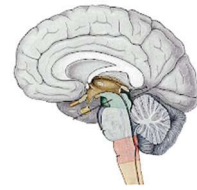


The table of contents is available online at :

## Mesencephalon Health Journal

Journal home:

<https://ejournal.universitaskepanjen.ac.id/index.php/mesencephalon>



### RELATIONSHIP BETWEEN SOCIAL INTERACTION AND DEPRESSION LEVEL I IN THE ELDERLY AT POSYANDU ANGGREK BLIMBING MALANG

**Avin Bhuana Putri Eka Ryandani<sup>1</sup>, Musthika Wida Mashitah<sup>2\*</sup>, Amin Zakaria<sup>3</sup>**

<sup>1,2,3</sup> Nursing Study Program, Faculty of Health Sciences, Institute of Science and Health Technology Dr. Soepraoen Hospital, Malang

E-mail: ns.musthika@itsk-soepraoen.ac.id

#### ARTICLE L E INFORMATION

##### Keywords:

Keywords: Social Interaction, Depression Levels, Elderly

##### Correspondence :

E-mail:

ns.musthika@itsk-soepraoen.ac.id

#### ABSTRACT

With the increasing number of elderly people, there are many problems faced by the elderly, such as decreased social, mental, psychological, and health functions. The problems faced by the elderly can also reduce their social interactions. This can cause depression in the elderly. The aim of this study was to determine the relationship between social interaction and depression levels in the elderly. The design of this study used quantitative correlation with a cross-sectional approach. The population in this study were the elderly at Posyandu Anggrek in RW 04, Blimbing District, Malang City, totaling 51 respondents. The research instrument used the social engagement index to measure the level of social interaction and the GDS 30 observation sheet to measure the level of depression in the elderly. The results of this study showed that the results of the study showed that in the elderly with poor social interaction, almost half of the elderly were not depressed, namely 14 people (44%), almost half of the elderly experienced mild depression, namely 14 people (44%) and a small number of elderly experienced severe depression, namely 4 people (12%). While in the elderly with good social interaction, a small number of elderly were not depressed, namely 2 people (11%), almost all elderly experienced mild depression, namely 16 people (84%) and a small number of elderly experienced severe depression, namely 1 person (5%) ( $p\text{-value} = 0.017$ ) and there is a relationship between social interaction and the level of depression in the elderly. The elderly are expected to be more aware of the importance of maintaining active social interaction with family, friends, and society. Positive social engagement can reduce the risk of depression.

#### INTRODUCTION

The number of elderly people has increased rapidly in many countries, especially in Indonesia. With the increasing number of elderly people, there are many problems faced by the elderly, such as decreased social, mental, psychological, and health functions. The problems faced by the elderly can also reduce their social interactions. This can cause depression in the elderly (Anon, 2023). Depression can also be caused by social factors, such as unpleasant events during childhood or youth that can affect a person's behavior and personality when they are elderly, as well as a lack of support from trusted people to influence a person's relationships throughout life, can also cause depression in the elderly (Rosnadia and Fitria, 2021). In addition, the lack of social interaction in the elderly can cause them to become depressed because they do not have a place to share problems and tell stories (Izza, 2020).

The number and proportion of people aged 60 years and over in the world population is increasing. In 2020, the number of people aged 60 years and over was 1 billion (WHO, 2018). In Indonesia, the population is currently in the era of *aging population* where the number of people over 60 years old exceeds 7 percent of the total population. According to WHO, the most common mental health conditions in the

elderly are depression and anxiety. *Global Health Estimated* (2019) shows that globally, about a quarter of deaths due to suicide (27.2%) occur in people aged 60 years and over. Riskesdas data in 2018 stated that the highest prevalence of depression in Indonesia was experienced by people aged  $\geq 75$  years at 8.9%, 65-74 years at 8.0%, and 55-64 years at 6.5% (Ministry of Health of the Republic of Indonesia, 2019). In 2017, depression in the elderly worldwide with a ratio of 8.4% for women and 5.1% for men, around 13.5% of the total number of elderly. The rate of depression in the elderly in East Java reached 7.18% (BPS, 2017). Based on a preliminary study on June 16, 2024, there were several community activities in the area including PKK, routine religious studies, Sunday community service, posyandu for babies, pregnant women, and the elderly. The results of the preliminary study on 10 elderly people in Blimbing District, it was found that 6% of the elderly rarely interacted with their environment and rarely attended community activities, 2% of the elderly were active in interacting with their environment and routinely participated in community activities, and 2% of the elderly never participated in community activities. There are 8% of them who choose to avoid social gatherings and often feel lonely.

Depression often causes negative situations, because support from the environment is not enough to help individuals return to their original state. Some disorders that can cause symptoms of depression include lack of social interaction, such as minimal communication and difficulty in socializing. When with other people, some choose to remain silent, without engaging in conversation, while others, even though they talk, do so very little because of the varying character of the elderly. Some tend to be quiet, prefer to be alone, daydream, busy with activities such as embroidery, or listening to the radio, and so on. In addition, social support is also an important psychosocial element that can cause depression in the elderly. Loss of social support caused by reduced interaction with other people or conflict with family or close friends can trigger feelings of loneliness, reduce self-confidence, reduce motivation to live, and cause fear of death which can ultimately lead to depression (Izza, 2020).

Declining health and physical abilities can cause older individuals to gradually move away from interacting with their social environment. This can have an impact on the social relationships of the elderly (Anon, 2023). A decrease in social interaction in the elderly can also result in feelings of worthlessness, feelings of alienation so that they will feel increasingly isolated. Rahmi (2018) stated that with good social relationships, the elderly can feel connected in a group that allows them to share experiences, interests, concerns, and participate in creative and innovative activities together. The elderly can gather with their peers to support each other and discuss the challenges they face. The social relationships that are established can have a positive effect on the quality of life because social interaction will prevent the elderly from feeling lonely.

The various situations mentioned above require recovery efforts, one of which is through social support where the presence of other individuals who can be trusted to provide assistance, motivation, acceptance, and attention can improve the quality of life of the individual. It is also recommended that the elderly can build positive social interactions with other elderly people in their daily lives, as this can help slow the progression of dementia, maintain skills, and support mental health. Recommended activities include participating in routine events, helping others in need, where these actions can also bring happiness (Anon, 2023). With this background, the author is interested in investigating the relationship between social interaction and levels of depression in the elderly.

## METHODS

The design of this study uses quantitative correlation with a *cross-sectional approach*. The population in this study were the elderly at Posyandu Anggrek in RW 04, Blimbing District, Malang City, totaling 67 respondents. The sampling technique in this study was Purposive Sampling ( *Purposive sampling* ). The sample in this study was part of the elderly who were included in the middle age ( *middle age* ) starting from 45 years and above, did not have dementia, and were willing to be respondents, obtained 51 respondents. This research instrument used the *social engagement* index to measure the level of social interaction and the GDS 30 observation sheet to measure the level of depression in the elderly. *social engagement assessment* is divided into two components, namely the social network component and social activity. Assessment of social activity is based on the frequency of visits to places of worship, membership of community groups and their activities in the environment, while social networks are assessed from the presence of a life partner, frequency of contact both directly (face to face) and indirectly (through communication media such as letters, telephone, SMS). *Social engagement* is considered good if the overall index value is 3-4, considered bad if the value is 1-2. In the GDS 30 there are *favorable answers* (answers that support the indication that the elderly are experiencing depression) which have mark 1 (marked) with answer Which printed thick on GDS 30 observation sheet ), while *unfavorable answers* (marked with answers printed normally on the GDS 30 observation sheet) are worth 0 (zero). Then results added up, then compared with the score 0 – 10 rated normal , 11 – 20 rated depression medium , and 21 – 30 rated depression weight . Furthermore, the data were analyzed using the chi-square statistical test using the SPSS 23.0 for mac application to determine the relationship between social interaction and depression levels in the elderly.

## RESULTS AND DISCUSSION

The location of the study was conducted at Posyandu Anggrek located in RW 04, Blimbing Village, Malang City. Posyandu is conducted every month on the first Friday of the month. Every month, elderly people come to check their health, ranging from 30-67 elderly people, the researcher took 51 elderly respondents according to the criteria from a total population of 67 elderly people assisted by 2 cadres from the posyandu. Community activities in the Posyandu Anggrek area, RW 04, Blimbing Village that facilitate the elderly to interact socially include posyandu, tahlil, routine religious studies, Family Welfare Development (PKK), night patrols, and routine community service. The research results obtained the following respondent characteristics:

Table 1 Characteristics Respondents

Characteristics Demographics	Frequency (n)	Percentage (%)
Type Sex		
1. Male	21	41%
2. Women	30	59%
Age		
1. Middle age ( <i>middle age</i> ) 45-59 years	20	39%
2. Age elderly 60-70 years		
3. Age carry on old ( <i>old</i> ) 75-90 years	18	31%
4. Very old age ( <i>very old</i> ) >90 years	10	24%
	3	6%
Last education		
1. No school	5	10%
1. SD	1	31%
2. Junior High School	8	16%

3. High School	14	27%
4. College tall	8	16%
Marital status		
1. Marriage	22	43%
2. Not married yet	6	12%
3. Widow / Widower	23	45%
Work		
1. Work	32	62%
2. Not Working	19	38%
Medical History		
1. Hypertension	8	16%
2. Diabetes	6	12%
3. Acid tendon	13	25%
4. Cholesterol	2	4%
5. There is none disease	22	43%

Based on Table 5.1, it can be seen that the majority of elderly people are female. namely 30 people (59%), almost half of them are elderly aged 45-59 years ( *middle age* ), namely 20 people (39%), almost half of it elderly people with elementary school education, namely 16 people (31%), the majority of elderly people's marital status is married, namely 26 people (51%), the majority of elderly people work, namely 32 people (62%) and almost half of the elderly do not have any diseases, namely 22 people (43%).

Table 2 Interactions Social

Interaction Level Social	Frequency (n)	Percentage (%)
Good	19	38%
Bad	32	62%
Total	51	100%

Based on Table 2, it shows that the majority of elderly people have poor levels of social interaction, namely 32 people (62%) and almost half have good social interaction, namely 19 people (38%).

Table 3 Components of Social Interaction

No	Component Interaction Social	Yes		No		Total	
		n	%	n	%	n	%
1.	Partner live (PH)	22	43.0	29	56.8	51	100
2.	contact (VIS)	26	50.9	25	49.0	51	100
3.	contact (NVIS)	25	50.9	25	49.0	51	100
4.	Visit to place of worship (TIB)	11	21.5	40	78.4	51	100
5.	Membership in the group (KEL)	17	33.3	34	66.6	51	100
6.	Activity recreational (MAS)	12	23.5	39	76.4	51	100

Based on component interaction social in Table 5.3 partly big elderly No own partner life namely 27 people (53%), some of them big elderly do visual and non-visual contact , namely 26 people (51%) each, almost all in all elderly No do visit to places of worship , namely 40 people (78%), most of them big elderly No follow as well as in membership group namely 34 people (67%) and almost all in all elderly No do activity recreational namely 39 people (76%).

Table 4 Depression Level Table

Depression Level	Frequency (n)	Percentage (%)
No Depression	16	32%
Depression Light	30	59%
Depression Heavy	5	9%
Total	51	100%

Based on Table 4, it shows that the majority of elderly people experience mild depression, namely 30 people (59%), almost half do not experience depression, namely 16 people (32%) and a small proportion experience severe depression, namely 5 people (9%).

Table 5 Symptoms Depression

No	Symptom Depression	Yes		No		Total	
		n	%	n	%	n	%
1.	Satisfied with life	27	53	24	47	51	100
2.	Undiscovered activities and interests channeled	24	47	25	49	51	100
3.	Feel life empty	33	65	25	49	51	100
4.	Often bored	26	31	40	78	51	100
5.	Have future hope	24	47	34	67	51	100
6.	Feel No Can get success	12	24	39	76	51	100
7.	Spirit each time	27	53	24	47	51	100
8.	Afraid to something Bad will happen	25	40	26	51	51	100
9.	Happy every time	32	63	19	37	51	100
10.	Feel No empowered	13	25	38	75	51	100
11.	Lack of rest and restlessness	24	47	27	53	51	100
12.	More Like stay At home	26	51	25	49	51	100
13.	Worried with the future	25	49	26	51	51	100
14.	Feel own Lots problem than others	32	63	19	37	51	100
15.	Feel fun in life Now	14	27	37	73	51	100
16.	No happy and grey	24	47	27	53	51	100
17.	Feel No useful	27	53	24	47	51	100
18.	Think about past failures	25	49	26	51	51	100
19.	Find a joyful life	30	59	21	41	51	100
20.	Difficult start something new	14	27	37	73	51	100
21.	Feel full energy	22	43	29	57	51	100
22.	Feel No There is hope Again	26	51	25	49	51	100
23.	Feel many people are more Good	25	49	26	51	51	100
24.	Often to obtain chaos in childhood	31	61	20	39	51	100
25.	Often feel want to cry	16	31	35	69	51	100
26.	Have disturbance concentration	23	45	28	55	51	100
27.	Enjoy a condition Morning day	12	26	39	76	51	100
28.	Avoid chance social	23	45	28	55	51	100
29.	Easy make decision	13	25	38	75	51	100
30.	Thought as clean as expected	19	37	32	63	51	100

Based on Table 5, the prominent symptoms of depression experienced by the elderly are that most of them are not satisfied with their lives, namely 27 people (60%), feel that their lives are empty, namely 33 people (65%), have no good spirits at all times, namely 27 people (53%), do not feel happy, namely 32 people (63%), the elderly prefer to stay at home rather than go out or do something new, namely 26 people (51%), feel that their problems are greater than other people, namely 32 people (63%), feel useless with the current situation, namely 27 people (53%), do not find anything encouraging, namely 30 people (59%), feel that the situation is hopeless, namely 26 people (51%), and often get chaos from something small, namely 31 people (61%) .

Table 6 Connection Interaction Social with Depression Level

Social Interaction	Depression Level						Total		P Value
	Normal		Light		Heavy				
	N	%	N	%	N	%	N	%	
Bad	14	44	14	44	4	12	32	100	P = 0,017 (P<0,05)
Baik	2	11	16	84	1	5	19	100	
Total	16	31	30	59	5	10	51	100	

Based on Table 6 shows that in the elderly with interaction social bad almost half of it elderly No depression namely 14 people (44%) and depression light namely 14 people (44%) and, some small elderly experience depression heavy namely 4 people (12%). While in the elderly with interaction social Good part small elderly No depression namely 2 people (11%), almost all in all elderly experience depression light namely 16 people (84%) and some small elderly experience depression heavy namely 1 person (5%).

Table 7 Interaction Cross Tabulation Social with Depression Level

General Data	Social Interaction				Depression						Total	
	Good		Bad		Normal		Light		Heavy			
	n	%	n	%	n	%	n	%	n	%	n	%
<b>Type Sex</b>												
1. Male	3	14.3	18	85.7	9	42.9	9	42.9	3	14.3	51	100
2. Women	16	53.3	14	47.7	7	23.3	21	70.0	2	6.7		
<b>Age</b>												
1. Middle age ( <i>middle age</i> ) 45-59 years	7	35,0	13	65,0	6	30,0	13	65,0	1	5.0	51	100
2. Age elderly 60-70 years	8	44,4	10	55,6	7	38,9	9	50,0	2	11.1		
3. Age carry on old ( <i>old</i> ) 75-90 years	3	30,0	7	70,0	3	30,0	6	60,0	1	10.0		
4. Very old age ( <i>very old</i> ) >90 years	1	33,3	2	66,7	0	0	2	66,7	1	33.3		
<b>Last education</b>												
1. SD	3	37.5	5	62.5	7	43,8	8	50,0	1	6,3	51	100
2. Junior High School	2	40.0	3	60.0	2	24,0	5	62,5	1	12,5		
3. High School	6	37.5	10	62,5	3	21,4	9	64,3	2	14,3		
4. College tall	3	37.5	5	62,5	4	50.0	3	37,5	1	12,5		
5. Not going to school	5	35.7	9	64,3	0	0	5	100	0	0		
<b>Marital status</b>												
1. Marriage	9	40.9	13	59.1	7	31.8	12	54.5	3	13.6	51	100
2. Not married yet	2	33.3	4	66.7	2	33.3	4	66.7	0	0		
3. Widow / Widower	8	34.8	15	65.2	7	30.4	14	60.9	2	8.7		
<b>Work</b>												
1. Work	18	5.0	13	41.9	8	25.8	10	50.0	2	10,0	51	100
2. Not Working	19	37.3	19	95.0	8	40.0	20	64.5	3	9,7		

In accordance with results study that elderly with type sex Woman own level interaction good social when compared to elderly male . Research results show all in all elderly man own interaction bad social namely 18 people (85.7%). some of them big elderly age carry on old aged 75-90 *years* own level interaction bad social namely 7 people (70%).

Research result show that part big elderly people who are at Posyandu Orchid RW 04 Kelurahan Blimbing Malang has interaction bad social namely 32 people (62%) ( Table 2). Interaction social is mutually beneficial relationship influence between human and ongoing throughout his life in public ( Nuraini , 2018) . According to Wreksoatmodjo (2014) components interaction social consists of from partner live , visual contact with family or friends , non-visual contact with family or friends , visit to places of worship, membership in groups , and participation regular in activities social recreational . Based

on results research , components interaction less social or No done elderly that is part big elderly No own partner life namely 27 people (53%), almost all in all elderly No do visit to places of worship , namely 40 people (78%), most of them big elderly No follow as well as in membership group namely 34 people (67%) and almost all in all elderly No do activity recreational namely 39 people (76%) ( Table 3).

Based on the results of the study, in the elderly component that does not have most of the elderly are widows or widowers, namely 15 people (65%), most are not married, namely 4 people (67%) (Table 7) whose social interactions are poor. There is a study that finds that elderly people who are not married are more susceptible to social isolation. Losing a life partner through divorce or death can increase their vulnerability to social isolation, because they may lose their main source of emotional and social support (Donovan and Blazer, 2020). Elderly people who lose their partners may find it difficult to rebuild social networks or find other support, especially if they are used to a life centered on their partner. So it is important to create an environment that supports the elderly so that they do not feel marginalized and can continue to maintain good social relationships with others.

Almost all elderly people do not visit places of worship, namely 40 people (78%) (Table 3). However, the spiritual aspect of the elderly prefers to worship at home for reasons of comfort and emotional closeness, in addition to mobility issues (Swinton, 2021). Places of worship are very important spaces for many people to gather, share experiences, and support each other. In addition to being a place to worship, places of worship often provide space for community members to interact socially, form relationships, and listen to each other (Sari, 2019). Social interaction in places of worship can provide a sense of togetherness. Therefore, it is important to facilitate places of worship for the elderly, such as offering regular meetings, such as Bible studies, spiritual discussions, or social gatherings that connect community members. This can be a very good way for the elderly to interact with others.

Most of the elderly who are not involved in group membership are 34 people (66%) (Table 3). Membership in community groups can increase social interaction in the elderly such as communities or social organizations, giving the elderly the opportunity to interact with others regularly (Juniansyah, 2021). Membership in various types of groups in their environment will give the elderly the opportunity to interact with others regularly, so it is important to encourage participation of the elderly in community activities in the Posyandu Anggrek RW 04 environment, Blimbing Village, Malang.

Almost all elderly people do not do recreational activities, namely 39 people (76%) (Table 3). The lack of certain recreational activities, such as playing cards, watching TV or other activities can reduce social interaction in the elderly (Wray et al., 2019). Elderly people at Posyandu Anggrek RW 04, Blimbing Village, Malang need to be encouraged to engage in recreational activities that involve more active social interaction, such as group sports or volunteer activities. These types of activities can provide opportunities to strengthen social relationships.

A number of characteristics demographics participate determine How interaction elderly in life everyday , namely type gender , age , marital status , and occupation ( Hyepark , 2023). According to with results study that elderly with type sex Woman own level interaction good social when compared to elderly male . Research results show all in all elderly man own interaction bad social namely 18 people (85.7%) ( Table 7). Research show that women , including elderly , tend to own network more social bigger and more strong compared to men . This is can caused by various factors , including role more social active and tendency For guard connection social through interaction more emotional intense (Cornwell and Waite, 2020). Along increase age , female tend own more capabilities big in maintain and strengthen network

social , which includes family , friends , and community . This is Can So Because they often more involved in activity social and emotional , both within family and also in scope more social wide .

Based on age , some big elderly age carry on old aged 75-90 *years* own level interaction bad social namely 7 people (70%) ( Table 7). This is in accordance with theory *disengagement* ( release ), that the more increase age elderly tend more close self and difficult For interact (Estelle et al ., 2020). Elderly often feel that connection social that they have No Again give many meanings. They Possible has lost friends or people close to you who were previously become part important in life social them . Feelings lost this , plus with belief that they No Again own Lots Topic For being talked about with others , often creating they more choose For alone (Lauren, 2020). With a full approach consistent attention and support , elderly can feel more easy For open yourself and build return connection positive social . Reduce loneliness they also need time and perseverance , but with the right effort , they can return feel benefit from interact with other people.

Research result show almost all in all elderly who do not Work own interaction bad social namely 19 people (95%) ( Table 7 ). Successful work can increase trust self in interaction social . Interaction with colleague work and clients can increase interaction social . So on the contrary elderly who do not Work will A little meet with other people so that interaction social will bad (Emerson 2021). Jobs No only become source income , but also a important container For socialize . When the elderly entering retirement or No Again work , they Possible feel more isolated Because lost routine daily involving interaction social .

Interaction social make man No feel loneliness . Feeling quiet This often experienced by the elderly and usually tend leading to less direction Good so that happen decline degrees health and role social elderly . Continue age that has adjustment good self like can interact social with neighbors and community around and follow activities in the area carry on age is , then reciprocity from support social That myself will also good and influential to life carry on age Good life Now or what will be come ( Nuraini , 2018) .

## CONCLUSION AND RECOMMENDATIONS

Social interaction in the elderly at Posyandu Anggrek RW 04, Blimbing Village, Malang, most of the elderly have poor social interaction, namely 32 people (62%). The level of depression in the elderly at Posyandu Anggrek RW 04, Blimbing Village, Malang, mostly experienced mild depression, namely 30 people (59%). There is a significant relationship between social interaction and depression levels in the elderly at Posyandu Anggrek RW 04 Kelurahan Blimbing Malang ( $p = 0.017$ )  $p < 0.05$ . Through the results of this study, the elderly are expected to understand that positive social involvement can reduce the risk of depression and improve their quality of life through strong social support. Elderly who do not have physical limitations in their activities should be active in community activities and recreational activities.

## REFERENCE

- Anisak, S., Farida, E., & Rodiyatun, R. (2022). *Faktor Predisposisi Perilaku Lansia Dalam Lingkungan Sosial*, 12(1), 34–46. <https://doi.org/10.35874/Jib.V12i1.1009>
- Aubourg, T., Demongeot, J., Renard, F., Provost, H., & Vuillerme, N. (2019). *Association Between Social Asymmetry And Depression In Older Adults: A Phone Call Detail Records Analysis*. *Scientific Reports*, 9(1), 1–10. <https://doi.org/10.1038/S41598-019-49723-8>
- Aviarni, Arsyad, M., & Supiyah, R. 2020. *Dampak Penggunaan Media Sosial Dalam Interaksi Sosial Mahasiswa*. *Gemeinschaft: Jurnal Masyarakat Pesisir Dan Perdesaan*, 2(2), 130–137
- Byeon, H. (2019) ‘*Relationship between physical activity level and depression of elderly people living alone*’, *International Journal of Environmental Research and Public Health*, 16(20).



doi:10.3390/ijerph16204051

- Couto, G. R., Dias, V., & Oliveira, I. De J. (2020). *Benefits Of Exclusive Breastfeeding: An Integrative Review. Nursing Practice Today*, 7(4), 245–254. <https://doi.org/10.18502/Npt.V7i4.4034>
- Dorrance Hall, E., Meng, J., & Reynolds, R. M. (2020). *Confidant Network And Interpersonal Communication Associations With Depression In Older Adulthood. Health Communication*, 35(7), 872–881. <https://doi.org/10.1080/10410236.2019.1598616>
- Editia, Y. V., Widjanarko, B., & Margawati, A. (2022). *Exclusive Breastfeeding Behavior Analysis Based On Health Belief Model: A Cross-Sectional Study. Jurnal Aisyah : Jurnal Ilmu Kesehatan*, 7(S1), 165–172. <https://doi.org/10.30604/Jika.V7is1.1115>
- Febriani, R. D. . dan Ismahmudi, R. (2020). *Is Social Support Related To Psychological Wellbeing In Working Deprssion? Jurnal Keperawatan Jiwa*, 8(4), 505. <https://doi.org/10.26714/Jkj.8.4.2020.505-514>
- Hidayatunnikmah, N. (2019). *Pengaruh Pendapatan Ekonomi lansia Terhadap Tingkat Depresi (Jurnal Ilmu Kesehatan)*, 4(2), 1–7. <https://doi.org/10.24929/Jik.V4i2.796>
- Herdiani, F. D. (2021). *Penerapan Oracle Enterprise Architecture Development (Oadp) Dalam Perancangan Arsitektur Sistem Informasi Manajemen Aset Properti: Studi Kasus Pt. Pos Properti Indonesia. Jurnal Ilmiah Ilmu Terapan Universitas Jambi*, 5(1), 31–38. <https://doi.org/10.22437/Jiituj.V5i1.12886>
- Jiravisitkul, P., Thonginnetra, S., Kasemlawan, N., & Suntharayuth, T. (2022). Supporting Family. *International Breastfeeding Journal*, 17(1), 1–15. <https://doi.org/10.1186/S13006-022-00533-1>
- Khotimah, K., As Satillah, S., Fitriani, V., Miranti, M., Maulida, M., Hasmalena, H., Pagarwati, L. D. A., & Zulaiha, D. (2024). *Analisis Pengaruh Interaksi Sosial pada Lansia*, 13(2), 254–266. <https://doi.org/10.26877/Paudia.V13i2.505>
- Kristina, E., Syarif, I., & Lestari, Y. (2019). *Dapak Interaksi Sosial Terhadap Depresi*, 19(1), 71. <https://doi.org/10.33087/Jiubj.V19i1.568>
- Kumala Dewi, N. K. R. (2020). *Tinjauan Yuridis Terhadap Tindakan Menghalangi Tingkat Depresi. Jurnal Analisis Hukum*, 1(1), 22. <https://doi.org/10.38043/Jah.V1i1.236>
- Marwiyah, N., & Khaerawati, T. (2020). *Faktor–Faktor Yang Berhubungan Dengan Interaksi Sosial Lansia. Faletahan Health Journal*, 7(1), 18–29. <https://doi.org/10.33746/Fhj.V7i1.78>
- Merissa Pramudita, & Aldi Febrian Wieminaty. (2023). *Pengaruh Pendidikan Keluarga Terhadap Tingkat Depresi Lansia Medical Jurnal Of Al-Qodiri*, 8(1), 87–93. [https://doi.org/10.52264/Jurnal\\_Stikesalqodiri.V8i1.240](https://doi.org/10.52264/Jurnal_Stikesalqodiri.V8i1.240)
- Meulaboh, D. P. K. R. K. n.d.. *Media sosial sebagai alat komunikasi dan Informasi organisasi yang efektif. Www.Djpb.Kemenkeu.Go.Id*. Retrieved (2022), from *Dan Ilmu Sosial*, 1(3), 177–185. <https://doi.org/10.54066/Jupendis-Itb.V1i3>
- Mico Wahono, A., & Oktarian, A. (2024). *Re-Design Ruang Laktasi Pada Kantor Bank Di Jakarta Barat Menggunakan Metode Regresi Linear Sederhana*. 3(2), 403–408.
- Millah, A. S., Apriyani, Arobiah, D., Febriani, E. S., & Ramdhani, E. (2023). Analisis Data Dalam Penelitian Tindakan Kelas. *Jurnal Kreativitas Mahasiswa*, 1(2), 140–153.
- Millah, H., & Suryana, H. (2020). *Pengaruh Kualitas Pelayanan Karyawan Terhadap Kepuasan Konsumen (Studi Kasus Pada Alfamart Di Desa Karangbong Kecamatan Pajajaran )*. 6(2), 134–142.
- Musdalifah, M., Satriani, S., Najib, A., & Abadi, A. U. (2022). *Efektivitas Penggunaan Aplikasi Microsoft Excel Terhadap Pengolahan Data Penelitian Mahasiswa Uin Alauddin Makassar. Educational Leadership: Jurnal Manajemen Pendidikan*, 1(2), 191–199. <https://doi.org/10.24252/Edu.V1i2.26713>
- Nakagomi, A., Shiba, K., Kondo, K., & Kawachi, I. (2020). *Can Online Communication Prevent Depression Among Older People? A Longitudinal Analysis. Journal Of Applied Gerontology*. <https://doi.org/10.1177/0733464820982147>
- Nair, A. M., & Senthil, T. K. (2022). *A Study On Work Place Support Which Influence The Quality Of*

*Work Fife Of Advocate In Selected District In Kerala. 19(1), 6568–6575.*

Rafiq, A. 2020. *Dampak Media Sosial Terhadap Perubahan Sosial Suatu Masyarakat. Global Komunikasi*, 1(1), 18–29

Rosita, E., Hidayat, W., & Yuliani, W. (2021). *Uji Validitas Dan Reliabilitas Kuesioner Perilaku Prosocial. Fokus (Kajian Bimbingan & Konseling Dalam Pendidikan)*, 4(4), 279. <https://doi.org/10.22460/Fokus.V4i4.7413>