

## Differences in the Spiritual Welfare Levels of the Elderly Who Have Spouses and Without Spouses

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### Abstract

**Introduction:** Some of the elderly who have spouses have a high level of spiritual well-being, but some also have moderate and low levels of spiritual well-being. This is also experienced by the elderly who do not have a life partner, some have moderate and low levels of spiritual well-being, but some also have high levels of high spiritual well-being. **Purpose:** this study aims to determine the difference in the spiritual well-being of the elderly who have a spouse and without a spouse. **Place of Research:** Rejosari Health Center Working Area. **Methods:** This study used a quantitative design using a comparative study method. The approach used was cross sectional. **Results:** There is no difference in the level of spiritual well-being of the elderly who have a spouse and without a spouse (Sig. (2-tailed) = 0.228, > 0.05). **Conclusion:** There is no difference in the level of spiritual well-being of the elderly who have spouses and those without spouses. **Suggestion:** Future researchers can examine the factors that affect the spiritual well-being of the elderly with or without a spouse.

**Keywords:** Gerontic, Elderly, Spiritual Welfare, Spouse



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### INTRODUCTION

The population aged 60 years and over continues to increase from year to year, if you look at the growth of the elderly globally, data from World Population Aging worldwide there are 703 million people aged 60 years or more in 2019 (United Nations Department of Economic and Social Affairs, 2019). According to information from WHO (2022) The elderly population is expected to increase, namely in 2030 it will reach 1.4 billion and in 2050 it is expected to reach 2.1 billion. Information from the Central Statistics Agency, (2021) Indonesia is currently experiencing an increase in population which has reached 10.83% or around 29.3 million elderly who have experienced an increase and are expected to continue to increase every year (Central Statistics Agency, 2021). Riau Province alone has 226.58 thousand elderly people in 2021 (Central Statistics Agency, 2021). An increase in the number of elderly people has also occurred in Pekanbaru, according to data from the Pekanbaru City Health Office from 21 puskesmas in Pekanbaru, the number of elderly people in 2021 totaled 73,106 people and in 2022 it has increased to 77.77 people. This shows that the elderly population will increase every year (Pekanbaru City Health Office, 2021).

The high number of elderly population will be at risk of increasing the health problems of the elderly holistically, both physiological, psychological, biological, social and spiritual problems (Indrayani & Ronoatmodjo, 2018). Spirituality is a dimension of well-being for the elderly that can reduce various problems such as stress, anxiety and fear in the face of death, while also being able to maintain one's own existence (Lubis, et.al., 2020). The problems faced by the elderly are related to spirituality, namely the elderly tend to find it difficult to memorize holy books due to memory that has begun to decline, besides that the elderly also feel uneasy when they find out that their family members have not performed their prayers, and feel anxious when they encounter serious life problems including loss closest person

(Kholifah & Widagdo, 2016). Another spiritual problem experienced by the elderly is anxiety in facing death. The elderly who have a high spiritual level will be ready to accept reality later and be ready to face death, while the elderly with a low spiritual level will find it difficult to accept reality and are not ready to face death (Andriani et al., 2022). On a spiritual level, spiritual concepts are closely related to spiritual health and well-being.

Spiritual well-being is a condition where a person feels satisfaction related to his relationship with God or the meaning and purpose of his life (Latif, 2022). Spiritual well-being has several factors, one of which is marital status. Elderly people who are married will get support from their partners both in carrying out treatment and religious activities (Amalia et al., 2022). This is in line with the factors that affect the spiritual well-being of the elderly as stated by Hamid, namely the closest environment, in this case, including a spouse (Pratiwi, 2022).

Research conducted by A'la (2017), states that marital status is one of the factors that affect spiritual well-being. Based on the results of research conducted by Syafi (2022), with research entitled Overview of Spiritual Welfare in Chronic Kidney Failure Patients Undergoing Hemodialysis with the results of the spiritual well-being of the respondents having a value of  $91.58 \pm 10.47$  in a score range of 20-120. Based on marital status there is no difference in spiritual well-being with value ( $p=0.107$ ). The results of this study are not in line with the research by Taheri-Kharamah (2016), on 95 hemodialysis patients in Iran and the research of Song & Oh (2016), on 146 hemodialysis patients in Korea who got higher spiritual well-being results in married status. The results of this study are in accordance with Song & Oh in 146 hemodialysis patients in Korea ( $p=0.201$ ).

Researchers have conducted a preliminary study conducted in December 2022 at the Pekanbaru city health office, obtained secondary data that the Rejosari health center has the second largest number of elderly after the Payung Sekaki Health Center, namely 7,099 elderly with 50.3% elderly women and 49.7% elderly men -man. Data from the Rejosari Health Center has a comparison of 56.4% of the elderly with a spouse and 43.6% of the elderly without a spouse. Preliminary studies conducted by researchers using the interview method, the activities of the elderly in the work area of the Rejosari Health Center which are related to spiritual well-being include participating in religious activities such as praying, attending recitations, and participating in activities around the house such as wirid. There were 10 elderly people, 5 of whom had spouses and the remaining 5 were without spouses. Based on the results of short interviews, 4 out of 5 respondents who have a life partner always practice worship and believe that God always loves, cares for and cares deeply. Meanwhile, 1 in 5 respondents said they rarely worship and have a bad relationship with those around them. As many as 3 out of 5 respondents who were without a spouse said they rarely worshiped and also had a bad relationship with those around them. Meanwhile, 2 out of 5 respondents always take part in activities held near their house and believe that God always loves and cares for others.

## **RESEARCH METHODS**

This study uses a quantitative design using a research method called the comparative study method with the approach used is cross sectional. This research started from making a proposal to the results seminar, namely from December 2022 to June 2023. The place of this research was carried out in the working area of the Rejosari Health Center, Tenayan Raya District, Pekanbaru City. The population in this study were 133 elderly consisting of 75 elderly who had spouses and 58 elderly who did not have spouses who had visited the Rejosari Health Center in the last 3 months. In determining the number of samples the researcher refers to several opinions. That is the opinion put forward by Gay & Diehl (1992)

saying that if the research being carried out is comparative research, then the recommended research sample size is 30 subjects. Borg and Gall Borg (in Alwi, 2015) in experimental and comparative research designs require a minimum sample of 15-30 respondents for each group. In this study using an instrument in the form of a questionnaire. The questionnaire in this study used a questionnaire based on existing and tested literature. Spiritual Well-Being Scale (SWBS) developed by Paloutzian & Ellison (1982). This questionnaire is for assessing the spiritual well-being of the elderly, containing 20 question items with two sub-scales, namely perceptions of Welfare in religion (RWB) and Perceptions of welfare in existence (EWB). The RWB rating scale provides self-assessment of one's relationship with God, while the EWB produces a self-assessment of individual life goals and overall life satisfaction (Tumanggor, 2019).

### RESEARCH RESULTS AND DISCUSSION

Research on differences in the level of spiritual well-being of elderly people who have spouses and no spouses has been conducted in the Rejosari Health Center work area from 19 May 2023 to 29 May 2023. This research involved 60 respondents with 30 elderly respondents who had spouses and 30 elderly respondents. those without a life partner.

**Table 1. Distribution of Characteristics of Elderly Respondents and homogeneity test**

Characteristics	The group of elderly who have a life partner (n=30)		Elderly group without spouse (n=30)		Total		P value
	n	%	n	%	n	%	
1. Gender							
- Male	21	70,0	16	53,3	37	61,7	0028
- Female	9	30,0	14	46,7	23	38,3	
2. Age							
- 60-74 year	30	100,0	29	96,7	59	98,3	0,043
- 75-89 year	0	00,0	1	3,3	1	1,7	
- > 90 year	0	00,0	0	00,0	00,0	60,0	
3. Education							
- Not School	1	3,3	3	10,0	4	6,7	0,211
- Elementary School	1	3,3	1	3,3	2	3,3	
- Junior High School	6	20,0	7	23,7	13	21,7	
- Senior High School	15	50,0	14	46,7	29	48,3	
- College	7	23,3	5	16,7	12	20,0	
4. Work							
- Not Work	14	46,7	15	50,0	29	48,3	0,388
- Self-employed	10	33,3	8	26,7	18	30,0	
- Civil Servant	1	3,3	0	00,0	1	1,7	
- Retired	5	16,7	7	23,3	12	20,0	
5. Marital Status							
- Have a life partner	30	100,0	0	00,0	30	100,0	1,000
- Without a life partner	0	00,0	30	100,0	30	100,0	
6. Type of disease experienced							
- Hypertension	15	50,0	10	33,3	25	41,7	0,964
- Cholesterol	4	13,3	3	10,0	7	11,7	
- Indigestion	3	10,0	4	13,3	7	11,7	
- Asthma	2	6,7	2	6,7	4	6,7	
- Rheumatism	0	00,0	7	23,3	7	11,7	
- Etc	6	20,0	4	13,3	10	16,7	

Based on table 1 shows that of the 60 respondents studied, 30 respondents had spouses and 30 respondents without spouses. Where the distribution of respondents according to gender was mostly male respondents totaling 37 respondents (61.7%), the majority of the respondents' ages were 60-74 years (59%), the majority of respondents' education was high school totaling 29 respondents (48.3%), based on the job the majority of respondents are not working 29 respondents (48.3%). for the marital status of the elderly, the majority were the same, namely as many as 30 respondents (50%) who had a spouse and 30 respondents (50%) who were without a spouse, while the majority of types of disease experienced by the elderly were hypertension, 25 respondents (41.7%). The results of the analysis using the Levene Test obtained homogeneous data, namely education of the elderly (p value 0.211), employment of the elderly (p value 0.388), marital status (p value 1.000), type of disease experienced (p value 0.964), and the rest was not homogeneous, namely gender (p value 0.028), and old age (p value 0.043).

**Table 2. Distribution of the Spiritual Well-Being of the Elderly Who Have Spouses**

The Spiritual Well-Being of the Elderly Who Have a Life Partner	Frequency (n)	Percentage (%)
Low	0	0,00
Currently	7	23,3
Tall	23	76,7
Total	30	100

Table 2 illustrates that the majority of respondents have a high level of spiritual well-being, namely 23 respondents (76.7%).

**Table 3. Distribution of the Spiritual Well-Being of the Elderly Without a Spouse**

The Spiritual Well-Being of the Lifeless Elderly	Frequency (n)	Percentage (%)
Low	0	0,00
Currently	15	50,0
Tall	15	50,0
Total	30	100

Table 3 illustrates that the majority of respondents have a moderate level of spiritual well-being of 15 respondents (50.0%) and high spiritual well-being of 15 respondents (50.0%).

## Bivariate Analysis

**Table 4.**

Independent Samples Test									
	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Equal variances assumed	5.538	.022	1.221	58	.227	3.567	2.922	-2.283	9.416
Equal variances not assumed			1.221	52.659	.228	3.567	2.922	-2.295	9.429

Because the variance of the data is not homogeneous, the Equal variances not assumed column is chosen to obtain a Sig. (2-tailed) namely 0.228, > 0.05 where if the value of Sig. (2-tailed) > 0.05 then HO is accepted and Ha is rejected. This means that at the 95% confidence level it can be concluded that there is no difference in the level of spiritual well-being of the elderly who have spouses and those without spouses

## **Discussion**

In the research conducted, it was found that gender is not a factor that influences the spirituality of each individual, because basically each individual has spiritual needs and beliefs according to the religion they adhere to (Sya'diyah. et al., 2020). In line with research conducted by Amalia (2020) that men and women have no significant differences in spiritual well-being. The results of this study are in line with research conducted by Pratiwi (2022), which is dominated by elderly people aged 60-74 years. Researchers argue that age affects spiritual well-being.

The results of this study obtained results by using the T-test Equal Variance Not Assumed test, the Sig value was obtained. (2-tailed) namely 0.228, > 0.05 where if the value of Sig. (2-tailed) > 0.05 then  $H_0$  is accepted and  $H_a$  is rejected. This means that at the 95% confidence level it can be concluded that there is no difference in the level of spiritual well-being of the elderly who have spouses and those without spouses. The results of this study are in line with research (Syafi & Sari, 2022) which says that there is no significant difference between spiritual well-being based on marital status. This is because spiritual prosperity is not only obtained from a marriage relationship but a relationship with oneself, a relationship with a good God, and a relationship with the surrounding environment.

The results of this study are not in line with Taheri-Kharameh's (2016) study on 95 hemodialysis patients in Iran and Song & Oh's (2016) study on 146 hemodialysis patients in Korea who obtained higher spiritual well-being results in married status. Hemodialysis patients who are married have higher social support than unmarried patients. Social support helps someone to carry out coping strategies for problems caused by illness and helps someone to adapt to treatment, thereby increasing life satisfaction (Syafi & Sari, 2022).

## **CONCLUSION**

Based on the results of the analysis of elderly spiritual welfare researchers who have spouses, the majority of respondents have a high level of spiritual well-being, namely 23 respondents (76.7%), 7 respondents have a moderate level of spiritual well-being (23.3%), while for spiritual well-being which is low is not found in the Rejosari Public Health Center Work area. The results of further analysis regarding the differences in the level of spiritual well-being of the elderly who have spouses and those without spouses use the T-test statistical test. Previously, the homogeneity test was carried out with the Levene's test and the data were not homogeneous, so the researchers used the T-test Equal Variance Not Assumed then the value of Sig. (2-tailed) namely 0.228, > 0.05 where if the value of Sig. (2-tailed) > 0.05 then  $H_0$  is accepted and  $H_a$  is rejected. This means that at the 95% confidence level it can be concluded that there is no difference in the level of spiritual well-being of the elderly who have a spouse and without a spouse.

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