Relationship of Prayer Intensity Between Depression Rates in The Elderly During the Covid 19 Pandemic

Alvin Abdillah*, Agus Priyanto
STIKes Ngudia Husada Madura, East Java, Indonesia
* Correspondent Author: alvinabdillah1@gmail.com

ABSTRACT
Depression is an unpleasant feeling as a manifestation of various feelings of inner conflict (conflict), emotions that make the mind become unsettled. There are many ways to make the mind calm such as doing prayers, praying, yoga, vacations and much more. The goal of the study was to determine the relationship between prayer intensity and depression levels in the elderly.

This research design uses a correlational analytical design with a cross sectional approach with the number of 60 elderly respondents in the working area of Bangkalan burneh health center with random sampling techniques. The independent variable in the study was the moderate intensity of prayer variables depending on depression levels. The intrusions used were quesioner intensity prayer and quesioner Geriatric Depression Scale Short Form (GDS-S), while data analysis used spearman rank statistical tests.

The results of the spearman rank correlation test statistics were obtained p value 0.003 <α 0.05 so that it can be concluded there is a relationship of prayer intensity with the level of depression in the elderly.

Based on the results of the study it is recommended to the elderly to continue to increase the intensity of prayer to avoid depression.

Keywords: Intensity Of Prayer, Depression, Elderly

BACKGROUND

The Covid-19 pandemic is a new form of case in the world of health that has a variety of impacts, both biological, psychological, social and spiritual. Conditions like this must be really wary, especially at vulnerable age and risks, one of which is the age of the elderly. Depression in the elderly is a psychiatric disorder and is a mental health problem that often occurs among the elderly. Depression is the most common mental health problem in the elderly (Efendi, 2011). Depression is not a condition caused by a single pathology, but is usually multifactorial. In old age, where environmental stress often leads to depression and adaptability has decreased, due to depression in old age is often not as good as a young age (Darmojo, 2010).

Depression in the elderly is also often known as late life depression. Seniors are prone to depression caused by several factors, both internal and external factors. Loss of work, spouse, income, and social support in line with age also becomes a predisposition factor that makes it easier for an elderly person to experience depression (Soejono, 2012). Depression can have negative effects for example: feeling useless, irritable, sad, feeling excluded and no longer needed. In addition, stress can also cause a person to become more sensitive or sensitive to depression (Haryadi, 2012).

According to world health orgalenization the global prevalence of depressive disorders in the elderly is obtained as much as 61.6% (WHO, 2017). The prevalence of depression in the elderly is about 12-36% of the elderly undergoing outpatient depression. This figure rises to 30-50% in elderly people with chronic illnesses and long-standing care who experience depression (Azizah, 2011). The prevalence of depression in the world is about 8-15%. The survey results from various countries in the world found the average prevalence of depression in the elderly is 13.5% with a ratio of women: men 14.1: 8.6 where women are twice as many as men.

Pharmacological treatment efforts can be overcome by using analgesic drugs. While non-pharmacological management of depression can be done in a variety of ways, including psychodynamic approaches, internal psycho, behavioral therapy, humanistic-existential therapy, Beck cognitive therapy and dhikr music therapy or prayer therapy. Praying can make the soul stable, able to calm the mind and not easily hit by soul shock (Salim, 2009).

This study aims to find out the relationship of prayer intensity with depression rates in the elderly in the COVID-19 Pandemic Period. This type of research is a correlational analytical design study with a cross sectional approach with random sampling techniques using research instruments in the form of prayer intensity questionnaires and Geriatric Depression Scale Short Form (GDS-S).

METHODS

Study design

The study used a correlational analytical research design, with a cross sectional approach to assess the relationship between prayer intensity and depression levels in the elderly. The independent variable in the study was the intensity of prayer while the dependent variable was the level of depression.

Respondents

The population in this study was all elderly in the working area of Puskesmas Burneh Bangkalan (Rambutan Elderly Health Center and Posyandu Arok Burneh), while the sample in this study was elderly aged over 60 years who lived with families affected by the

COVID-19 pandemic with a total of 60 elderly taken with random sampling techniques that fit inclusion criteria, namely the elderly aged over 60 years, You can read write, have your own smart phone or one of her family members and exclusion criteria are elderly who are sick.

Instrument
Each respondent was advised to fill out a prayer intensity questionnaire made by researchers and has conducted validity and rehabilitation tests and a standard Geriatric Depression Scale Short Form (GDS-S) questionnaire where the questionnaire is applied using google form through its own smart phone or with the help of family in its operation. Then the data will be glued from google form, and continued the process of editing, assessment, coding, and tabulation before being analyzed. The data analysis was conducted univariately with frequency distribution tables and bivariate analysis using spearment rank statistical tests to assess the relationship between prayer intensity and elderly depression levels

Data Collection
The initial stage of data collection starting from obtaining research permission and approval from research respondents, respondents will be selected according to inclusion and exclusion criteria, respondents in this study are elderly in rambutan hairan senior health center and Posyandu Arok Burneh with the number of 60 elderly, with random sampling techniques, Each respondent is encouraged to fill out a prayer intensity questionnaire and Geriatric Depression Scale Short Form (GDS-S) using google form through a smart phone with the help of family in its operations. Then the data will be glued from google form, and continued the process of editing, assessment, coding, and tabulation before being analyzed. The data analysis was conducted univariately with frequency distribution tables and bivariate analysis using spearment rank statistical tests to assess the relationship between prayer intensity and elderly depression levels.

Ethical considerations
This research has been conducted research ethics tests at KEPK (Health Research Ethics Commission) STIKes Ngudia Husada Madura so that it can be ascertained to meet ethical principles consisting of social values, scientific values, benefits and risks, confidentiality, equalization of burden, inducements, and inform consent. Social value is met with the usefulness of this research for the social community and the novelty of research, scientific value is met by complying with scientific writing rules, the value of benefits and risks are met by ensuring that this research is greater benefits obtained than risks that may harm respondents, Confidentiality values are met by ensuring that respondent data can only be accessed by researchers, the value of equalization of burdens is met because the burden received by respondents with each other is no difference, the value of inducements is met if the respondent gets a rewart or compensation that corresponds to the burden received, the value of inform consent is met with evidence of the respondent's consent sheet filled by the respondent himself or represented by the family

RESULT

Table 3.1 Description of prayer intensity

Prayer Intensity		
Low	Currently	Hight
0	12	48

Based on the table above obtained an overview of the intensity of elderly prayer almost entirely high category number of 48 elderly (80%).

Tabel 3.2 Gambaran Tingkat Depresi

Level of Depression		
No Depression	Possible	Depression
45	10	5

Based on the table above in getting an overview of the level of depression in the elderly mostly not depressed number 45 elderly (75%).

Relationship between Prayer Intensity and Depression Levels

Based on the results of the spearman rank cholera test statistics at a p value of 0.003 $<\alpha$ 0.05 so that it can be concluded there is a relationship of prayer intensity with the level of depression in the elderly.

DISCUSSION

Based on the results of research on the picture of the intensity of elderly prayer is almost entirely categorised high. This was reviewed from the results of questionnaires filled out by researchers about the intensity of prayer with an average of more than 10 points filling points. The high intensity of elderly prayer is usually caused by the concerns of the elderly during the covid-19 pandemic so that the elderly are closer to the creator by praying. This is in accordance with Romlah's research (2020) which states that prayer therapy can raise hope, confidence in healing, to gain inner calm and confidence in facing all the tests given by Allah SWT so that they can be more patient and steadfast in facing them. And as a means of getting closer to Allah SWT.

In general, the one who prays to Allah is one who is close to Allah SWT, so he will stay away from his prohibition and keep his commandments. While in the elderly who get closer to Allah by praying and dhikr, his mind will feel calmer with the pandemic covid-19 so that the elderly do not experience depression in the covid-19 pandemic.

Based on the results of research on the picture of depression levels in the elderly mostly categorized not depression. This is reviewed from the results of questionnaires filled out by researchers about the scale of depression in the elderly. With an average of points below 4. The number of elderly who do not experience depression is usually caused by several factors such as gender. Where the female sex is more at risk of depression than the male sex. Research conducted by Hartutik S &Nurrohmah A (2021) stated that most of the levels of depression in the elderly during the covid-19 pandemic experienced mild depression.

Female is a factor that affects the level of depression in the elderly. According to Kurniawan's research, et all depression is more common in women. Depression is a precipitate of feelings of anxiety that can be affected by hormonal changes. The presence of depression in women is associated with hormonal imbalances in women increases the high prevalence of depression.

Hormonal imbalances can occur in women going through menopause or postpartum. Menopouse that occurs can affect psychological states in women such as irritability, irritability, feeling depressed, feeling useless, forgetful, and can experience mild depression during hormonal changes. This can be due to the presence of several other factors that may affect depression, such as: the death of a life partner, social and cultural differences, and lack of participation in activities during his or her lifetime.

In the wake of old age, the elderly should feel affection in the middle of the family and enjoy the results of the hard work that throughout their lives have been achieved. However, the reality facing the elderly is quite the opposite. The sense of loneliness that is continuously felt by the elderly results in several impacts for the health of the elderly both physically and psychologically. The unaddressed problem of loneliness in the elderly can aggravate the level of depression and interfere with the quality of life of the elderly themselves.

Based on the results of statistical tests using Spearman Rank in obtained results there is a relationship of prayer intensity with the level of depression in the elderly. Prayer is believed to increase inner peace. Prayer also leads us to good if done with a calm and sincere soul. The comparison of people who pray and do not pray is better for people who pray, both physically and psychologically. Physical people who pray are fitter and tend to be active while the psychic is more cheerful not rash in the face of disaster and calmer than people who do not pray (Hawari, 1997).

By praying our minds become calm and refreshed, everyone who prays must do positive things in this covid-19 pandemic (Yusuf, 2004). Therefore, each individual must increase calmness to his mind so that there is no depression in the elderly and one of them by increasing religious orientation through prayer activities. So that indirectly the inner calm of avoiding depression in the elderly has a relationship with the intensity of prayer.

Lindia Prabhaswari's research, 2015 revealed that various factors that can cause an increase in the level of elderly depression, including family support and shelter. Education can also affect a person's behavior. The higher a person's education, the easier it will be to receive information so that the more knowledge they have. Education is also an initial capital in cognitive development, where cognitive can be a mediator between an event and mood, so lack of education can be a risk factor for elderly people suffering from depression. (Livana PH & Yulia S, 2019).

CONCLUSION
Based on the results of statistical tests can be concluded there is a relationship of prayer intensity with the level of depression in the elderly.

REFERENCES
Alexopaulus. Depression in the elderly. The Lancet, 365:1961-70. 2005.

BPS Provinsi Bali. Statistik Daerah Provinsi Jawa Timur Tahun 2020. Denpasar: Badan Pusat Statistik Provinsi Jawa Timur. 2020.

Colangelo, L.A. Association of Sex Hormones and SHBG with Depressive Symptoms in Postmenopausal Women: the Multi-Ethnic Study of Atherosclerosis. NIH Public Access, Author Manuscript, 19(8):877-885. 2013.

Darmojo, B. (2010). Geriatri: Ilmu Kesehatan Usia Lanjut. (Edisi 4.). Jakarta: FKUI.

Depkes RI. Situasi dan Analisis Lanjut Usia. Jakarta: Depkes RI. 2014.

Djernes, J.K. Prevalence and Predictors of Depression in Population of Elderly. Acta Psychiatr Scand, 113(5):372-387. 2009.

Efendi, F. & M. (2011). Keperawatan Kesehatan Komunitas : Teori dan Praktek Dalam Keperawatan. Jakarta: Salemba Medika.

Elliya, R., Maulana, I., & Hidayati, M. (2018). Pengaruh Terapi Religiusitas Terhadap Gejala Depresi Pada Lansia Beragama Islam Di Uptd Pelayanan Sosial Tresna Werdha Natar Lampung Selatan Tahun 2017. *Holistik Jurnal Kesehatan*, *12*(2), 118–125.

HASINA, S., & PUTRI, R. (2020). Penerapan Shalat Dan Doa Terhadap Pemaknaan Hidup Pada Pasien Diabetes Mellitus. *Jurnal Keperawatan*, *12*(1), 47–56. https://doi.org/10.32583/keperawatan.v12i1.607

Kemenkes RI. Buletin Jendela Data dan Informasi Kesehatan RI: Gambaran Kesehatan Lanjut Usia di Indonesia. Semester 1, 2013;hal:1-32.

Kusuma, W. (2012). Perawatan Usia Lanjut. Jakarta: Rineka Cipta.

Laporan Tahunan Program Lansia Puskesmas Petang I (2013).

Menkokesra. Lansia Masa Kini dan Mendatang. Jakarta: Menkokesra. 2012.

Mitchell, A.J. Prognosis of depression in old age compared to middle age: A systematic review of comparative studies. The American Journal of Psychiatry, 162(9):1588-1601. 2013.

Smoliner, C. Malnutrition and depression in the institutional elderly. The British Journal of Nutrition, 2(11):1663-7. 2009.

Soejono, C.H. Pedoman Pengelolaan Kesehatan Pasien Geriatri: untuk Dokter dan Perawat. Jakarta: Balai Penerbit FK UI. 2006.

Stewart, D.E. Depression, Estrogen, and The Women's Health Initative. The Academy of Psychosomatic Medicine, 45:445-447. 2010.

Suardana, I.W. Hubungan Faktor Sosiodemografi, Dukungan Sosial, dan Status Kesehatan dengan Tingkat Depresi pada Agregat Lanjut Usia. Majalah Kedokteran Indonesia, 57(7):233-8. 2011.

Sutinah, S., & Maulani, M. (2017). Hubungan Pendidikan, Jenis Kelamin Dan Status Perkawinan Dengan Depresi Pada Lansia. *Jurnal Endurance*, *2*(2), 209. https://doi.org/10.22216/jen.v2i2.1931

Umamah, F. U., & Fabiyanti, A. (2018). Pengaruh Terapi Musik Dzikir Terhadap Tingkat Depresi Pada Lansia Di Rt 3 Rw 2 Rumah Dinas Tni-Al Pulungan. *Journal of Health Sciences*, *11*(2), 188–195. https://doi.org/10.33086/jhs.v11i2.112

Veer-Tazelaar. Depression in old age, the PIKO study. Journal of affective disorders, 106:295- 299. 2007.