

Minireview Article

The dhikr and healthy aging in Indonesia: A literature review

ABSTRACT

Introduction:The increasing elderly population poses a unique challenge to countries, particularly in the field of healthcare. This study aims to identify evidence of the connection between dhikr and health among the elderly in Indonesia.

Study design:A literature review of research articles utilizing quantitative approaches, including observational and experimental studies. Article searches were conducted using data from PubMed, ProQuest, and Google Scholar, with publication limits set from 2013 to June 21, 2023. The research was conducted in Indonesia, and the participants were Indonesian Muslims aged 60 years or older.

Results: A total of 25 articles were found through ProQuest, 115 through Google Scholar, and none through PubMed. Sixteen articles met the predetermined criteria, including one observational study and 15 experimental studies. Some researchers in the experimental studies combined dhikr with other interventions, including breathing exercises, ablution, and prayer. The phrases uttered during dhikr varied, including Surah Al-Fatihah, Astaghfirullah, Subhanallah, Alhamdulillah, La Ilaha Illallah, Allah Akbar, Ya Rahman, Ya Rahim, and blessings upon the Prophet.

Conclusion: Dhikr has a positive impact on improving the health of the elderly, particularly in enhancing psychological well-being and reducing blood pressure.

Keywords: Aged, Remembrance, Ritual, Religious, Spiritual

1. INTRODUCTION

The increasing proportion and number of elderly individuals have transformed the population structure of Indonesia, as is the case worldwide. This situation is considered a consequence of the success of human development, particularly in terms of increased life expectancy and improved health. Furthermore, knowledge levels and quality of life are also believed to contribute to the changes occurring in demographic conditions. It is known that the Human Development Index (HDI) in Indonesia was 66.53 in 2010, while in 2022 it has reached 72.91.¹ This indicates a sustained increase in the HDI in Indonesia.

It is estimated that the elderly population in Indonesia was 7.59% in 2010, which increased to 8.43% in 2015, and by 2021, it had reached 10.82%.² It is noteworthy that the population structure of a region or country is considered "aging" "when the proportion of the elderly population reaches 10%, and Indonesia is currently experiencing this condition.

The increasing elderly population in a country presents another challenge for that country. It is undeniable that various declines in physical, social, psychological, and cognitive functions occur in the elderly, thereby increasing the risk of health disorders for them. The Central Statistics Agency (BPS) reported that the prevalence of illness among the elderly population in 2022 was 20.71%. Meanwhile, the prevalence of elderly individuals with complaints was 42.09%.² These figures indicate that nearly half of the elderly population in Indonesia have complaints about their health conditions.

All the changes that occur in the elderly population can have an impact on their emotional and psychological disturbances. One approach that can be taken is by enhancing the

spiritual aspects of their lives, including religious activities. It is acknowledged that humans generally believe in a power beyond their capabilities, referred to as the Almighty God in religion. It is in reference to such conditions that humans are considered spiritual beings. One religious activity in Islam is dhikr.

Dhikr becomes intriguing to discuss alongside other activities such as prayer, fasting, Quran recitation, and charity, especially when it concerns the aging population. As mentioned earlier, the elderly population undergoes changes in terms of declines in physical, social, and psychological health dimensions. However, it differs from the spiritual health dimension, including religious activities, where this dimension actually experiences an increase. Older individuals need to spend more time preparing themselves to face death, including dhikr.

Several researchers have paid attention to and assessed healthy aging in the elderly population. Some of them associate healthy aging with environmental and behavioral factors (such as smoking, dietary patterns and physical activity). In Indonesia, a number of researchers have recently focused their attention on the relationship between religious activities and the health of the elderly population. One of these activities is the ritual of dhikr, which is also considered to play a significant role in the health of the elderly, particularly among elderly Muslims.^{3, 4, 5} In Islam, dhikr is a way to draw closer to the act of surrendering oneself as a creature (created being) to the Creator, as humans are multidimensional beings.⁶ In addition to interacting with oneself, humans also interact with the environment and the Creator. To establish a strong reference, it is necessary to conduct a study on evidence of the connection between dhikr and healthy aging in Indonesia. Therefore, this study aims to compile a literature review on dhikr and healthy aging.

2. METHODOLOGY

2.1 Inclusion and exclusion criteria

The method employed in this study is a literature review, where only articles meeting the following criteria were included: 1) studies that examined the relationship between dhikr and healthy aging using either experimental or observational approaches; 2) studies conducted in Indonesia; 3) participants in the study aged 60 years or older; and 4) research articles published in online media from 2013 to 2023.

2.2. Literature search

The authors conducted a search for research articles using the databases Google Scholar, ProQuest, and PubMed. The latest search was performed on May 12, 2023. The article search was conducted using both Indonesian and English languages. The keywords used in Indonesian were "zikir; kesehatanlansia; lansia." Meanwhile, the keywords used to search for articles in English were "dhikr; healthy aging; elderly health; dhikr." The screening of articles referred to the abstract, and if any doubts arise from the abstract, the screening was extended to the full text of the articles.

2.3. Data extraction

Data extraction from the studies that met the criteria was performed using a table in a Word document. The extracted data included the research design, sample size, data source, study location, type of dhikr, health outcomes related to healthy aging, and statistical analysis.

3. RESULTS

3.1 Literature search flow

From the search results using the previously mentioned keywords and search engines, a total of 140 articles were found (Figure 1). No articles were found through the search using Pubmed, while 25 articles were found through ProQuest and 115 articles through Google Scholar. Out of this total, only 16 articles met the criteria to be included in this study, while the remaining articles were excluded due to not meeting the predetermined criteria.

3.2 Overview of included studies

Out of the 16 articles that met the criteria, it can be detailed that 15 articles used an experimental design, while one study was observational (Table 1). Out of the 15 experimental studies, it was found that 26.7% (4/15) employed random sampling for the allocation of intervention and control groups. Furthermore, out of all the articles, nine were in English and seven were in Indonesian. Table 1 shows that all the data sources used in the study were primary data.

Moving forward, it can be explained that in the non-intervention study (observational), the sample size consisted of 106 participants. In the intervention studies, the number of participants (including both control and intervention groups) ranged from a minimum of 9 to a maximum of 60. The age of the participants in the studies started from 50 years and above (one study), but generally, the age of the subjects was 60 years and above (56.3% or 9 studies). Among the conducted studies, six (37.5%) involved hypertensive elderly individuals as subjects, while others varied, including groups of elderly people with cognitive decline, anxiety, and others.

3.3 Operationalization dhikr and healthy aging

In terms of the independent variable, 37.5% (6/16) of the studies combined dhikr with other activities, including breathing relaxation, ablution (wuduk), prayer, and counselling. As for the health variable (healthy aging) assessed by researchers in the studies, it is varied, but the majority (68.8% or 11/16) of the studies measured psychological conditions such as levels of anxiety, depression, self-efficacy, self-acceptance, happiness, and others. Additionally, four studies assessed physical health indicators, including blood pressure and pain. Some researchers evaluated only one health variable, while others examined multiple variables such as self-efficacy and blood pressure among the elderly.

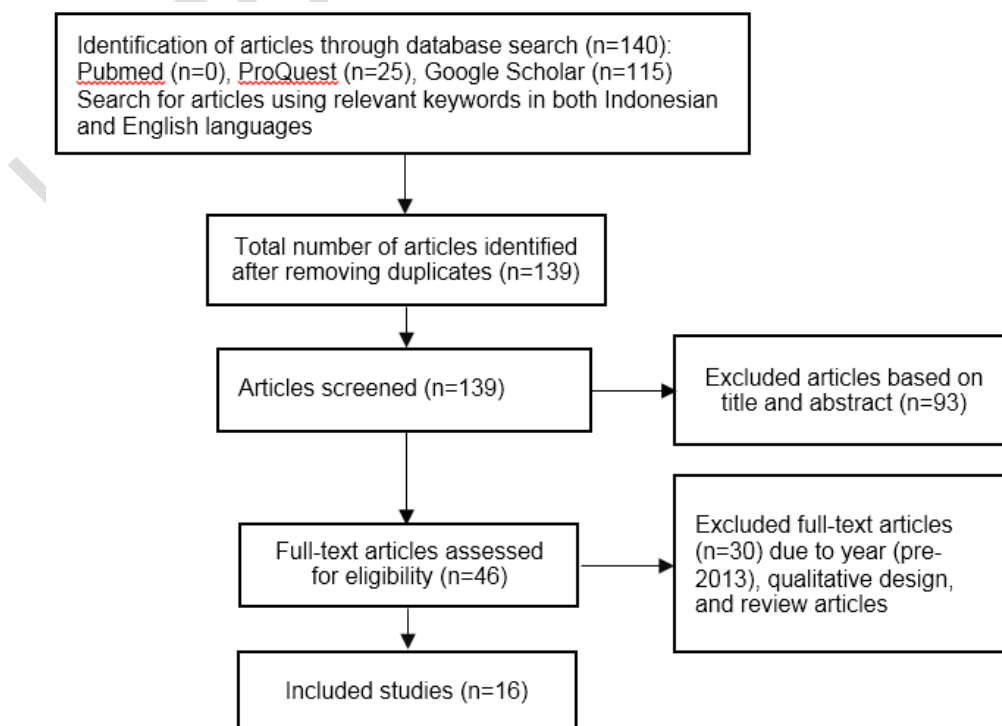


Figure 1. Literature search flow of PRISMA (*Preferred Reporting Items for Systematic Review*)

4 DISCUSSION

4.1. Discussion of main findings

Based on the 16 studies found, with the main consideration being a more comprehensive explanation of the methods used, especially in intervention studies, the majority of intervention studies showed evidence that dhikr, both as a standalone variable and when combined with other variables (such as breathing regulation, music therapy, counseling, ablution, and prayer), significantly contributed to improving the health of the elderly. The health variables measured by the researchers in this discussion include a decrease in blood pressure, anxiety and depression levels, spiritual distress, and pain intensity. Additionally, several studies also demonstrated the significant role of dhikr in increasing happiness, improving sleep quality, enhancing self-efficacy, promoting self-acceptance, and achieving peace of mind. Among all the reports included, one study found no statistically significant difference in health (psychological well-being) between the intervention (dhikr) group and the control group (without dhikr).¹⁹ However, there was an increase in psychological well-being scores for the majority of subjects after the dhikr intervention was administered to them. Several research reports indicate different methods of dhikr, especially in terms of the recitation of dhikr. The recommended recitations for the treated participants varied among researchers. Some researchers intervened by asking participants to recite Surah "Al-Fatihah," followed by "Istighfar," then sending blessings to the Prophet Muhammad, and concluding with Surah "Al-Fatihah."^{14, 12} Other researchers treated participants by asking them to recite the tasbeeh "Subhanallah," followed by tahmid "Alhamdulillah," tahlil "Laillahailallah," takbir "Allahu Akbar," and istighfar "Astagfirullahaladzim."^{9, 15} Another intervention involved reciting the phrases of the Divine Names, especially "Ya Rahman" and "Ya Rahim."⁷ Although the recitations differ, these phrases have the same purpose, which is to remember the entity that possesses power beyond human capabilities, the Almighty. It is through this awareness that dhikr builds a sense of sincerity and surrender in humans towards the Great Entity that rules over everything in the universe.

4.2. Comparison of main findings with other reviews

Few authors have discussed the association between dhikr and health in the aging population. Many reviews have focused on the relationship between dhikr and health in more general populations or specific disease populations. However, we believe that their reviews support our findings as they also provide evidence of the role of dhikr in improving the health status of individuals. The authors found only one review that specifically focused on the elderly population. This review examined the connection between dhikr and sleep quality in the elderly.¹⁵ Other reviews involved various age groups and groups of people with specific health issues. These studies assessed the relationship between dhikr and muscle relaxation with blood glucose levels in individuals with diabetes²⁰ and the association between dhikr

and stress in individuals with hypertension.²¹ Some of these reviews provide strong indications of the connection between dhikr and health.

4.3. Comparison of main findings with international studies of healthy aging

A systematic review was conducted by Nosrati et al based on a number of internationally published reports.²² These reports generally involved middle-aged and elderly participants. Furthermore, their discussions did not specifically examine studies related to Muslims, but also included studies on other religions such as Hinduism. They concluded that dhikr (repeating sacred names according to a specific religion) or remembering the name of God can reduce stress.

4.4 Implications of findings for health aging by results

The findings of this literature review provide evidence of the positive impact of dhikr on the health of the elderly. Healthcare practitioners need to consider non-pharmacological approaches as alternative efforts to improve the health of the elderly, especially regarding psychological conditions. The elderly are more prone to degenerative and non-communicable diseases such as hypertension, diabetes, rheumatoid arthritis and others. Additionally, decreased productivity, loss of loved ones, and increased dependence on others are triggers for psychological disorders. Dhikr offers a solution that does not require costs like medication, and can be performed anywhere without the need for transportation to healthcare facilities. Elderly individuals can engage in dhikr wherever they are and at any time without a specific schedule. Elderly individuals with high blood pressure and diabetes can reduce their blood pressure and blood sugar levels through dhikr. Although there are no limitations in place and time, the implementation of dhikr for specific purposes such as healing needs to be done regularly, including when combined with other approaches. Remembering God through dhikr gives meaning and satisfaction to the lives of the elderly as they face the final phase of life. Dhikr allows a change in the soul's tendency from an orientation towards the external world to an inner spiritual world, and this transformation continues from a self-centered orientation to a God-centered orientation.¹⁹

4.5 Methodological considerations

Some research reports did not provide detailed explanations of the intervention procedures given. For example, the specific phrases that participants should utter during dhikr, the timing of the intervention, and the duration of the intervention (both in terms of the length of each dhikr session and the duration of the overall intervention in days or weeks). Such information needs to be conveyed to facilitate readers, practitioners and other researchers in implementing the findings of the study.

4.6 Additional future research directions

The directions for future research based on the findings of this literature review are as follows: 1) Conducting rigorous studies with randomized controlled trial (RCT) designs to strengthen the quality of the findings. RCTs can be conducted to assess the impact of dhikr interventions on other dimensions of health, including social and spiritual dimensions. In addition, RCTs can be performed for other physical diseases (besides hypertension and diabetes) and other psychological aspects (besides anxiety, depression, and self-efficacy); 2) Conducting surveys with larger participant samples to support existing findings; 3) Conducting systematic reviews based on research findings from around the world, focusing on the elderly population, to draw global conclusions.

Table 1. Summary of Studies

Author	Province	Design	Participant			Statistic analysis	Type of dhikr	Health outcomes	Improved health? (p<0.05)
			Composition	N	Age				
Agustina et al ⁷	Jawa Tengah	Experimental	Elderly	30 (15:15)	≥61	T-test Mann Whitney test	Dhikr	Decrease in anxiety	Yes
Bahtiar et al ⁸	Jawa Barat	Observasional	Elderly mild to moderate depression	106	≥60	Independent t-test	Integration of music therapy, dhikr, and deep breathing	Reduction in depression levels	Yes
Binoriang and Pramesti ⁹	Yogyakarta	Experimental	Elderly with hypertension	30 (15:15)	≥60	Paired sample t-test Independent sample t-test	Dhikr	Decrease in anxiety	Yes
Hastuti et al ³	Yogyakarta	Experimental	Elderly	21	≥67	Paired t-test	Dhikr	Improvement in sleep quality	Yes
Islamiyah ⁵	Sulawesi Selatan	Experimental	Elderly with hypertension	15	≥60	Paired t-test	Dhikr	Lowering of blood pressure	Yes
Juniarni et al ⁴		Experimental	Elderly with decreased cognitive function	38 (19:19)	≥60	Chi-square Paired t-test ANCOVA	Breathing exercises and dhikr	Decrease in anxiety	Yes
Karisna and Pihasnawati ¹⁰	Yogyakarta	Experimental	Elderly	10	≥61	<i>Friedman's test</i> Chi-square	Dhikr	Increase in happiness	Yes
Kusumadianti et al ¹¹	Jawa Tengah	Experimental	Elderly with hypertension	36 (18:18)	≥60	Wilcoxon test; Paired Sample TTest; Mann whitney test	Dhikr and ablution	Decreased in spiritual distress	Yes

Minarti et al ¹²	Jawa Timur	Experimental	Nursing home	30 (15:15)	≥63	Paired t-test	Counseling and dhikr	Positive attitude of self-acceptance	Yes
Musaddas and Utama ¹³	Sumatera Selatan	Experimental	Elderly with hypertension	40	Elderly	Dependen T test	Dhikr	Reduction in pain intensity	Yes
Ragayasa et al ¹⁴	Jawa Timur	Experimental	Elderly with hypertension	20 (10:10)	≥60	Mann whitney test	Dhikr	Improvement in self-efficacy Lowering of blood pressure	Yes
Riyadi et al ¹⁵	Bengkulu	Experimental	Elderly with hypertension	60 (30:30)	≥60	<i>Mann-whitney Mancova</i>	Dhikr	Lowering of blood pressure (systolic and diastolic)	Yes
Samsualam and Masriadi ¹⁶	Sulawesi Selatan	Experimental	Elderly with hypertension	24 (12:12)	Elderly	Wilcoxon Signed-Rank test Paired samples t-test	Prayer and dhikr	Increase in peace of mind Lowering of blood pressure	Yes
Waluyo et al ¹⁷	Jakarta	Experimental	Elderly	34	≥60	<i>Tidak disebut</i>	Dhikr	Enhancement of quality of life	Yes
Widyastuti et al ¹⁸	Jawa Tengah	Experimental	Elderly with mild to severe anxiety	9 (5:4)	≥60	<i>Independent t-test</i> Mann-Whitney	Dhikr	Decrease in anxiety	Yes
Wulandari & Nashori ¹⁹	Yogyakarta	Experimental	Elderly	9 (4:5)	≥60	Mann Whitney Test	Dhikr	Improvement of psychological well-being	No

5. CONCLUSION

The results of the review of several articles can be concluded that dhikr plays a significant role in improving and maintaining the health of the elderly, particularly in terms of psychological well-being and blood pressure. Dhikr activities can be performed independently or in combination with other activities such as respiratory regulations, which have also been proven to be beneficial for the health of the elderly. Rigorous experimental studies using a randomized controlled trial (RCT) design to examine its effects on other dimensions of health (social and spiritual) in the elderly population are needed.

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