



Original Research

## The Difference of Depression Level Before and After Keroncong Music Therapy in the Elderly

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### ABSTRACT

**Introduction:** coming to an old age a person will experience physical, psychological, and biological setbacks. Psychological deterioration which is often found in the elderly is depression (Purbowinoto, 2010). One of the non-pharmacological therapies that can be applied to reduce depression levels in the elderly is to use keroncong music therapy. The purpose of this study was to determine the differences in depression levels in the elderly before and after being given keroncong music therapy at UPTD Griya Werdha Jambangan Surabaya.

**Method:** the method used was analytical pre-experimental research with pre testpost test design. The independent variable in this study was depression in the elderly, while the independent variable was keroncong music therapy. The population is 40 elderly with 36 samples in the UPTD Griya Werdha Jambangan Surabaya taken using purposive sampling techniques. The data was taken using a questionnaire. Data analysis used the Wilcoxon Rank Test statistical test.

**Results:** from the results of the study, it was found that there was a difference in the levels of depression in the elderly before and after being given keroncong music therapy at UPTD Griya Werdha Jambangan Surabaya with a significant value of  $p = 0.0001$  lower than  $p = 0.05$  ( $p < \alpha$ ). Before the therapy or treatment, most of the elderly experienced depression levels with as many as 11 respondents (30.6%) and after the treatment most of them experienced depression level with as many as 16 respondents (44.4%).

**Conclusion:** it could be concluded that there was a difference in levels of depression in the elderly before and after being given keroncong music therapy at UPTD Griya Werdha Jambangan Surabaya. For this reason, music therapy can be an option to decrease the depression level in the elderly at UPTD Griya Werdha Jambangan Surabaya.

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## 1. INTRODUCTION

Entering old age lead to physical, psychological, and biological decline. Psychological derivation included feeling of useless, easily sad, insomnia, stress, depression, anxiety, and dementia often found in the elderly (Purbowinoto, 2010). Depression is the most common mental illness found in patients over 60 years of age.

According to WHO (World Health Organization) data in 2014, the number of elderly is estimated at 629 million worldwide with average age of 60 years, and it is estimated will reach 1.2 billion by 2025. The depression prevalence in the elderly worldwide in 2014 was around 13.5% of all elderly people with a female ratio of 8.4% and men 5.1% (WHO, 2014)

Based on the Ministry of Health of the Republic of Indonesia in 2014, the prevalence of the elderly

was 20,893,000 people with the number of elderly experiencing mild to severe depression as many as 32% (Depkes RI, 2014). Data from East Java Province showed that the elderly population in 2014 is estimated to reach 10.96% and in 2015 it is estimated to reach 11.5% and by 2020 it will increase to 13.5% (Nugroho, Sigit, Wahyu A. Yeni, Rachmawati, Mustari, Andhie Surya, 2014).

The Surabaya city data showed the number of elderly population in 2014 reached 350,000 people (13%) of the total population in Surabaya (BPS City of Surabaya, 2014). The results of a preliminary study on January 16, 2020 at the UPTD Griya Werdha Jambangan Surabaya, the number of all elderly was 154, the number of elderly people who experienced depression was 50 people increased mortality due to suicide (Unutzer, 2007).

Management of depression can be treated using pharmacological and non-pharmacological therapy. Generally, depression management by pharmacological therapy uses antidepressant drugs such as monoamine oxidase inhibitors (MAOI), selective serotonin reuptake inhibitors (SSRI), and tricyclic antidepressants (TSA). Antidepressant only reduce symptoms and cause side effects, including digestive and cardiovascular disorders. (Stuart, 2012). In addition to anti-depressant drugs, psychotherapy (talk therapy) has an important role in treating various types of depression. Psychotherapy is performed by a psychiatrist, trained psychologist, social worker, or counselor.

Non-pharmacological therapies can be chosen as substitute to avoid the antidepressant side effects in overcoming depression. The therapies including psychodynamic, behavioral learning, cognitive, and existential humanistic approaches.

Psychodynamic approach is one of the most interesting ways to treat depression because this approach not only relieves symptoms but also dealing with stressors that cause depression. Psychodynamic approach can be performed using music. Music can connect the minds and hearts of people with depression so that they can overt (Purbowinoto and Kartinah, 2010).

## 2. METHODS

### 2.1 Research Design

This research was analytic pre-experimental design with one group pre-post-test approach. One group pre-post-test design is an approach of measuring one-group without a comparison group (control) by taking one measurement in beginning (pre-test) before being intervened to certain treatments.

### 2.2 Population, Sample, and Sampling

The population in this study were the elderly who experienced depression aged 60 - 74 years at UPTD Griya Werdha Jambangan Surabaya. Of 40 elderly, then selected using purposive sampling technique with total 36 respondents.

### 2.3 Research Variables

The independent variable of this study keroncong music therapy, while the dependent variable of this study is the depression level.

### 2.4 Research Instrument

The data were collected using an instrument in the form of a questionnaire consisting of 3 questionnaires, namely demographic data questionnaire, an leadership questionnaire, and an the depression level of elderly questionnaire.

### 2.5 Procedure

The research procedure begins with asking permission at the research location, then conducting a research ethics test. At the time of data collection, the researcher will provide an explanation of the objectives of the research to be carried out to the respondents. The samples with inclusion criteria were enrolled through a purposivesampling method, who were allocated to intervention and control groups.

### 2.6 Data Analysis

The data was taken using a questionnaire. Data analysis used the Wilcoxon Rank Test statistical test with a significance value of  $p \leq 0.05$ .

## 3. RESULTS

Table 1 describes the elderly data in general including: gender, age, and education level. Table 1 shows that the number of female is 19 people (52.8%) and male is 17 people (47.2%). The elderly category are 28 people (77.8%) and the old category (old age) are 7 people (19.4%). The respondents' education level on elementary school are 3 people (8.3%), junior high school are 9 people (25.0%), senior high school 19 people (52.8%), and Bachelor's degree 5 people (13.9%).

Table 2 shows that normal levels of depression are experienced by 5 people (13.9%), mild level by 11 people (30.6%), moderate level by 10 people (27.8%), and severe level by 10 people (27.8%). The frequency of respondents based on depression level after intervention shows that respondents who have normal levels of depression are 12 people (33.3%), mild are 16 people (44.4%), while 7 people (19.4%), and the weight of 1 person (2.8%).

The study result found before the intervention performed, of 36 respondents, 5 people experienced normal levels of depression, 11 people experienced mild depression, 10 people experienced moderate depression, and 10 people experienced severe depression.

After being given intervention, the depression level of 28 respondents decrease, 7 respondents experienced an increase, and 1 respondent experienced the same level of depression.

The Wilcoxon statistical test showed a significant number (p-value) or Z count (0.000) lower

Table 1. Frequency distribution of respondents

No	Variable	Frequency	Percentage (%)
1	Sex		
	Male	17	47.2
	Female	19	47.8
	Total	36	100
2	Age		
	<59 years	1	2.8
	60-74 years	28	77.8
	>74 years	7	19.4
	Total	36	100
3	Education		
	Elementary School	3	8.3
	Junior High School	9	25.0
	Senior High School	19	52.8
	Bachelor degree	5	13.9
	Total	36	100

Table 2. Frequency distribution of respondents based on depression level before Keroncong Music Intervention

Depression level	Frequency	Percentage (%)
Normal	5	13,9
Mild	11	30,6
Moderate	10	27,8
Severe	10	27,8
<b>Total</b>	<b>36</b>	<b>100,0</b>

Table 3. Frequency distribution of respondents based on depression level after Keroncong Music Intervention

Depression level	Frequency	Percentage (%)
Normal	12	33,3
Mild	16	44,4
Moderate	7	19,4
Severe	1	2,8
<b>Total</b>	<b>36</b>	<b>100,0</b>

Statistical Test Result (Wilcoxon Signed Ranks Test)

Before-after intervention	N
Negative Ranks	7
Positive Ranks	28
Ties	1
Total	36
<i>P value</i> = .000 < 0,05	

than Z table 0.05 or ( $p < .$ ), then  $H_0$  was rejected and  $H_1$  was accepted. The statistical test showed there was a significant difference of the depression level in

the elderly before and after delivered Keroncong Music Therapy at UPTD Griya Werdha Jambangan, Surabaya

#### 4. DISCUSSION

##### The Depression Level of the Elderly Before Being Given Keroncong Music Therapy

Depression and old age are the final stages of the human development cycle. Everyone hopes to live a calm, peaceful, and contented old age with their children, grandchildren, and families. Indeed, not all elderly obtained it. Life problems that usually afflict the elderly include poverty, failure, loss, conflict with family or children, not having offspring to care for them. Elderly also face physical, social and psychological changes. The changes cause elderly to experience various kinds of feelings namely sadness, anxiety, loneliness, feeling worthless, and irritable. The feeling are mental health problem experienced by the elderly, one of which is depression (Davidson, 2006:372).

The questionnaire results showed that elderly experience prolonged sadness, pessimism, feeling failed and dissatisfied with themselves, experienced fatigue, loss of appetite, and sometimes arise suicidal thoughts. This result is in accordance with the 21 items on the BDI (Beck Inventory Beck) questionnaire which describes sadness, pessimism, feelings of failure and dissatisfaction, guilt and self-dislike, suicidal ideation, withdrawal from social relationships, changes in self-image, decision making, insomnia, fatigue, anorexia, feelings of anger and worthlessness.

##### The Depression Level of the Elderly After Being Given Keroncong Music Therapy

The decrease in the depression level of elderly can be influenced by antidepressant drugs by normalizing brain neurotransmitters to affect mood. However, antidepressant drugs can cause side effects and the elderly who often relapse require a full dose of treatment therapy previously.

Besides antidepressant, depression can be treated using psychotherapy (talk therapy) by a psychiatrist, ECT (Electro-convulsion Therapy), and a psychoanalytic approach, namely music therapy. Music therapy have benefit helping patients to express their feeling, promote physical rehabilitation, affect emotion and mood positively, and relieve pain.

Music therapy was first applied and developed by Priestley in Europe and America using Sigmund Freud's theory of the structural order of the id, ego, and superego. Music accompanied by verbal exchange helps client to explore their problems and comprehend their life, their needs, and their feelings (Djohan, 2006). The keroncong music was given at a slow tempo according to the elderly preferences.

Music with a slow tempo provides stimulation of cerebral cortex (primary and secondary auditory cortex) which is forwarded by FFR (Frequency Following Response) to balance brain waves towards

alpha brain waves which signify calm (Wijayanti, 2012). Changes in alpha waves will increase serotonin hormone (regulating mood changes). The calmness that comes from giving music therapy makes the elderly feel comfortable and relaxed.

Based on researcher point of view, effective actions with minimal side effects to overcome depression in the elderly need to be performed, so that the elderly can enjoy life in their old age with positive thoughts.

Based on researcher point of view, music therapy with slow to medium tempo with various kinds of music, such as pop, jazz, keroncong, murrotal Al-Quran is effective as therapy for health.

### **Differences in Depression Levels in the Elderly Before and After Music Therapy**

The analysis carried out is to compare the results before being treated and after being treated for all respondents without a control group. The keroncong music used was ancient songs, such as Surabaya, Bengawan solo, and Rayuan Pulau Kelapa, sung by Sundari Soekotjo at a slow to medium tempo for 30 minutes, 3 times a week. The title of the song is a favorite song for the elderly which is evident when the songs are played, some of the elderly sing along. This keroncong music therapy help elderly to express feelings, assist physical rehabilitation, has a positive influence on mood and can improve the memory of the elderly. So, it can be expected to help overcome depression, prevent disease, and relieve pain (Djohan, 2006)

According to researchers, keroncong music therapy or other genres of music therapy with a slow tempo is effective as a therapy to reduce depression levels in the elderly. It is proven in this study by using music as therapy can improve or improve physical, emotional, cognitive and social conditions will help reduce depression levels in the elderly.

### **5. CONCLUSION**

Based on the study results and discussion, it can be concluded that before keroncong music therapy was given, most of the elderly at UPTD Griya Werdha Jambangan Surabaya experience depression in 60-74 years group age, experiencing mild depression, and had senior high school education level. After keroncong music therapy was given, most of elderly at UPTD Griya Werdha Jambangan Surabaya experience depression in 60-74 years old group age, experiencing mild depression, and had junior and high school education level. There is a difference in the depression level of elderly before and after being given keroncong music therapy.

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