that others are better off than yourself. Results of a previous study conducted by the Goddess (2014), the which does research on the relationship of family support at the level of depression in the elderly in the village fortunate Look District of Saronggi Sumenep no low (21%), minor depression (79 %), moderate depression (10%) (5%) of major depression (6%).Depression is a severe mood disorder manifested by functional impairment and the social and physical function were terrific, old and settled on the individual concerned. Depression is a typical reaction when it takes place in a short time in the presence of apparent precipitating factors, past and depression Therein in accordance with the originator's consideration (Joseph, 2010).According to Santrock (2003), social interaction plays an important role in the life of this elderly. It can tolerate loneliness in social life such as reduced physical function. Self-interested factors to treat, as well as loss of independence, can increase susceptibility to depression. Decreased memory and intellectual function (cognitive) are often associated with depression. Other predisposing factors that can cause depressive symptoms are loss (spouse, close friends and family members, loss of security, length of service, and freedom), loss of sensory capacity such as vision and hearing result in isolation and depression. Factors that increase is a person's risk for depression include: age, Socioeconomic status, marital status, gender (in Juwita, 2013). Socio- demographic factors such as age, sex, marital status, education, and income have consistently been identified as an essential factor in the prevalence of depression. Depression in the elderly Often co-occurs with problems they experienced chronic physical disorders such as diabetes, heart disease, high blood pressure, chronic liver disease is difficult, to cure, asthma, stroke, arthritis, osteoporosis, cancer, and others. Impaired vision and hearing are shared in the elderly may aggravate hormonal depression. Interference Also in the old, primarily postmenopausal women, can trigger the onset of the recession. Depression can also be caused by the use of certain drugs in the long term, such as steroids, some high blood pressure, and heart medications, sleeping pills, rheumatic drugs, and so on. In addition to addiction or drug addiction, drugs, and alcohol can also cause depression (Hanna, 2009). General changes seen in the elderly is Characterized by Certain physical and psychological changes. Both men and women will adjust so that they are ready by the time the elderly is good or not good. However, the results Obtained from growing niche Reviews These modifications to the head and bring adjustment is not better than good, especially because of the physical and mental setbacks that lasted slowly and gradually. Based on the survey results revealed that elderly people who live with the family a lot because of the high family. Children or grandchildren are busy in their work resulted in the lack of interaction with the elderly. As a result of the lack of communication between the older family members is less than the requirement for the old well. Excellent communication is expected by the elderly often cannot be met where more family members are not at home and had little time to be able to communicate and can meet the needs of old life. Stress is very vulnerable in the elderly because of the loss, decreased physical health, and lack of social support from family. Lack of social support from the family to the old will affect coping in the elderly is inadequate. After doing research, it can be seen that there is a significant relationship between social support of families with the degree of depression in elderly living with a family, it can be Described in the research results have been Obtained, Because The trends that have occurred in the elderly who receive social support are less well will Affect the mindset and can result in depression of moderate / severe in the elderly themselves. Preferably as family members can provide a good social support to the elderly, so that the elderly feel safe and comfortable when staying with a family, Because daily activities that can help is a member of her own family. In line with the statement that says that depression in the elderly covered by a physical disorder, in addition to the occurrence of denial and neglect committed against the elderly is Considered normal aging process causes no detection of depressive disorders (Stanley and Beare, 2007). Though complaints of sleep disturbance and physical fatigue is an indication of depression in elderly. This too Expressed in the statement that the old with depression in general Showed than emotional complaints of physical complaints, so it Becomes difficult, to detect depressive symptoms, it could lead to delays in the handling (Suardiman, 2011). Based on previous research in Sari (2010), Showed that there is a high influence on social support and depression in the elderly living at home Elderly along with other members who are in the Elderly dwellings. Further research was ever conducted Myers (2010), states that social support is closely related to happiness and health in the elderly and found that people who do not receive social support more frequent stress, lack of sleep and eager suicide larger, while Reviews those who receive excellent social support, easy to relate to others (outgoing), affective (lover) has the physical and mental health was good. Inadequate coping in the face of problems would cause a prolonged crisis Eventually that accumulate and can cause symptoms of depression. From the tabulation of the data from 96 respondents support families in the village fortunate. Based on the research that has been done on 30 respondents, it can be seen that as many as 16 respondents (53.3%) have some degree of depression of moderate/severe, 11 respondents (36.7%) have a degree of mild depression, and a third of respondents (10%) do not experience depression in the elderly who live together with the family at Puskesmas Tanjung Sengkuang Batam. Relationship Between Family Social Support With Depression in Elderly Who Live With Family at Posyandu Mawar Working Area PHC Tanjung Sengkuang Batam According to table 3. It is known that from 30 respondents (100%), among them there are 10 respondents (33.3%) who get good family social support. Of which three respondents (10%) did not experience depression, as many as six respondents (20%) had mild depression, and one respondent (3.3%) had moderate / severe depression. While 20 respondents (66.7%) who get social support family with less good category. in which none of the respondents had no depression (0%), five (5) respondents (16.7%) had mild depression, and 15 respondents (50%) had moderate / severe depression. Based on statistical tests known to have a significant relationship between social support of families with the degree of depression in the elderly who live together with the family, with p-value Person Chi- Square = 0.001, the roomates means smaller p-value of <0.05 was so that Ha is accepted and H0 is rejected, According to Friedman (2010), depression is very vulnerable in the elderly because of the loss, decline in physical health and lack of social support from family. Lack of family support for the elderly will Affect coping in the elderly is inadequate. Inadequate dealing in the face of problems, will lead to a crisis in the long term and can Eventually lead to depression in the elderly. According to Maryam dkk (2008), the occurrence of depression in the elderly is influenced by other factors such as poor physical health, parting with a partner, housing, and inadequate transportation, lack of financial resources and the availability of social support used elderly in the face of a stressor. Depression was the caused by many factors, among others; hereditary and genetic factors, constitutional factors, premorbid living together with family in work area of roses posyandu cape town health Sengkuang Batam, Indonesia personality factors, physical factors, psychological factors, neurological factors, biochemical factors in the body, factor electrolyte balance and so on. Depression is usually triggered by physical trauma such as infections, surgery, accidents, labor and so on, as well as psychic as loss of affection or esteem (Joseph, 2010).According Santrock (2003) social interaction plays an important role in the life of this elderly. Hal can tolerate loneliness conditions of social life such as reduced physical old. Factor Themselves willingness to care for, as well as the loss of independence, may increase susceptibility to depression. The reduced memory and intellectual functioning (cognitive) is Often associated with depression. Other predisposing factors that can cause symptoms of depression are loss (spouses, close friends and family members, loss of sense of security, tenure and freedom), loss of sensory capacities such as vision and hearing resulted in elderly isolated and led to depression. According to Amir (2005) many risk factors that could affect the occurrence of depression in elderly. Risk factors for depression in the elderly are divided into two elements: internal and external factors. In line with the statement that says that depression in the elderly covered by a physical disorder, in addition to the occurrence of denial and neglect committed against the elderly is Considered normal aging process causes no detection of depressive disorders (Stanley & Beare, 2007). Though complaints of sleep disturbance and physical fatigue is an indication of depression in elderly. This too Expressed in the statement that the old with depression in general Showed than emotional complaints of physical complaints, so it Becomes difficult, to detect depressive symptoms, it could lead to delays in the handling (Suardiman, 2011). Based on previous research in Sari (2010), Showed that there is a high influence on social support and depression in the elderly living at home Elderly along with other members who are in the Elderly dwellings. Further research was ever conducted Myers (2010), states that social support is closely related to happiness and health in the elderly and found that people who do not receive social support more frequent stress, lack of sleep and eager suicide more significant, while those who receive social support good, easy to relate to others (outgoing), affective (lover) has the physical and mental health was good. After doing research, it can be seen that there is a significant relationship between social support of families with the degree of depression in elderly living with a family, it can be Described in the research results have been Obtained, Because The trends that have occurred in the elderly who receive social support are less well will Affect the mindset and can result in depression of moderate / severe in the elderly themselves. According to Lieberman that the study of family social support are found in Patients Suffering from the disease and the elderly. The closest social support can be Obtained old roommates are sourced from the family itself (Azizah, 2011). Preferably as family members can provide an excellent social support to the elderly so that the elderly feel safe and comfortable when staying with a family Because daily activities that can help is a member of

her own family. Theoretically, social support can reduce the emerging trend of events that can lead to stress; it is because of the interaction with others can modify or alter individual perception of the events so it is said to reduce the potential emergence of fear. Conclusion ? Most (66.7%) elderly have less family social support. ? ? More than half (53.3%) elderly people have some degree of depression moderate/severe. There is a significant relationship between social support of families with the degree of depression in the elderly living with a family with a value of p-value = 0.001. Recommendation Family Elderly It is expected to pay more attention to the family of the elderly in providing social support in the form of information, emotional care, practical assistance, and assistance in preventing and reducing the assessment of risk factors for depression in the elderly. For the development of Nursing and Health Officer ? In addition to learning materials in the field of family nursing science, nursing and community nursing gerontik that the lack of family social support can affect the mental health and physical health of the elderly. ? It is expected that health workers to schedule a meeting posyandu roses directly to the families of the elderly in increasing knowledge about the physical and psychological needs of the elderly and encourage you to participate in any senior activities program. ? For caregivers who are community must be prepared professionally to communication the concern to the elderly, helping clients Realize that the elderly experience the sorrow that is not fair, providing information about depression and increase of the role of the family to create healthy social and physical environment. ? ? Educating the elderly and families about the normal and pathological aging process. Nurses are facing elderly people who have Suffered great loss can help the elderly avoid depression by redirecting interests of elderly, encourage activities, meaningful new relationships and support networks of social support the elderly. ? Mental status screening on a periodic basis to the elderly who experience emotional disturbance by using a mini mental status exam (MMSE) to assess cognitive status in elderly people who show signs and symptoms of depression. For Further Research Given the limitations of the researcher, the next researcher to research to test the multivariate analysis by looking at the factors of social support the most dominant influence the degree of depression in the elderly, may also use qualitative research methods. As well as for future research to develop research by looking at the differences in family social support in the elderly who live alone (elderly without a partner) and the elderly without a couple who live in institutions with degree level Elderly depression.

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