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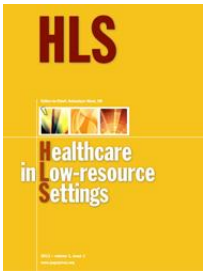

eISSN: 2281-7824

https://www.pagepressjournals.org/index.php/hls/index

Healthc Low-resour S 2024 [Online ahead of print]

To cite this Article:

I Wayan Suardana, Ah Yusuf, Rachmat Hargono, et al. **Spiritual coping "tri hita karana" and depression prevention behavior among the elderly during the Covid-19 pandemic.** *Healthc Low-resour S* doi: 10.4081/hls.2024.13025

Original Research

Spiritual coping "tri hita karana" and depression prevention behavior among the elderly during the Covid-19 pandemic

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Running title: Spiritual coping "tri hita karana" and depression

Acknowledgment: The authors acknowledge the Director of Polytechnic of Health Denpasar, Bali, Indonesia for generously funding this study.

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Key words: depression; elderly; spiritual coping; tri hita karana

Contributions: IWS, AY, and RH made significant contributions to the study through their involvement in study design, data collection and analysis, manuscript writing, and data analysis. KS, IKG, and IWM also played vital roles by contributing to study design, manuscript writing, and conducting reference searches.

Conflict of interest: The authors declare no potential conflict of interest.

Funding: This study was financially supported by Polytechnic of Health Denpasar, Bali, Indonesia

Clinical trials: Not applicable**.**

Conference presentation: Part of this article was presented at the 4th International Nursing and Health Sciences Symposium, from 27th-28th of October 2023, Universitas Brawijaya, Malang, East Java, Indonesia.

Significance for public health: Promoting active ageing is crucial, emphasizing the need to address physical and mental health. Older people are at significant risk of depression, exacerbated by factors such as social isolation and the challenges posed by the Covid-19 pandemic. It is essential to implement effective management strategies, including comprehensive assessment and treatment options, to alleviate the burden of depression in this demographic. Furthermore, spiritual coping mechanisms, such as the Balinese philosophy of tri hita karana, have demonstrated the potential to promote well-being and resilience among older individuals. This study sought to explore the correlation between spiritual coping, specifically "tri hita karana," and depression prevention behaviour among older people during the pandemic.

Abstract

The elderly commonly struggle with mental health issues, especially depression. Spiritual coping is one of the factors that might prevent depression. The aim of this study is to investigate cultural involvement in spiritual coping to depression prevention among the Balinese elderly.

From January to March 2021, this study was carried out on 273 elderly members of the Integrated Primary Public Health service in seven districts in Gianyar, Bali. The study used a cluster random sampling method to collect data and focused on quantitative measurements related to participant characteristics, depression prevention, and spiritual coping. The investigation into spiritual coping was based on the *tri hita karana*, a concept from Balinese philosophy. Bivariate analysis was used to assess the relationship between spiritual coping and depression prevention behaviour. The study comprised 146 male and 127 female participants aged between 65 and 79 years old.

Among all participants, 190 (69,6%) were diagnosed with mild to moderate depression, while 83 (30,4%) with moderate to severe depression. However, for the majority, depression prevention was good 163 (59,7%), the rest was moderate 103 (37,7%), and poor 7 (2,6%). *Tri hita karana* spiritual coping for the majority was good 17 (53,8%). Spiritual coping has a strong correlation with depression prevention (r=0.230). Thus, spiritual coping has a strong correlation with depression prevention among the Balinese elderly.

It can be concluded that the implementation of *tri hita karana* becomes a potent spiritual coping enhance depression prevention. Indigenous philosophy embedded in daily life supports social capital in dealing with stress.

Introduction

Nowadays aging population become an urgent issue globally. The phenomena shifted from high income country into low and midle income countries.[1] United Nation projected in 2050 1 in 6 people in the world will be 65 or over. The trend of rising elderly prevalence is fasten in South East Asia and Latin America.[2] However the impact of this issue into public health system should be higligted to encourage active aging where elderly will be empowered to responsible maintaince their physical and mental wellness.[3]

Strengthen the future health system driven into elderly wellbeing which emphasized two integral aspects[4]. Various studies had been decrlared both aspects in physical and mental or physcological.[4] The outcome of physical aspects of elderly such as the fitness to move during 3-6 month dependently.[5] While the mental health outcome aspects mostly studied were quality of sleep, depression, and anxiety.

Elderly as vuneral population has higher risk of issolation away from family due to immobility and othe physical disablity. Since 2019, Covid 19 pandemic in makes this reality surging among old population. Elderly feel alone, insecure, helpless, and lack of social support make higher risk of relaps depression and anxiety.[5,6] However,depression declared as pathological mental development of getting old. Unlike the younger population, the risk of depression is higher 80% among older alduts.[7] This exacerbated and relapsed classfied as major depresive disorder, persistent depressiver disorder, substance induced depresive disorder and depressivedisoder due to a medical condition.[8]

Management of depression in elderly is essensial because it significantly related to family burdent, decreased quality of life, and induced idea of suicide.[8] Comprehensive clinical guideline has been established.[9] First is comphrehensive assesment related depression symprtom and severity. The symptom listed based on the ethiology such as number of medication trigger depression and othe underliying desease. Depression severity mostly measured by GDS, HAM-D, BDI,PHQ-9. For a short relive anti depresant was widely used as pharmacologycal treatment. Another choice were recommended such as psychotherapy CBT, problem solving, reminicing therapy could involved family and caregiver. For the worst case electroconvulsive therapy might be choosen.

However concept of healing recently moved into seeking inner peace that authorized the elderly him/herself together creating harmony with social belongings also go beyond with the Supreme Being/God. This approach determined as spiritual coping. The core of spirituality is trancendence with 4 dimensions personal, social, environmental, and religious ones.[10] Coping is a form of resilience that is individual in nature as a challenge to successfully pass every event in old age.[11] In its development, the concept of coping that exists and develops so far is still very little discussing culture. Even if the concept of culture already exists, most of the literature still focuses on changes in the mental outlook of cultures that adopt western values and behavior (Divale, 2001). Novelty of this study is anccentuated Balinese phylosophy of harmony known as *Tri Hita Karana.*[12]

Conceptually, *Tri Hita Karana* is defined three causes of happiness.[13] Three elements of *Tri Hita Karana* were relation human to God (teophocentric) known as *Parahyangan*; relation human to human (anthropocentric) known as *Pawongan*; and relation human to nature (cosmophosentric) known as *Palemahan.*[14] One study found that the imbalance of these three things causes disease.[15] In looking at the etiology of mental illness, it is more than fully looking at the type of abstract (non-physical) disease.[13,15] Thus, *Tri Hita Karana* might have important part in wellness and health. Despite many studies used *Tri Hita Karana* concept specifically related to economic, politic, social and anthropology research,[16] lack number of study employ this concept in the health research. Therefore, the study aimed to examine the relationship between spiritual coping "*Tri Hita Karana*" and depression prevention behaviour among elderly during pandemic Covid-19.

Material and Methods

Study design

Design of this study is an observational and cross-sectional. Study was conducted during January- Marc 2021 with elderly population in Gianyar Distric area Bali Province. Gianyar was chosen as the research site because this area is a pilot for elderly-friendly implementation based on Bali local regulations. This site also wellknown as the heart of Balinese culture. This study involved 7 district primary care provider in rural and urban area Payangan, Ubud, Sukawati, Tegalalang, Blahbatuh, Tampaksiring and Gianyar. Partisipants of this study was the elderly who joined regular health

promotion program for primary care in Indonesia. Inclussion criterias of the participants is fluent to communicate in Bahasa. Exclusion criteria of the sample were severe mental disorder, hearing disorder, refuse to continoue join the research. We used estimated proportion formula to count the total sample.[17] Based on that formula the asumtion probability 0.05 and elderly population in Ginyar Distric 2019 39,637 people, elderly depression prevalence in Indonesia 23,4 % (Riskesdas, 2018). According the calcuation total sample involved 273 people. Data collection was performed by enumarator interviewed the elderly using structured questionares.

Instruments

In this study, 2 variables were measured, namely depression prevention behavior and religious coping. Depression prevention behavior is measured by giving 12 questionnaires with a Likert scale of 0-2 developed from Llopis & Ggabilondo.[18,19] The validity and reliability have been tested . The items-total score of Pearson's correlation was significant at .05 level and with Content Validity Index for Items (I-CVI) computation was 1.00, with Cronbach's alpha was .80. Depression prevention behaviorc classified in three level : good (score 17-24), moderate (score 8-16), less (score 0-7).

Spiritual coping was self created questionnaire constructed based one Balinese phylosophy *Tri Hita Karana*. *Tri Hita karana* spiritual coping complied 3 items element. First prahyangan element (relation with the supreme gode/ trancendes) : 5 items sradha (activity creating offering and praying) and 5 items bhakti (activity to do self reflection to be surrender). Second pawongan element (relation and interaction with human being) : 5 items nyama (support sysrem among family) and 5 items (braya support system by neighbourhood). Third palemahan element : 3 item utama mandala (space to do praying activity), 4 items madya mandala (space to do human interaction), and 3 items palemahan (green space for plants and pets).[20] Self-created questions were tested using Pearson's Correlation Product Moment for validity with the returned values varying between .412 and .572 in the commonality analysis, and for reliability through Cronbach's alpha, with all of the questions demonstrating reliability with the value of .583 (higher than .5). Another characteristic variables also measured such as gender, age, family type, personality, stress and quality of geriatric health provider.

Data analysis

The data was managed using the Statistical Package for Social Sciences - SPSS version 23.0. We performed the descriptive statistics for the socio-demographic and mental health characteristics, the depression prevention and spiritual coping. In the bivariate analysis, Pearson's correlation coefficient was used between characterisic variables and depression prevention. The relationship magnitude and strength were determined by the following criteria: r= 0.10 -0.29 (small or low relationship), 0.30 –0.49 = medium relationship, and 0.50 –1.0 = strong or high relationship.[21,22] The value of significance (2-tailed) is less than 0.05 significant at a 95% confidence interval.

Ethical considerations

This study was reviewed by The Health Research Ethics Committee Faculty of Nuring Universitas Airlangga, with the ethical approval number 2303-KEPK. Informed consent was distributed to the participants before completing the main questionnaires. The informed consent has been applied approaching the principle of beneficial, no harm, confidential, justice, as well as voluntary participants. The provided information should be agreed to by participants before data collection. The participant could stop the survey anytime during the data completion. The informed consent had been reported during the Ethics Approval and Consent prior the study.

Results and Discussion

Table 1 shows that majority of respondents were 70-79 years old and more than half were male. Primary education was the highest number compare than another level of education. More than 70% was married with unstable income. Extended family type was the majority of the respondent, followed by nuclear family and living alone. For depression prevention, 59.7% participants had a good category, 37.7% moderate and the rest was poor. Almost half of them had poor spiritual coping (46.2%). Based on the analysis, depression behavior prevention had a significant correlation with age (r=0.592), gender (r=0.492), income (r=0.468) and spiritual coping (r=0.230). Surprisingly, the majority category was good during pandemic situation. This elaborate our corelational finding *Tri Hita Karana* Spiritual Coping has significant corelation with depression prevention behavior.

The majority of participants age on range 60-69 years old (83,15%).The rest (16,85%) is 70 years old and over. The cut point 70 years old in this study decided based on the prior study of elderly

definition according physical and mental health independency among Balinese population.[23] This study congruence with elderly classification visited emergency department defined in three group : youngest-old, ages 65 to 74 years; middle-old, 75 to 84 years; and oldest-old, ≥85 years.[24] Based on gender, the propotion of male population is 53,5% and female 46,5%. A study elaborated this finding based on corelational study in Chine related Asian Ethnic measured by life expectancy at age 60 years (LE60) and quality-adjusted life expectancy at age 60 years (QALE60).[25] This study found that men have as shorter life expectancy but seems less suffering rather then women.

Recently depression on of the most common mental health issue among elderly espessially since pandemic Covid 19 untill 2022.[25,26] Study among 457 Indonesian participants found 53,57% experienced depression.[27,28] Another study explained predictors of depression in South Asia (India, Pakistan, Bangladesh, Nepal, Sri Lanka) such as : gender, chronic ilness, finansial and physical dependent with other, not able to work or unemploement, experienced stress full event, lack of social support, marital status and living arrangement, substance or elderly abuse, inadequate spiritual needs, tension in home, not enggage in leisure activities or hobbies.[29] Espessially Bali Province as setting of this reseached suffered a poignant effect of plunged tourism aspect as main income. Another study in Denpasar as part of Bali in first semester of 2020 among 100 respondents experienced anxiety (53,1%); depression (51,2%); and stress (46,1%) since decreasing monthly income and termination of employment.[30] Coherent with this research findings all partisipants experienced depression: mild to moderate 69,59% and moderate to severe 30,41%. Compared with previous study related depression in Bali Old population, the tren is about increasing. Study involved 774 female and 719 male participants aged 60 to 100 using CES-D score of ≥10 as depression as assigment declared the prevalence of depression among older adults in Bali was high (42.3%).[31]

However, old population have been faced many life stress exposure and experienced make the survived and well adapted known as coping.[32] The main coping startegies main coping strategies were: anticipatory mourning, the desire to die, isolation, submission, negotiation, acceptance, accommodation, seeking social support, seeking spiritual comfort and living in the moment.[33] Even during pandemic Covid 19, old population showed their natural relisients dealing with unexpected condition and isolation by positive emotioned coping mechanism by generate good mindset, stay busy,

adn look for social support. Compared with young population, old population less likely used avoidant coping strategy which sign of depressive symtom.[34]

Explaining the former shape of coping was seed of transactional theory developed by Lazarus and Folkman in 1984.[35] Transactional explanations emphasizing dynamic relation of individual ability to responds stress of environment by cognitive phenomenological processes. Theory of Coping by Lazarus triggered by stress which interaction environment and peson. Later stress stimulate perception named appraisal.[36] Appraisal conduct adaptation known coping mechanism classief in two: problem focused coping and emotional focused coping.[37] Problem focused coping described by using severals stategy to remove the stressor by solving the problem.[38] While emotional focused coping described by using emotional responds to deal with the stressor.[39]

Recently, holistic health orientation involved spirituality aspect as coping mechanism.[40] Philosofical anaylsis of spiritual coping in nursing science enhanced physical, psychological, and social well-being, resilience, and self-transcendence.[4142] Research suggests that spiritual coping strategies, involving relationship with self, others, Ultimate other/God or nature were found to help individuals to cope with their ailments.[43] Congruence with Balinese culture the definition of spirituality known as *Tri Hita Karana*. embodies universal values and represents harmonious and balanced human relationships with the spiritual, social and natural environment to achieve spiritual and physical wellbeing.[44]

Implementation of *Tri Hita Karana* embeded in Balinese people daily life. Everyday people in Bali create handmade offering to show gratitute of The Supreme God Blessing. That activity became indigeous culture infused by Hinduism belief (*Sradha*) and compassion to serve (*Bhakti*).[45] Another implementation of Tri Hita Karana as Spiritual Coping strategy during Covid 19 was implemented by reading Bhagawad Githa involved 100 partisipants in Bali.[46] As part of hamony woth the Supreme God Balinese people tend to be more surrender and more likely do self control and reflection known as *Mulat sarira.* Harmony among human as human being in Bali conceptualized *Menyama Braya. Menyama*, its semantic meaning referes to family ties by mariage and blood; while *Braya* refers to neighbourhood. This concept during pandemic became social capital build coping and resilience during pandemic.[47] Many people give free food suplais to others, giving social loan, and personal protective equepments such as mask, faceshield, desinfectant. Creating harmony in nature physically reflected on Balinese

concept house always provide green space for *palemahan.* Balinese house divided into 3 elements as Tri Mandala: sacred place or temple for praying, home for human interation, and space for garden / pets.[47] Even in dynamic in rural area such as Denpasar as Bali Capital is still maintained.[47] Gardening and conect with animal or pets became habitual activity among Balinese people which availabe in their green space during isolation period in pandemic. Gardening engage can facilitate stress reduction through interactions with natural elements, which bolster human health.[48]

The implementation of *Tri Hita Karana* in Bali as spiritual coping facilitate coping goal in this contects of research related depression prevention. Old population in Bali morelikely implement spiritual coping rather than problem or emotional focused coping. Based on this observation, the majority of participants did not have role as decision maker and lack of their cognitive capability to solve their life problem. Participants also try to hide their emotional feeling to prevent their family burdent. Balinese elderly selected other activity to keep them busy and calm down their mind and feeling. Implementation of *Tri Hita Karana* not only for coping stategy but also outcome itself as depression prevention. Implementation *Tri Hita Karana* among old pepole in Bali occupied their physical, social, natural bonding activity to regulate mental health.

Conclusions

Age, gender, income, and spiritual coping were positively correlated with depression behavior prevention. This study results can give input to the nurse to understand depression behavior prevention. Besides, the results can use to develop intervention through *Tri Hita Karana* to manage depression behavior prevention. Community nursing or public health nurse could use this concept to promote positive mental health to community. Besides, it might be related to health seeking behavior. Nurse need to explore more about mental health, which can be an issue to explore for future studies. This study's findings might not represent Indonesia because data were gathered only in the one district. Therefore, further research is needed with a larger, multiethnic sample to understand spiritual coping "*Tri Hita Karana"* and depression behavior prevention in Indonesia. This finding might be limited to during pandemic situation, further studies with longitudinal methodology is highly recommended. In

addition, the study findings did not present cause effects; thus, a causal model to confirm spiritual coping and depression prevention behavior is needed for future studies.

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Table 1. Characteristic of Participants

Variabel (N=273)	n	%
Age		
65-69 years old	96	35.2
70-79 years old	177	64.8
Gender		
Male	146	53.5
Female	127	46.5
Highest level of education		
None	68	24.9
Primary	84	30.8
Secondary	45	16.5
Tertiary	44	16.1
University	32	11.7
Marital status		
Married	200	73.3
Divorced	64	23.4
Unmarried	9	3.3
Income Status		
Stable	67	24.5
Unstable	206	75.5
Family Type		
Nuclear Family	116	42.5
Living alone	8	2.9
Extended Family	149	54.6
Depression Prevention		
Good	163	59.7
Moderate	103	37.7
Poor	7	2.6
Spiritual Coping		
Good	147	53.8
Poor	126	46.2

Table 2. Correlation Characteristic and Depression Prevention Behavior

Variables	Category	Poor	Moderate	Good	Correlation
Age	High risk	3	46	47	0.592**
	Lower risk	4	57	116	
Gender	Male	3	52	91	0.492**
	Female	4	51	72	
Education level	None	1	33	34	0.082
	Primary	4	32	48	
	Secondary	2	10	33	
	Tertiary	0	19	25	
	University	0	9	23	

Variables	Category	Poor	Moderate	Good	Correlation
Income Status	Stable	4	68	108	0.468**
	Non-stable	3	35	38	
Marital Status	Married	7	64	129	0.008
	Unmarried	0	36	28	
	Divorced	0	3	6	
Family Type	Nuclear Family	6	51	59	0.010
	Living alone	0	5	3	
	Extended Family	1	47	101	
Spiritual coping	Good	5	40	102	0.230**
	Poor	2	63	61	

**p<0.01