



## Religious Aspects of Depression in the Elderly

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### Abstract

**Background:** Elderly population (Elderly) is people who are aged 60 years and over. The increase in life expectancy leads to an increase in the number of elderly populations. This increase leads to an increased risk of physical and mental illness. The prevalence of the population suffering from depression in the elderly is 5 percent to 10 percent. Religious behavior seems to minimize stress levels, misbehavior, provide social support and help individuals find meaning in life.

**Objective:** To find out the religious aspect of depression in the elderly

**Method:** The type of study is a literature review. The literature search, both international and national, adapted to PICOT and journal search terms through MESH (Medical Subject Heading), restrictions on taking journals, and other things. Journal used in a literature review. This searching was obtained through the Scientific Indonesia journal provider database through Google Scholar. In this study, researchers used keywords according to MESH, namely "religiosity," "depression," "elderly," and selected full text.

**Result:** Elderly is more than 60 years old. This term follows the Minister of Social Affairs Regulation of Indonesia Number 05 of 2018 concerning Elderly Welfare. The high life expectancy in the elderly certainly increases the risk of mental and physical illness in the elderly. The quality of life in the elderly begins to decrease, which makes the elderly susceptible to depression.

**Conclusion:** Depression in the elderly can be decreased by increasing the aspect of religiosity in the elderly.

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## INTRODUCTION

Aging is generally seen as a lifelong process.<sup>1</sup> As has been outlined, humans live a life span according to their time, starting from birth to death. Elderly is a closing period in a person's life span, when humans have moved away from their former lives or can be said to have passed a productive period.<sup>2</sup>

The elderly population (Elderly) is people who are aged 60 years and over. This elderly is under the Minister of Social Affairs Regulation Number 5 of 2018 concerning Elderly Welfare. The classification of the elderly is divided into three, aged 65 to 74 years are classified as young elderly, aged 75 to 84 years are classified as middle elderly, and those aged over 85 years are classified as old elderly.<sup>3,5,21</sup>

The increase in life expectancy makes the number of older people increase. Globally, people aged 65 years and over increased from 6 percent in 1990 to 9 percent in 2019. In 2019, there were 703 million people aged 65 years and over in the global population. Moreover, this number will double to 1.5 billion by 2050<sup>6</sup>. The increase in average life expectancy leads to an increased risk of physical and mental illness throughout life. Depression is a major mental problem that has become a challenge to public health. Around 322 million people suffer from depression all around the world.<sup>6</sup>

The prevalence of the population suffering from depression in the elderly is 5 percent to 10 percent, and this will undoubtedly be the second cause of population disease in 2020. Several studies have shown that depression in the elderly is more often chronic than depres-

sion in young adults, this will undoubtedly increase the risk of mortality, and suicide rates are higher in the elderly with depression than in those without depression.<sup>7,8</sup>

The elderly population has more time for religious activities compared to the young adult population. Religious behavior seems to minimize stress levels, misbehavior, provide social support and help individuals find meaning in life.<sup>9</sup> This study aims to determine whether there is a relationship between religious aspects of depression in the elderly.

## METHODS

The method used in this article is a literature review. A literature review is literature finding both international and national adapted to PICOT and journal search terms through MESH, restrictions on taking journals, and other things. The journals used in this literature review were obtained through the Scientific Indonesia journal provider database through Google Scholar. In this study, researchers used keywords according to MESH (Medical Subject Heading), namely "religiosity," "depression," "elderly," and selected full text. There were 29,600 findings, then specified in the last five years and obtained as many as 9,740 findings.

Every question has been followed by PICOT where each question contains P= Problem/Patient/Population, I/E= Implementation/ Intervention/Exposure, C= Control/ Comparative Intervention, O= Outcome and T= Time.

## LITERATURE REVIEW

### Elderly

Aging is a natural process in all living things. Laslett states that aging is a continuous biological change experienced by humans at all levels of age and time, while old age is a term for the final stage of the aging process. All living things have a life cycle towards old age that begins with birth, grows into an adult and reproduces, gets older, and eventually dies.<sup>14</sup>

The Elderly is a group of people aged 60 years or more who experience physiological changes that impact physical and mental health. The life expectancy of the elderly is increasing, which certainly increases the number of dependency burdens.<sup>15</sup>

Age 65 is generally set as the threshold of old age since it is at this period of life that the rates for sickness and death begin to show a marked increase over those of the earlier years. It is a commonplace fact that physical ability, mental alertness, and cooperativeness tend to fail after a man 65.<sup>16</sup>

### Definition of Depression

Depression is a mental disorder that is generally characterized by depressed mood, loss of interest or pleasure, feelings of guilt or low self-esteem, disturbed sleep or appetite, and low levels of concentration.<sup>17</sup>

Also, depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often comes with symptoms of anxiety.

These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide. Almost 1 million lives are lost yearly due to suicide, translating to 3000 suicide deaths every day. For every person who completes suicide, 20 or more may attempt to end his or her life.<sup>18</sup>

The DSM-5 (Diagnostic and Statistical Manual of Mental Disorders fifth edition) outlines the following criteria to diagnose depression. The individual must be experiencing five or more symptoms during the same 2-week period, and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.

According to DSM-5, the diagnosis of major depression is the presence of 5 or more symptoms present within two weeks. One of the symptoms must be found in the presence of a depressed mood or anhedonia. Secondary symptoms are changes in appetite or weight loss, difficulty sleeping (insomnia or parasomnia), psychomotor agitation or retardation, fatigue or loss of energy, reduced ability to think or concentrate, feelings of worthlessness or excessive guilt, and suicidal thought.<sup>20</sup>

### Prevalence of Depression in Elderly

The world's population is aging rapidly. Between 2015 and 2050, the proportion of the world's older adults is estimated to almost double from about 12% to 22%. In absolute terms, this is an expected increase from 900 million to 2 billion people over 60. Older people face particular physical and mental health challenges which need to be recognized.<sup>19</sup>

Depression in the elderly is likely to be a health problem in the future. The prevalence of major depression at age 75 increased from 4.6 percent to 9.3 percent and increased by 27 percent for those aged 85 years and over. The prevalence of depression in the elderly in Indonesia is between 7.2 percent to 33.8 percent. There are several risk factors for depression in the elderly, including chronic disease, limited mobility, job loss, and isolation.<sup>6,21,23,24</sup>

Depression can cause great suffering and leads to impaired functioning in daily life. Unipolar depression occurs in 7% of the general older population, and it accounts for 5.7% of YLDs among those over 60 years old. Depression is both underdiagnosed and undertreated in primary care settings. Symptoms are often overlooked and untreated because they co-occur with other problems encountered by older adults.<sup>19</sup>

### Depression Screening in Elderly

Screening for depression in the elderly is urgently needed for practitioners, and the screening tool used is expected to be easy and fast in detecting depression in the elderly.<sup>25,26</sup> The screening tool that can be used is the GDS (Geriatric Depression Scale) which consists of 30 types of questions developed by Yesavage JA et al. In 1983, it was validated for the Turkish elderly by Ertan et al.; however, this GDS-30 needs more time for doctors and patients. The short version of the GDS-30 is the GDS-15 which is effective in helping diagnose elderly patients with depression, with a sufficient time and easier to use than the GDS-30. The interpretation of the GDS-15 is expected if the interpretation value is 0-4, mild depression if the interpretation value is 5-9, severe depression if the interpretation value is above 10.<sup>25,26</sup>

Another screening tool is Beck Depression Inventory (BDI). BDI is a psychometric test to measure depression in a person. The BDI consists of 21 questions about how the patient has felt in the past week. The interpretation of this test is standard if <9, mild depression if the score is 10-18, moderate depression if the score is 19-29, and severe if the score is 30-63.<sup>9</sup>

### The connection between prayer and depression in the elderly

Religion is defined as obedience, submission, and the foundation of the way of life above a person's aspirations. -Encyclopedia of the Arab World-<sup>11</sup>. As for Islam, religion means submitting to God's commands with monotheism. Furthermore, submit to him with obedience, free from polytheism, and follow the commands of the Prophet. This surrender and follow-up require a comprehensive belief, law, and way of life.<sup>12</sup>

Clifford Geertz termed religion as 1. A system and symbols that apply to 2. Establish strong, pervasive, and long-lasting moods and motivations in human beings by 3. We are formulating concepts about the general order of existence, and 4. Wrap these concepts in a kind of radiance of factuality, so 5. That the moods and motivations appear realistic.<sup>13</sup>

Some literature explains that religion dramatically influences a person's mental health by influencing behavioral, mental, psychological, social, and physiological pathways. A person's spiritual level is associated with lowering depression and increasing life expectancy. Religious faith and practice can encourage a proactive approach to dealing with problems and make it easier to cope with depression.<sup>31</sup>

Prayer is a form of closeness and communication between spiritual-religious practitioners (servants) and their God. Spiritual-religious practitioners who are performing quality prayers will feel pleasure in every movement.<sup>27</sup>

According to Islam, prayer affects a person's mental health. In the Qur'an, the benefits of prayer have been listed, one of which is "satisfaction" (Ar-Ra'd: 28) and "the source of keeping one away from wrong behavior" (Al-'Ankabut: 45). Satisfaction is conceptualized as a peaceful state of mind and in which a person feels free from worry and depression.<sup>28</sup>

A study that examined the relationship between the regularity of praying five times a day and the level of depression in the elderly at Pasuruan Elderly Services in Babat Lamongan with 35 respondents found that 17 people who prayed five times regularly did not experience depression. Meanwhile, 17 other people experienced mild depression, and one person experienced severe depression, respondents who experienced mild depression and severe depression performed the five daily prayers irregularly.<sup>28</sup>

### **The connection between Al-Quran and depression in elderly**

Al-Quran is the word of Allah revealed to the Prophet Muhammad SAW and is the last book of Muslims. Al-Quran is a Muslim holy text that serves as a complement and guide to life in this world and the next. Al-Quran consists of 30 chapters, 114 letters, and 6,666 verses.<sup>29</sup>

"And We send down the Qur'ān that which is healing and mercy for the believers, but it does not increase the wrongdoers except in loss" (Al-Isra': 82) That is, those people who make the Quran their guide and their book of the

law, are favored with the blessing of Allah and are cured of all their mental, psychological, moral and cultural diseases.<sup>22</sup>

On the other hand, those wicked people who reject this and turn their back on its guidance are unjust to themselves. As a result, the Quran forbids individuals from remaining in that wretched state prior to its revelation or knowledge and instead makes them suffer a more significant loss than before.<sup>22</sup>

Because, before the revelation of the Quran or their acquaintance with it, they suffered from ignorance alone, but when the Quran came before them and made distinct the difference between truth and falsehood, no excuse was left with them to remain in their previous condition of ignorance.<sup>22</sup>

In a study, intervention in elderly depressed people was performed by listening to the holy Quran, played randomly for 12 weeks with scheduled screenings three times a week with a duration of 20-25 minutes per session, and compared with a control group. GDS-15 and QOL (Quality of Life).<sup>21</sup>

In this study, both groups had a significant decrease in depression, but the decrease in depressive symptoms based on GDS-15 (Geriatric Depression Syndrome) and an increase in the average QOL score were more significant in the intervention group than the control group.<sup>21</sup>

In another study, elderly patients who experienced depression after being diagnosed with heart failure recited the Quran once a week for six sessions with a duration of 30-45 minutes in the intervention group. In this study, the respondents' quality of life was measured using



the LSI-Z questionnaire (life satisfaction questionnaire) and symptoms of depression using the BDI. In the intervention group, the results showed a more significant increase in LSI and a more significant decrease in depressive symptoms compared to the control group.<sup>9</sup>

### **The connection between listening to lectures and depression in elderly**

Our education does not stop when we become adults. The purpose of adult education can be vocational, social, recreational, or for self-development, and for all these reasons, it can help to prevent depression.<sup>10</sup>

A lecture is a form of religious education guidance to get lessons to understand, believe, appreciate, and practice the teachings of Islam so that humans become Muslims who believe in fear of Allah SWT and have noble character.<sup>30</sup>

In a study conducted in a nursing home, 30 people were grouped to be given intervention in the form of attending religious lectures by Muslim leaders/preachers in 3 sessions. According to Islam, the lectures given are an overview of the causes, signs, and symptoms of depression and preventive actions for depression. Each session is done for 50-60 minutes for 12 weeks or once a month. In this study using GDS-15 and QOL (Quality of Life).<sup>21</sup>

There was a decrease in the value of depression in the intervention and control groups after 12 weeks of intervention. This result was assessed using the GDS-15 at week 4, week eight, and week 12. However, in the intervention group, there was a more significant decrease than in the control group. Moreover, the intervention

group obtained a better improvement in QOL (Quality of Life) value than the control group.<sup>21</sup>

## **CONCLUSION**

The elderly population (Elderly) is people who are aged 60 years and over. The elderly are under the Minister of Social Affairs Regulation Number 5 of 2018 concerning Elderly Welfare. This increase in average life expectancy leads to an increased risk of physical and mental illness throughout life. The quality of life in the elderly begins to decrease, which makes the elderly susceptible to depression. Depression in the elderly can be decreased by increasing the aspect of religiosity in the elderly.

## **REFERENCES**

1. Fj. Monks, etc, 2002. *Psikologi Perkembangan Pengantar Dalam Berbagai Bagianya*. Yogyakarta, 2002 hal: 352
2. Elizabeth B. Hurlock, *Psikologi Perkembangan Suatu Pendekatan Sepanjang Rentang Kehidupan*, Vol. 5: 380
3. Nations U., 2019. *World Population Ageing 2019*. [http://link.springer.com/chapter/10.1007/978-94-007-5204-7\\_6](http://link.springer.com/chapter/10.1007/978-94-007-5204-7_6)
4. Peraturan Menteri Sosial, 2018. Permen-sos Nomor 5 Tahun 2018 tentang Standar Nasional Rehabilitasi Sosial Lanjut Usia. 2018. <https://peraturan.bpk.go.id/Home/Details/129964/permensos-no-5-tahun-2018>
5. Lee SB, Oh JH, Park JH, *et.al.*, 2018. Differences in youngest-old, middle-old, and oldest-old patients who visit the emergency department. *Clin Exp Emerg Med*. 2018;5(4):249-255.

6. Pilania M, Yadav V, Bairwa M, et al., 2019. Prevalence of depression among the elderly (60 years and above) population in India, 1997-2016: A systematic review and meta-analysis. *BMC Public Health*. 2019;19(1):1-18.
7. Cheruvu VK, Chiyaka ET., 2019. Prevalence of depressive symptoms among older adults who reported medical cost as a barrier to seeking health care: findings from a nationally representative sample. 2020;(2019):1-10.
8. Bruin MC, Comijs HC, Kok RM, Berg JF Van Den, 2018. Lifestyle factors and the course of depression in older adults: A NESDO study. 2018;(March):1000-1008.
9. Uddin MA, 2017. Relationship between Religiosity and Depression of Older Persons in Bangladesh. *MOJ Gerontol Geriatr*. 2017;2(5):2015-2017.
10. Dr. Gillian Bowden MBE, AFBP S, et al., 2017. *Understanding Depression (Why adults experience depression and what can help)*, Salomon institute for applied psychology and University of East Anglia, October 2017: 58
11. Ahmad ibn Saifuddin Al-turkistaniy, 2004. *Al-bihar ma'a ashab Al-adyan wa masyru'iyatibi wa syurutibi wa adabibi*, university Muhammad ibn Su'ud Al-islamiy 2004: 8
12. Ahmad ibn Saifuddin Al-turkistaniy, 2014. *Al-bihar ma'a ashab Al-adyan wa masyru'iyatibi wa syurutibi wa adabibi*, university Muhammad ibn Su'ud Al-islamiy 2004: 9
13. Clifford Geertz, 1992. *Kebudayaan dan Agama*. Jogjakarta: Kanisius, 1992: 5
14. Siti Partini Sudirman, 2011. *Psikologi Usia Lanjut*. Yogyakarta: Gadjah Mada University Press, 2011: 1
15. Dahroni D, Arisdiani T, Widiastuti YP, 2019. Hubungan Antara Stres Emosi Dengan Kualitas Tidur Lansia. *J Keperawatan Jiva*. 2019;5(2):68.
16. Dora L. Costa, *The Evolution of Retirement: an American Economic History 1880-1990*, chapter 2: 11
17. Dao ATM, Nguyen VT, Nguyen H V., et al., 2018. Factors Associated with Depression among the Elderly Living in Urban Vietnam. *Biomed Res Int*. 2018.
18. Marina Marcus, et al., 2012. Depression a Global Public Health Concern, World Health Organization Department of Mental Health and Substance Abuse, 2012
19. World Health Organization, 2017. Mental Health of Older Adults. 2017, <https://www.who.int/news-room/factsheets/detail/mental-health-of-older-adults>
20. Tolentino JC, Schmidt SL, 2018. DSM-5 criteria and depression severity: Implications for clinical practice. *Front Psychiatry*. 2018;9(OCT):1-9.
21. Pramesona BA, Tanee Panichkul S, 2018. The effect of a religious intervention on depressive symptoms and quality of life among Indonesian elderly in nursing homes: A quasi-experimental study. *Clin Interv Aging*. 2018; 13:473-483.
22. Towards understanding the Quran, Islamic foundation UK <https://www.islamicstudies.info/tafheem.php?surah=17&verse=78&to=84>
23. Arthur A, Savva GM, Barnes LE, et al.,

2020. Changing prevalence and treatment of depression among older people over two decades. *Br J Psychiatry*. 2020;216(1):49-54.
24. Balsamo M, Cataldi F, Carlucci L, *et al.*, 2018. Assessment of late-life depression via self-report measures: A review. *Clin Interv Aging*. 2018; 13:2021-2044.
25. Durmaz B., 2017. Validity and Reliability of Geriatric Depression Scale - 15 (Short Form) in Turkish older adults. *North Clin Istanbul*. 2017;5(3):216-220.
26. Conradsson M, Rosendahl E, Littbrand H, *et al.*, 2013. Usefulness of the Geriatric Depression Scale 15-item version among very old people with and without cognitive impairment. *Aging Ment Health*. 2013;17(5):638-645.
27. Ijaz S, Tahir M, Irshad K., 2017. Mindfulness in Salah Prayer and its Association with Mental Health. *J Relig Health*. Published online 2017.
28. Faradimah, Musrifatul Uliyah, 2015. Keteraturan Sholat Lima Waktu Dengan Tingkat Depresi Pada Lansia 1 The Sun Vol. 2(1). 2015.
29. Sulaiman S., 2019. Al-Qur'an sebagai Wahyu Allah, Muatan beserta Fungsinya. 2019;(January).
30. Hidayat, T., & Syahidin, S., 2019. Inovasi Pembelajaran Pendidikan Agama Islam Melalui Model Contextual Teaching and Learning Dalam Meningkatkan Taraf Berpikir Peserta Didik. *Jurnal Pendidikan Agama Islam*, 16(2), 115-136
31. Shaista Meer and Ghazala Mir., 2014. Muslims and depression: the role of religious beliefs in therapy. 2014. *Journal of Integrative Psychology and Therapeutics* ISSN 2054-4723