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Association Between Spousal Loss and Depression Among Older Adults: A Cross-Sectional Study in Geulanggang Teungoh Village, Aceh, Indonesia

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Abstract

Background: The growing elderly population has increased the number of older adults experiencing spousal loss, a major life event that may adversely affect psychological well-being and increase the risk of depression. Evidence from rural communities with strong cultural and family support systems, such as those in Aceh, Indonesia, remains limited.
Objective: This study aimed to examine the association between spousal loss and depression among older adults in a rural Acehnese community.
Methods: A quantitative analytical study with a cross-sectional design was conducted among 48 older adults who had experienced spousal loss, selected through total sampling. Data were collected using structured interviews, a respondent characteristics questionnaire, a researcher-developed spousal loss questionnaire, and the Geriatric Depression Scale (GDS-15). Descriptive statistics summarized participant characteristics, while the association between spousal loss and depression was analyzed using the Lambda contingency coefficient with a significance level of 0.05.
Results: Most participants were women (87.5%), aged 60–74 years (56.2%), and had experienced spousal loss for more than two years (70.8%). Mild depression was the most common condition (47.9%), followed by moderate depression (37.5%), whereas most participants had normal cognitive function (79.2%). A statistically significant association was found between spousal loss and depression ($p = 0.026$).
Conclusion: Spousal loss was significantly associated with depression among older adults in this rural community. Although the cross-sectional design precludes causal inference, the findings highlight the need for early depression screening, family-centered support, psychosocial interventions, and community-based gerontological nursing programs to promote the psychological well-being of bereaved older adults.

Keywords: Bereavement; cross-sectional study; depression; depression Scale; geriatric; older adults; spousal loss.

INTRODUCTION

The global increase in the older adult population has become a major demographic trend with important implications for physical, psychological, and social well-being. Beyond age-related biological decline, older adults often experience significant life transitions, one of the most profound being the loss of a spouse. Spousal loss disrupts family dynamics, reduces

emotional and social support, and requires substantial psychological adjustment. Because spouses frequently serve as primary sources of companionship, emotional security, and daily assistance, bereavement may adversely affect the mental health and quality of life of older adults (1). When a spouse dies, the surviving partner often experiences prolonged psychological stress while adapting to changes in daily life and social roles (2). Consequently, understanding the psychological consequences of spousal loss has become an important issue in gerontological nursing and public health.

Bereavement following the death of a spouse is commonly understood through the concept of grief, a multidimensional process involving emotional, psychological, and social responses to the loss of a significant person. Older adults are particularly vulnerable because bereavement often coincides with declining physical health, reduced social participation, and increasing dependence on family members. The World Health Organization recognizes older adults as a population at increased risk of physical and mental health problems (3). Previous studies have shown that spousal loss is associated with increased stress, loneliness, anxiety, and depression, particularly when family and social support are limited (4). Furthermore, widowhood often results in the loss of important social roles and reduced self-worth within the family (5,6). Depression following bereavement has therefore become an important public health concern among older adults (7). Social isolation after the loss of a spouse may further worsen psychological well-being because emotional support and daily social interaction are substantially reduced (8,9).

Population ageing has also increased the burden of depression among older adults worldwide. According to the World Health Organization, depression remains one of the most common mental health disorders affecting older people. In Indonesia, older adults account for nearly 12% of the total population (10). National data also indicate that approximately 38.17% of Indonesian older adults have experienced the loss of a spouse (11). In Aceh Province, the elderly population continues to increase, while local reports indicate substantial numbers of older adults living without a spouse because of bereavement (12,13). These demographic trends highlight the importance of identifying psychosocial factors associated with depression among older adults, particularly within rural communities.

Although numerous studies have demonstrated an association between spousal loss and depression among older adults, most have been conducted in urban settings or populations with different sociocultural characteristics. Evidence from rural communities in Aceh remains limited despite their distinctive kinship systems, religious values, and family support networks. This gap suggests that the relationship between spousal loss and depression may differ according to local social and cultural contexts. Preliminary observations in Geulanggang Teungoh Village identified 48 older adults who had experienced spousal loss, and most interviewed participants reported symptoms suggestive of depression, including anxiety, sleep disturbances, and reduced social interaction. These findings emphasize the need for context-specific evidence regarding the association between spousal loss and depression among older adults living in rural Acehnese communities.

Therefore, this study aimed to examine the association between spousal loss and depression among older adults in a rural community in Aceh, Indonesia. The findings are expected to strengthen the evidence base for gerontological nursing by improving understanding of psychosocial determinants of depression and by providing guidance for early depression screening, psychosocial interventions, family support strategies, and community-based mental health programs for bereaved older adults.

METHODS

Study Design

This study employed a quantitative analytical design with a cross-sectional approach to examine the association between the duration of spousal loss and depression among older adults. In this design, the independent variable (duration of spousal loss) and the dependent variable (depression level) were measured simultaneously at a single point in time, allowing the identification of their statistical association without establishing causality (7).

Study Setting and Sample

The study was conducted in Geulanggang Teungoh Village, Kota Juang District, Bireuen

Regency, Aceh, Indonesia. The target population consisted of all older adults who had experienced the loss of a spouse and were registered in the village. Because the total eligible population comprised only 48 individuals, a total sampling technique was applied, and all eligible older adults were invited to participate in the study.

Participants were eligible if they were aged 60 years or older, had experienced the death of a spouse, were able to communicate verbally, and agreed to participate by providing written informed consent. Older adults with severe cognitive impairment or serious health conditions that prevented participation in the interview were excluded.

Research Instruments

Data were collected using three structured instruments.

1. Respondent Characteristics Questionnaire, which obtained demographic information, including age, sex, education level, occupation, and cognitive status.
2. Spousal Loss Questionnaire, developed by the researchers to record the duration of bereavement. Respondents were categorized into two groups based on the duration since their spouse's death: 1 day–2 years and more than 2 years. Because this instrument recorded factual information rather than measuring a latent psychological construct, psychometric reliability testing was not required.
3. Geriatric Depression Scale (GDS-15), Indonesian version, adopted from Ananda (2021), was used to assess depressive symptoms among older adults. The GDS-15 consists of 15 dichotomous (Yes/No) items with total scores ranging from 0 to 15. Depression levels were classified as 0–4 (no depression), 5–8 (mild depression), 9–11 (moderate depression), and 12–15 (severe depression).

Data Collection

Data collection was conducted through structured face-to-face interviews during home visits. Prior to the interviews, respondents received an explanation regarding the study objectives, procedures, confidentiality, voluntary participation, and their right to withdraw from the study at any time without consequences. Written informed consent was obtained from all participants before data collection commenced.

Following data collection, all questionnaires underwent editing, coding, data entry, data cleaning, and tabulation to ensure completeness, consistency, and accuracy before statistical analysis (14).

Data Analysis

Data were analyzed using descriptive and inferential statistics. Descriptive (univariate) analysis was performed to summarize participants' demographic characteristics and study variables using frequencies and percentages (15).

The association between the duration of spousal loss and depression level was examined using the Lambda contingency coefficient because both variables were categorical. Statistical significance was determined at $\alpha = 0.05$, and a p-value < 0.05 was considered statistically significant.

Ethical Considerations

Prior to data collection, permission to conduct the study was obtained from the local village authorities. All participants were informed about the purpose of the study, study procedures, potential benefits and risks, confidentiality of their information, and their right to refuse or withdraw from participation at any stage without penalty. Written informed consent was obtained from all respondents before participation. Participants' identities were kept confidential by assigning anonymous identification codes, and all collected data were used solely for research purposes.

RESULTS

Respondent Characteristics and the Profile of Spousal Loss Among the Elderly

Respondent characteristics are a crucial aspect of this study, as they provide insight into demographic conditions that may influence the experience of spousal loss among the elderly. Findings from the study conducted in Geulanggang Gampong Village, Kota Juang District, Bireuen Regency, indicate that the majority of respondents (27 individuals or 56.2%) fell into the 60–74 age group (classified as "elderly"), while 21 respondents (43.8%) were aged 75–90 (classified as "old"). Regarding gender, the vast majority of respondents were

women (42 individuals or 87.5%), whereas only 6 were men (12.5%). This distribution reveals that the study participants were predominantly women who had entered the early elderly stage; consequently, this group represents the population most affected by the loss of a spouse. This situation may be attributed to the fact that women generally have a higher life expectancy than men, thereby increasing the likelihood of widowhood in old age. Furthermore, advancing age renders the elderly increasingly vulnerable to physical, psychological, and social changes that can impact their ability to adapt to the loss of a spouse.

Table 1. Frequency Distribution of Respondent Characteristics in Geulanggang Gampong Village, Kota Juang District, Bireuen Regency, 2025

No.	Characteristics	Frequency (n)	Percentage (%)
1	Age		
a.	60–74 years (*elderly*)	27	56.2
b.	75–90 years (*old*)	21	43.8
	Total	48	100
2	Gender		
a.	Male	6	12.5
b.	Female	42	87.5
	Total	48	100

Source: Primary Data, 2025.

Table 2. Frequency Distribution of Spousal Loss in Geulanggang Gampong Village, Kota Juang District, Bireuen Regency, 2025

Length of Time Since the Death of a Spouse (Years)	Frequency (n)	Percentage (%)
1 day–2 years	14	29.2
>2 years	34	70.8
Total	48	100

Source: Primary Data, 2025.

Table 3. Frequency Distribution of Depression Levels in Geulanggang Gampong Village, Kota Juang District, Bireuen Regency, 2025

No.	Depression Level	Frequency (n)	Percentage (%)
1	No Depression	3	6.2
2	Mild Depression	23	47.9
3	Moderate Depression	18	37.5
4	Severe Depression	4	8.3
	Total	48	100

Source: Primary Data, 2025.

Table 4. Frequency Distribution of Cognitive Impairment in Geulanggang Gampong Village, Kota Juang District, Bireuen Regency, 2025

Cognitive Status	Frequency (n)	Percentage (%)
Normal	38	79.2
Possible Cognitive Impairment	8	16.7
Definite Cognitive Impairment	2	4.2
Total	48	100

Source: Primary Data, 2025.

Table 5. Relationship between Spousal Loss and Depression Levels among the Elderly in Geulanggang Gampong Village, Kota Juang District, Bireuen Regency, 2025

Depression Level	Duration of Spousal Loss		Total (n)	Percentage (%)	*p-value*	α
	1 day–2 years	>2 years				
	n	n				
No Depression	0	3	3	6.2		
Mild Depression	9	14	23	47.9		
Moderate Depression	2	16	18	37.5	0.026	0.05
Severe Depression	3	1	4	8.3		
Total	14	34	48	100		

Source: Primary Data, 2025.

The respondents' characteristics are closely linked to the experience of spousal loss among the elderly. Research findings indicate that the majority of respondents (34 individuals or 70.8%) had lost their spouses more than two years prior, while 14 respondents (29.2%) had experienced such a loss within the last day to two years. These findings reveal that most respondents had been living without a spouse for a relatively long period. However, the duration since the loss does not necessarily indicate that the individual has fully adapted to the situation. For some elderly individuals, the loss of a spouse remains a deeply impactful emotional experience, as a life partner serves not only as a companion but also as a source of emotional, social, and spiritual support in daily life. Consequently, a prolonged period since the loss is not always synonymous with a reduction in the psychological impact experienced by the elderly.

The results of this study align with research by Hamdiana (2023), which found that respondents who had lost their spouses more than two years ago constituted the largest group compared to those who had lost their spouses within the past one to two years. Similar findings were reported by Riska (2020), showing that the majority of elderly respondents had been living without their spouses for one to five years, whereas fewer respondents had experienced such a loss for less than one year (16). Furthermore, research by Deva (2025) indicates that the majority of the elderly had lost their spouses more than four years ago, compared to those who had lost their spouses only 6–12 months prior (17). The consistency of these research findings indicates that the loss of a spouse is a common experience among the elderly. Although the timing of the loss varies, each older adult undergoes a unique adaptation process influenced by factors such as their individual capacity to accept the loss, health status, family relationships, and social support from their surroundings.

Theoretically, the loss of a spouse is one of the most challenging life events in old age; it not only removes a life companion but also impacts the individual's emotional and social equilibrium as well as their overall quality of life. According to Reswari (2026), losing a spouse can lead to loneliness, diminish happiness, and trigger various psychological disorders if the individual has not yet come to terms with the situation (18). This view is supported by Khoirunnisa and Nurchayati (2023), who state that the loss of a partner can diminish physical and mental quality of life and increase the risk of depression or even death if not balanced by effective coping mechanisms (8). Meanwhile, Yuvita and Santoso (2023) explain that elderly individuals who have lost their spouses require family support, social support, and ongoing guidance to navigate the grieving process adaptively (4). Based on the researcher's observations during data collection, the majority of respondents stated that they had come to accept the loss of their spouse as a natural part of life. However, some respondents still expressed feelings of loneliness, particularly when carrying out daily activities without their spouse's presence or when attention from family members began to wane. This indicates that the passage of time since the loss does not necessarily eliminate the emotional sense of bereavement. Thus, the fact that the elderly population is predominantly female combined

with the duration of time since the loss of a spouse highlights the continued need for family support, social interaction, and community-based health services to help these individuals maintain psychological well-being and improve their quality of life in old age.

Overview of Depression Levels and Cognitive Status Among the Elderly Following the Loss of a Spouse

Depression levels and cognitive status are two critical aspects to consider when assessing the mental health of the elderly, particularly after the loss of a spouse. Research conducted in Geulanggang Gampong Village, Kota Juang District, Bireuen Regency, revealed that the majority of respondents experienced mild depression (23 individuals or 47.9%), followed by moderate depression (18 individuals or 37.5%) and severe depression (4 individuals or 8.3%), while only 3 individuals (6.2%) showed no signs of depression. These findings indicate that nearly all respondents exhibited depressive symptoms of varying severity. The prevalence of the mild depression category suggests that while most elderly individuals remain capable of performing daily activities, they have begun to show emotional changes such as sadness, a loss of vitality, reduced interest in social activities, and heightened loneliness following the loss of their spouse. These conditions illustrate that the loss of a spouse is not merely a fleeting emotional experience but can evolve into a psychological disorder if the adaptation process does not proceed optimally.

The results of this study align with the research by Fikri (2023), which found that the majority of elderly individuals in the working area of the Sidomulyo Outpatient Community Health Center (Puskesmas) experienced mild depression (19). Similar findings were reported by Wijaya (2023), indicating that mild depression was the most frequently observed category compared to moderate depression or a normal state. Research by Edyana (2025) also showed that the majority of respondents who had lost a partner experienced mild depression, whereas the proportions of moderate and severe depression were relatively lower (20). The consistency of these research findings demonstrates that the loss of a spouse is a contributing factor to the onset of depression in the elderly, although the severity is influenced by various other factors such as age, physical health, family support, social activity, economic status, and the individual's ability to develop coping mechanisms. Consequently, depression in the elderly should be viewed as a multidimensional condition; therefore, management strategies should not focus solely on psychological aspects but must also consider the respondents' social circumstances and living environments.

In addition to assessing depression levels, this study also describes the respondents' cognitive functioning. The results indicate that the majority of the elderly subjects (38 individuals or 79.2%) fall into the normal cognitive category, while 8 individuals (16.7%) are classified as having possible cognitive impairment, and 2 individuals (4.2%) are classified as having definite cognitive impairment. These findings suggest that, despite most respondents experiencing mild to moderate depression, their cognitive function remains generally good. This indicates that the depression experienced by the respondents has not yet significantly impaired their ability to think, recall information, or orient themselves to their surroundings. However, the presence of respondents showing signs of possible cognitive impairment warrants attention, as prolonged depression can accelerate cognitive decline, particularly in elderly individuals with comorbidities, limited physical activity, or minimal social interaction.

The findings of this study support the theory that depression in the elderly is not merely associated with mood changes but can also affect cognitive function if it becomes chronic. According to Permatasari and Akbar (2025), depression is characterized by persistent sadness, loss of interest, feelings of guilt, sleep disturbances, reduced appetite, fatigue, and impaired concentration. This view is reinforced by Pokhrel (2024), who explains that depression is an emotional disorder affecting behavioral, physiological, and intellectual aspects, as well as an individual's response to their environment. Meanwhile, Dewi (2023) states that in the elderly, depression is often exacerbated by cognitive decline, physical limitations, and social isolation following the loss of a loved one. Observations during the study revealed that most respondents with normal cognitive function remained active in religious activities, interacted with neighbors, and received family support, thereby maintaining their thinking and memory skills despite experiencing mild

depression. Conversely, respondents showing signs of potential cognitive impairment generally had more limited social engagement and tended to isolate themselves more frequently after the loss of a spouse. Thus, the study results indicate a reciprocal relationship between depression and cognitive function. Although the majority of elderly individuals maintain good cognitive function, the presence of depression warrants attention through early detection, family support, increased social activity, and comprehensive gerontological nursing interventions to prevent psychological and cognitive decline at an early stage.

The Relationship Between the Loss of a Spouse and Depression Levels Among the Elderly

The relationship between the loss of a spouse and the level of depression among the elderly is the primary focus of this study. Losing a spouse is one of the life events that has the most significant psychological impact in old age, as the spouse serves not only as a life companion but also as a source of emotional, social, economic, and spiritual support (17). Based on research findings in Geulanggang Gampong Village, Kota Juang District, Bireuen Regency, the distribution of respondents indicates that among the elderly who had lost their spouses more than two years ago, the majority fell into the mild depression category (14 individuals; 29.2%) and the moderate depression category (16 individuals; 33.3%). In contrast, among those who had lost their spouses between one day and two years ago, the largest group fell into the mild depression category (9 individuals; 18.8%), followed by severe depression (3 individuals; 6.2%) and moderate depression (2 individuals; 4.2%). Interestingly, the "not depressed" category was found only among respondents who had lost their spouses more than two years ago, comprising 3 individuals (6.2%). These findings demonstrate that the time elapsed since the loss of a spouse does not necessarily correlate directly with the level of depression; an elderly individual's ability to adapt to loss is influenced by various internal and external factors, such as health status, family support, social activities, spirituality, and coping mechanisms.

Based on the Lambda contingency coefficient test results, a p-value of 0.026 was obtained, which is lower than the alpha value of 0.05 ($p < \alpha$). These results indicate that the alternative hypothesis (Ha) is accepted and the null hypothesis (H0) is rejected; thus, it can be concluded that there is a significant relationship between the loss of a spouse and the level of depression among the elderly in Geulanggang Gampong Village, Kota Juang District, Bireuen Regency. Statistically, these results indicate that the status of spousal loss is significantly associated with the onset of depression in the elderly. However, cross-tabulation results also reveal that this relationship is neither linear nor simple. Some respondents who had lost their spouses more than two years prior still experienced moderate depression, while others were no longer depressed. Conversely, there were respondents who had lost their spouses only one day to two years prior but were already experiencing severe depression. This situation demonstrates that the duration of the loss is not the sole determinant of depression levels; rather, other factors influence the psychological adaptation process such as the quality of the relationship with the spouse prior to death, religiosity, social support, economic conditions, comorbidities, and the individual's ability to accept the reality of the loss. Therefore, the statistical results of this study not only confirm the existence of a significant relationship but also demonstrate that the psychological response to the loss of a spouse is a complex, individualized process.

These research findings are consistent with the study by Cempaka et al. (2014), which identified a relationship between the response to the loss of a spouse and depression levels among the elderly, with a p-value of 0.0005 ($p < 0.05$) (21). Similar findings were reported by Dewi (2023), who obtained a p-value of 0.00, concluding that there is a significant association between spousal loss and depression levels in the elderly (7). Research by Nurpajriah (2025) further reinforces these results with a p-value of 0.007, indicating that the loss of a spouse is a contributing factor to increased depression in the elderly population (17). The consistency of these research findings indicates that the loss of a partner is a psychosocial phenomenon that almost invariably impacts the mental health of the elderly, although the level of depression experienced varies among individuals. These differences reflect the fact that the ability to adapt following such a loss is influenced by personal characteristics, family support,

environmental conditions, and the coping strategies employed during the grieving process.

Theoretically, the results of this study support the view that the loss of a spouse is a psychosocial stressor capable of affecting the mental well-being of the elderly if not balanced by effective coping mechanisms. Nurpajriah (2025) explains that losing a spouse can lead to a decline in quality of life both physically and psychologically but the impact can be minimized through spiritual approaches and social support that help the elderly find new meaning in their lives (17). Furthermore, Dirgayunita (2016) states that depression is characterized by a depressed mood lasting at least two weeks, accompanied by a loss of interest in activities, reduced energy, sleep disturbances, impaired concentration, feelings of worthlessness, and the emergence of negative thoughts about life (22). This view is reinforced by Novayanti et al. (2020), who explain that depression in the elderly is often triggered by the loss of a loved one, changes in health status, and reduced social interaction, leading to prolonged loneliness (23). Observations during the study revealed that respondents who maintained religious activities, continued to interact with family and the community, and received emotional support from children and relatives tended to exhibit milder levels of depression, even long after the loss of their spouse. Conversely, respondents who lived alone, rarely participated in social activities, and had limited family support were more susceptible to severe depression. Therefore, these findings confirm that the loss of a spouse is significantly associated with depression levels in the elderly; however, the magnitude of the resulting psychological impact is heavily influenced by the individual's adaptive capacity and the availability of family, social, and spiritual support. These findings provide a crucial foundation for geriatric nursing services to develop interventions that go beyond clinical aspects to strengthen psychosocial support, family involvement, and community empowerment, thereby helping the elderly navigate the grieving process adaptively and maintain their quality of life.

DISCUSSION

The present study found a statistically significant association between the duration of spousal loss and depression among older adults living in Geulanggang Teungoh Village, Kota Juang District, Bireuen Regency. These findings suggest that bereavement following the death of a spouse remains an important psychosocial factor associated with depressive symptoms among older adults. Although the cross-sectional design does not permit causal inference, the results indicate that older adults who have experienced spousal loss constitute a vulnerable group requiring greater psychological attention and social support.

The findings are consistent with previous studies demonstrating that spousal bereavement is associated with an increased risk of depression in later life. Marlina et al. (2023), Hindriyastuti (2022), and Dewi (2023) similarly reported that the death of a spouse is associated with poorer psychological well-being and a higher prevalence of depressive symptoms among older adults (21,24). These consistent findings across different settings suggest that the emotional consequences of losing a spouse extend beyond cultural and geographical differences. A spouse often represents the primary source of emotional companionship, daily support, and social interaction; therefore, bereavement may substantially alter an older adult's social environment and emotional stability.

An important finding of this study is that the duration of spousal loss was not always consistent with the severity of depression. Several respondents who had experienced bereavement for more than two years continued to report moderate depressive symptoms, whereas others had successfully adapted. Conversely, some respondents who had experienced recent spousal loss already exhibited severe depression. These findings indicate that psychological adaptation to bereavement is highly individualized and may be influenced by multiple factors, including personality, physical health, family relationships, religious coping, and the availability of emotional and social support. This interpretation is supported by Yuvita and Santoso (2023), who emphasized that continuous family and social support plays an essential role in facilitating successful adaptation following the loss of a spouse (4).

The study also found that most respondents maintained normal cognitive function despite experiencing mild or moderate depression. This finding suggests that depressive symptoms among the respondents had not necessarily

progressed to measurable cognitive impairment. Nevertheless, a small proportion of participants demonstrated probable or definite cognitive impairment, indicating that prolonged psychological distress may coexist with declining cognitive function in some older adults. Similar findings were reported by Dewi (2023), who suggested that depression during ageing may contribute to cognitive decline through reduced social participation and prolonged psychological stress (7). Furthermore, Permatasari and Ovari (2025) explained that depression may impair concentration, motivation, sleep quality, and daily functioning, thereby reducing the independence and quality of life of older adults (25). These findings highlight the importance of integrating depression screening with routine cognitive assessments in geriatric healthcare services.

The findings of this study have important implications for gerontological nursing and community health practice. Since depression among bereaved older adults is influenced by psychosocial factors, interventions should extend beyond medical management and incorporate family involvement, psychosocial support, and community participation. Community health nurses can play a central role by conducting routine depression screening, providing education regarding the normal grieving process, encouraging participation in religious and social activities, and strengthening family support systems. These strategies are supported by Kansil (2026), who emphasized the role of spirituality in helping older adults find meaning after bereavement (26), and by Novayanti et al. (2020), who identified family and social support as important protective factors against depression among older adults (23). Collectively, these approaches may contribute to improving psychological well-being and quality of life among older adults experiencing spousal loss.

Study Limitations

This study has several limitations that should be considered when interpreting the findings. First, the study involved a relatively small sample size and was conducted in a single rural village, which may limit the generalizability of the results to other populations. Second, the cross-sectional design measures exposure and outcome simultaneously; therefore, temporal relationships and causal inferences cannot be established. Finally, although this study focused on the duration of spousal loss, other factors that may influence depression among older adults such as socioeconomic status, chronic illness, family support, and previous mental health conditions were not analyzed and may have acted as potential confounding variables. Future studies employing longitudinal or prospective designs with larger and more diverse populations are recommended to better understand the long-term psychological consequences of spousal loss and to evaluate effective interventions for preventing depression among bereaved older adults.

CONCLUSION

This study found a statistically significant association between the duration of spousal loss and depression among older adults in Geulanggang Teungoh Village, Kota Juang District, Bireuen Regency, as indicated by the Lambda contingency coefficient analysis ($p = 0.026$). Most participants were women aged 60–74 years who had experienced the loss of a spouse for more than two years. Although the majority of respondents maintained normal cognitive function, mild depression was the most frequently observed level of depression. These findings indicate that spousal loss is associated with depression among older adults. However, because this study employed a cross-sectional design, the findings should be interpreted as an association rather than a causal relationship. Depression among older adults is likely influenced by multiple factors, including physical health, family support, social interaction, and individual coping capacity. The findings highlight the importance of early depression screening, family-centered support, psychosocial interventions, and community-based gerontological nursing programs to promote the psychological well-being of bereaved older adults. Future studies using longitudinal designs or intervention-based approaches are recommended to better understand the long-term effects of spousal loss and to evaluate strategies for preventing and reducing depression among older adults who have experienced bereavement.

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Author Contributions

Conceptualization: M.S.P.; Methodology: M.S.P., A.S.N., and M.Z.A.; Data Collection: M.S.P. and M.; Formal Analysis: M.S.P. and A.S.N.; Investigation: M.S.P., A.S.N., M., and M.Z.A.; Writing—Original Draft Preparation: M.S.P.; Writing—Review and Editing: A.S.N., M., and M.Z.A.; Supervision: M.Z.A. All authors have read and approved the final version of the manuscript.

Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this article.

Data Availability

The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request. The data are not publicly available because they contain information that could compromise the privacy and confidentiality of the study participants.

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