Original Research

Jurnal Kesehatan dr. Soebandi, Volume 14, Issue .1, April 2026
Available Online at https://journal.uds.ac.id/index.php/jkds

Jurnal Kesehatan dr. Soebandi
E ISSN : 2527 – 7529 | P-ISSN : 2302 – 7932

Religiosity, Family Support, and Depression Among Older Adults

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ARTICLE INFO

Article History
Received : 16th July, 2025
Revised : 13th April, 2026
Accepted : 14th April, 2026
Published : 30th April, 2026

DOI:
https://doi.org/10.36858/jkds.v14i1.970

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PUBLISHER:
LPPM Universitas dr. Soebandi
Jalan Dr. Soebandi No 99 Jember, Patrang Regency, Jember, East Java, Indonesia.

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ABSTRACT

Background: The elderly population is projected to continue increasing, reaching an estimated 2 billion by 2050. A 2023 meta-analysis study reported a prevalence of depression among the elderly at 35.1%. Effective preventive measures, routine screening, and timely interventions are critically needed. This study aimed to identify the relationship between the level of religiosity and family support with the level of depression among elderly individuals in Cilember Village. **Methods :** A quantitative approach with a correlational design was employed. The total sampling technique was used, involving 37 respondents. The instruments utilized included the Spiritual Well-Being Scale (SWBS) to assess religiosity, a family support questionnaire, and the Geriatric Depression Scale (GDS-15) to evaluate depression levels. **Results:** The findings revealed that the majority of elderly participants had a low level of religiosity (48.6%) and moderate family support (54.1%). Additionally, 37.8% of the elderly experienced severe depression. Data analysis using the Chi-Square test showed a significant relationship between religiosity and depression level (p = 0.047), as well as between family support and depression level (p = 0.048). **Conclusions:** There is a significant association between religiosity and family support with depression levels among the elderly, with both factors serving as protective elements for the mental health of older adults.

Keyword: Family; Geriatrics Mental Health; Spirituality.

How to cite:
I Wayan Gede, S., Cahyadi Agastiya, I. M., Arista Riti Tegu, F., Emi Primayanthi, A. A., Dewi Ariyanti, A., & Setia Merta, N. Religiosity, Family Support, and Depression Among Older Adults. *Jurnal Kesehatan Dr. Soebandi*, *14*(1). https://doi.org/10.36858/jkds.v14i1.970

INTRODUCTION:

Globally, the population aged 60 years and over is projected to increase to approximately 1.2 billion, with around 840 million residing in developing countries. This figure is expected to continue rising, reaching an estimated 2 billion by the year 2050. This demographic shift has raised significant concern, as older adults are particularly vulnerable to various health issues, including mental disorders. A 2023 meta-analysis revealed that the prevalence of depression among the elderly is as high as 35.1% (Basrowi et al., 2021; Cai et al., 2023).

In old age, individuals undergo various changes encompassing physical, mental, social, and cognitive aspects. From psychological and

social perspectives, older adults face numerous challenges, such as limitations in performing daily activities, shrinking social networks, feelings of isolation, and an increased risk of depression, particularly when accompanied by declining physical health (Gresik et al., 2023; Lu et al., 2021; Musmiler, 2020).

Depression in the elderly is one of the most commonly encountered psychiatric disorders and represents a serious mental health issue among older adults. This condition is influenced by various factors, including experiences of loss or bereavement, a decline in physical abilities that hinders daily activities and the fulfillment of basic needs, as well as a low level of spirituality. Collectively, these factors may increase the vulnerability of older individuals to the onset of depressive symptoms (Akbar & Budianto, 2022; Musmiler, 2020).

In later stages of life, support from family and the surrounding environment plays a crucial role in the prevention of depression. Beyond physical condition, psychological aspects—particularly emotional support from family—have a significant impact on the mental well-being of older adults. When the elderly do not receive adequate support from their families, they are more likely to feel neglected, which may trigger depressive feelings. In addition, the level of independence in performing daily activities and the quality of sleep also serve as important factors in maintaining mental health stability within this age group (Suharta & Anggrianti, 2021).

Depression in the elderly is a significant mental health issue that negatively affects their quality of life. In coping with psychological pressures such as stress, anxiety, and depression, older adults often seek peace by turning to God through religious practices and worship. Between the ages of 60 and 74, individuals typically begin to experience physical decline, which increases their awareness of life's finitude and, consequently, heightens their need for spiritual fulfillment. Therefore, a high level of religiosity is regarded as an important protective factor in preventing the onset of depressive symptoms among the elderly (Adolph, 2024; Utami, 2022). However, previous studies have mostly examined religiosity and family support separately, and there is limited research that analyzes both factors simultaneously, especially in specific community settings in Indonesia.

This study is novel because it simultaneously analyzes religiosity and family support as protective factors against depression in a specific community setting, providing more context-specific and comprehensive evidence.

Based on a preliminary study conducted in Cilember Village through interviews with 10 elderly individuals, it was found that 7 of them reported low levels of family support and religiosity. Given the high prevalence of depression among the elderly population, the researcher was motivated to investigate the relationship between the level of religiosity and family support with the degree of depression among older adults in the area.

Therefore, this study is important as it examines the relationship between religiosity and family support simultaneously with depression levels among older adults in a specific community context.

METHODS:

This study employed a quantitative method with a correlational approach. Correlational research aims to examine the relationship between two or more variables without manipulating them (Siroj et al., 2024).

The research was conducted in Cilember Village, Cisarua Subdistrict, Bogor Regency, specifically in RT 02 RW 05. The study involved 37 elderly respondents selected using a total sampling technique, meaning all members of the target population who met the inclusion criteria were included. The use of total sampling was considered appropriate because the population size in the study area was relatively small and accessible, allowing for comprehensive data collection and minimizing sampling bias.

The study area was not expanded to surrounding regions in order to maintain population homogeneity and contextual consistency, as differences in socio-demographic and environmental characteristics across areas could influence the variables studied. Additionally, logistical considerations such as time, accessibility, and research resources

supported the decision to focus on a specific community.

The inclusion criteria for respondents were: (1) elderly individuals aged ≥60 years, (2) residing in RT 02 RW 05 Cilember Village, (3) able to communicate effectively, and (4) willing to participate by providing informed consent. The exclusion criteria included elderly individuals with severe cognitive impairment, serious illness, or incomplete questionnaire responses.

The instruments used consisted of three standardized questionnaires: the Spiritual Well-Being Scale (SWBS) to measure religiosity, a family support questionnaire, and the Geriatric Depression Scale (GDS-15) to assess depression levels among the elderly. All instruments used in this study have been previously tested for validity and reliability. The SWBS has demonstrated good internal consistency with Cronbach's alpha values ranging from 0.82 to 0.94 in prior studies. The GDS-15 has also shown strong reliability, with Cronbach's alpha values generally above 0.80. The family support questionnaire was adapted from previous research and has demonstrated acceptable reliability (Cronbach's alpha > 0.70). These findings indicate that the instruments are valid and reliable for measuring the respective variables.

Data analysis was performed using IBM SPSS Statistics version [XX]. Univariate analysis was used to describe the frequency distribution of each variable, while bivariate analysis using the Chi-square test was conducted to examine the relationship between the independent variables (religiosity and family support) and the dependent variable (level of depression). Statistical significance was determined at $p < 0.05$.

The study adhered to research ethics principles, including obtaining informed consent, ensuring confidentiality, and guaranteeing voluntary participation without coercion. Ethical approval was obtained with registration number 3328-52/C.01.08/2025.

RESULTS:

Data collection for this study was conducted in Cilember Village and included respondent demographic characteristics as well as research variables, namely religiosity, family support, and level of depression.

Table 1. Frequency distribution of respondent characteristics

Characteristic	Category	*f*	%
Age	60-70 years	32	86,5
	70-80 years	5	13,5
	Total	37	100
Gender	Male	17	45,9
	Female	20	54,1
	Total	37	100
Education Level	Elementary school (SD)	14	37,8
	Junior High School (SMP)	14	37,8
	Senior High School (SMA)	7	18,9
	Bachelor's Degree	2	5,4
	Total	37	100
Religion	Islam	37	100
	Total	37	100

The majority of respondents were aged 60–70 years (n = 32; 86.5%), female (n = 20; 54.1%), had completed elementary education (n = 14; 37.8%), and all identified as Muslim (n = 37; 100%).

Table 2. Research Variables

Variable	Category	*f*	%
Religiosity	High	6	16,2
	Moderate	13	35,1
	Low	18	48,6
	Total	37	100
Family Support	Good	2	5,4
	Fair	20	54,1
	Poor	15	40,5
	Total	37	100
Level of Depression	Mild	10	27,0
	Moderate	13	35,1
	Severe	14	37,8
	Total	37	100

The measurement results of the research variables indicate that the majority of participants had low religiosity (48.6%, n = 18), moderate

family support (54.1%, n = 20), and severe levels of depression (37.8%, n = 14)

Tabel 3. Analysis of the Relationship Between Religiosity and Depression Levels Among the Elderly

Religiosity	Depression Level								P Value
	Mild		Moderate		Severe		Total		
	f	%	f	%	f	%	f	%	
High	2	5.4	3	8.1	1	2.7	6	16	**0.047**
Moderate	4	11	5	14	4	11	13	35	
Low	4	11	5	14	9	24	18	49	
Total	10	27	35	35	14	38	37	100	

Based on Table 3, the p-value of 0.047 (< 0.05) indicates a statistically significant relationship between religiosity and depression levels among the elderly.

Table 4. Relationship Between Family Support and Depression Levels Among the Elderly

Family Support	Depression Level								P Value
	Mild		Moderate		Severe		Total		
	f	%	f	%	f	%	f	%	
Good	1	2.7	1	2.7	0	0	2	5.4	**0.048**
Fair	6	16	11	30	3	8.1	20	54	
Porr	3	8.1	1	2.7	11	30	15	41	
Total	10	27	13	35	14	38	37	100	

Based on Table 4, the p-value of 0.048 (< 0.05) indicates a statistically significant relationship between family support and depression levels among the elderly.

DISCUSSION:

Based on the data in Table 1, the majority of respondents were aged 60–70 years (n = 32), while 5 individuals were in the 70–80 year age group. This indicates that most respondents were in the elderly age category (>60 years). According to the Profil Kesehatan Indonesia (2022), individuals in the elderly age group are at a higher risk of experiencing both physical and mental health problems, including depression. This increased risk is associated with declining physical conditions, feelings of loss, and limitations in social interaction. This finding is consistent with Gustianti et al., (2023), who stated that the older a person is, the greater the likelihood of experiencing depressive symptoms, particularly when there is a lack of adequate social or family support.

The majority of respondents were female (54.1%), indicating a higher vulnerability among women to experiencing depression. Yuliana et al., (2019), stated that elderly women living with family but lacking adequate support are at greater risk of developing depression. Similarly, Hariyono, (2021), explained that women tend to be more emotionally expressive and more sensitive to environmental changes, which can trigger the onset of depression.

Most respondents had completed only elementary education (37.8%). According to data from Statistics Indonesia (BPS) (2023), the majority of elderly individuals in Indonesia have only a basic education or have not completed formal schooling. The level of education among the elderly significantly influences how they respond to life stressors, including the emergence of depressive symptoms. Elderly individuals with higher levels of education generally possess better cognitive abilities, a broader understanding of health-related issues, and a greater tendency to seek social or religious support as a healthy coping strategy.

Based on the data analysis, all respondents in this study identified as Muslim (n = 37; 100%). Among older adults, religious belief and practice often serve as vital sources of inner strength and resilience. Religion can act as an effective coping mechanism by alleviating symptoms of depression, fostering emotional peace, and enhancing an individual's sense of purpose and meaning in life. These findings are consistent with the study by (Sya'diyah et al., 2020) which demonstrated a significant association between levels of spirituality and the incidence of depression among the elderly. Older individuals with higher levels of spirituality were found to have lower levels of depressive symptoms.

The majority of respondents exhibited a low level of religiosity (48.6%). Religiosity is commonly understood as a formal expression of one's beliefs and relationship with God or the sacred, often manifested through organized religious practices (Muhammad et al., 2023). The

predominance of respondents with low religiosity may indicate that religious activities are not yet a strong component of the spiritual lives of most elderly individuals in the study area. Limited engagement in religious practices such as routine worship, religious gatherings, or remembrance rituals (dhikr) may increase the vulnerability of older adults to emotional stress and psychological disorders such as depression (Nurhayati et al., 2020).

The majority of respondents received a moderate level of family support (54.1%). According to Gustianti et al., (2023), family support plays a crucial role in maintaining the mental health of the elderly. Older adults who receive attention, assistance, and warmth from their family members are more likely to feel valued, loved, and not alone. This is especially important in preventing feelings of isolation, which can trigger depressive symptoms. Elderly individuals who lack emotional and social support from their families are at a significantly higher risk of experiencing depression compared to those who receive adequate support.

The majority of respondents experienced moderate to severe levels of depression (72.9%). Depression in older adults is a significant mental health concern that is often underdiagnosed. The World Health Organization (WHO) emphasizes that depression is a common mental disorder that can affect all aspects of life, including social relationships and overall productivity. Contributing factors such as the loss of a spouse, chronic illness, and social isolation can exacerbate depressive conditions. Therefore, interventions focusing on enhancing social support, promoting engagement in religious activities, and improving access to mental health services are essential to reducing the burden of depression among the elderly (WHO, 2023).

The results of the Chi-Square analysis revealed a significant relationship between the level of religiosity and the level of depression among the elderly, with a p-value of 0.047 ($p < 0.05$). This finding indicates that older adults with lower levels of religiosity tend to experience more severe depression, while those with higher levels of religiosity are more likely to experience mild depression or no significant depressive symptoms. This result is consistent with the findings of Musmiler (2020), who reported that elderly individuals with high spiritual involvement tend to have lower levels of stress and depression, highlighting a link between religiosity and depression levels. Similarly, a study by (Siagan & Agustin Abia, 2022) showed that respondents with high levels of religiosity exhibited lower levels of depression, suggesting that the positive effects of religiosity on mental health may be applicable across different age groups.

The results of the Chi-Square analysis indicated a significant relationship between the level of religiosity and the level of depression among the elderly, with a p-value of 0.048 ($p < 0.05$). The findings also demonstrated a significant relationship between family support and depression levels in older adults. Elderly individuals who receive emotional, informational, and appreciative support from their families tend to experience milder levels of depression. This is consistent with the findings of Inayati & Ichsani (2019), who reported that consistent family support can significantly reduce depression in the elderly.

Family support can alleviate feelings of loneliness, enhance self-esteem, and prevent psychological disorders such as depression (Sinaga & Pradana, 2022). Furthermore, a study by Gresik et al. (2023), conducted in a nursing home setting found that elderly individuals who did not receive support from their families had a twofold higher risk of depression compared to those living with family members.

This study has several limitations that should be considered when interpreting the findings. First, the sample size was relatively small, with only 37 participants from a single village, which limits the generalizability of the results to the wider elderly population. Second, the use of a cross-sectional correlational design allows the identification of associations but does not establish causal relationships between religiosity, family support, and depression. Third, the reliance on self-reported questionnaires may introduce subjective bias in participants' responses. Finally, the study focused solely on two protective factors religiosity and family

support while other potential determinants of depression in older adults, such as physical health status, socioeconomic conditions, and engagement in social activities, were not explored.

CONCLUSIONS:

The findings of this study reveal that a substantial proportion of older adults exhibit low levels of religiosity and receive only moderate family support. These factors are strongly associated with a higher prevalence of depression, as evidenced by the majority of respondents experiencing moderate to severe depressive symptoms. The statistical analysis confirms a significant relationship between religiosity and family support with the mental health condition of the elderly. Specifically, lower levels of both religiosity and family support correlate with an increased risk of depression. These findings underscore the importance of strengthening family involvement and encouraging spiritual engagement as preventive measures to maintain mental well-being and reduce the incidence of depression among older adults.

ACKNOWLEDGEMENT:

We are grateful to Udayana University and Al Ikhlas Nursing Academy for their support in the implementation of this study. Our appreciation also goes to the enumerators, village officials, health workers, cadres, and respondents for their cooperation throughout the research process.

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