Journal of Biology, Agriculture and Healthcare
ISSN 2224-3208 (Paper) ISSN 2225-093X (Online)
Vol.6, No.10, 2016

Family Empowerment through "Trisna" Cultural Approach towards Improvement in Quality of Life and Decrease in Relapse Number in Patients with Schizophrenia

Rita Benya Adriani[1*] Endang Caturini Sulistyowati [1] Ros Endah Happy [1] Tri Prabowo [2]
1.Health Polytechnic of Surakarta, Jl. Letjen Sutoyo Mojosongo, Surakarta, Indonesia
2.Health Polytechnic of Jogjakarta, Jl. Tata Bumi No. 3 Banyuraden Gamping, Sleman, Jogjakarta, Indonesia

Abstract
Treating schizophrenic patients is done through holistic approach. Culture plays an important role in the treatment, that patients could share their problems in which it is expected to be able to solve their physical, psychological, social, spiritual, and quality of life problems of the patients (Adriani,2014) applies *(temen*) friend philosophy in treatment service will encourage feelings of *nrima*/acceptance that will encourage feelings of *sabar* /patience", and through patience people are more *rila*/willing to do their job (Mertowardoyo, 2006). The description above gave an idea to the researchers to apply Javanese values of *temen, nrima, sabar* and *rila* (Trisna) in treating patients with mental illness in empowering families of patients with Schizophrenia in Mental Hospitals. This study is aimed to find out the effectiveness of family empowerment in treating Schizophrenic patients through trisna culture towards the improvement of patients' quality of life and decrease in number of relapse of patients with Schizophrenia ce in Rumah Sakit Jiwa Daerah Surakarta (Local Mental Hospital of Surakarta) and *Rumah Sakit Jiwa Grhasia*, Sleman DI Jogjakarta (Grhasia Mental Hospital, Sleman, Special region of Jogjakarta). The method of this study is quasi experimental with pre-post test design with control group. Data is obtained before and after giving intervention of Trisna cultural approach to families of patients with Schizophrenia as intervention group. The number of samples which is 60 clients is divided into 2 groups with 30 respondents each in intervention group and control group. This study measures the patients' quality of life and number of relapse of their illness. The research instruments are questionnaires on quality of life and reccurence. Data is analyzed using Paired t-test, independent t-test , independent t-test of double linear. The finding of the study proves that there is a difference in quality of life before and after the intervention of empowering family through Trisna cultural approach (p= 0,000), if done consistently within the families, it may improve the quality of life about 27.2%, influenced by another variable which is more dominant such as the period of the illness (b=0.804), this research also could decrease the relapse of the illness for about 0.7%, influenced by other variables which are more dominant such as gender (b=0.184), and job (b=0.117).It is suggested that Trisna culture is applied as the family intervention in treating patients with mental illness.
Keywords: Schizophrenia, Quality of Life and Recurrence number

1. Introduction

Schizophrenia is a disorder that affects brain that cause abnormal thought, perception, emotion, and action. (Videbeck, 2008). The prevalence of Schizophrenia in the world in general is 0,2-2% of interpersonal population (Moedjiono, 2007). Schizophrenia is a type of mental disorder that is most common in Indonesia. The number of patients with mental disorders are increasing. An estimated 2.6 million people in 2008 experienced mental disorder, and 50% of the patients were treated in 46 Mental Hospitals in Indonesia, and 75% or the majority are between the age of 16-25 years old. The prevalence of schizophrenic patients is about 0.2-2%, with a number of incidents about 0,01% every year. Based on Riskesdas finding in 2013 the prevalence of severe mental disorder patients is 1.7 in every 1000 residents, and in Central Java is 2.3 in every 1000 residents, placing Central Java as the third highest numbers of people with severe mental disorders nationally.

From the data obtained from Medical Record of Local Mental Hospital/*Rumah Sakit Jiwa Daerah* (RSJD) Surakarta in 2011, the number of mental disorder patients who are being treated is 2,663 patients. The number of schizophrenic patients is about 2,077 patients (78%). The data of year 2012, the number of patients with mental disorders is 2,906. And the number of schizophrenic patients is 2,325 (80%). In 2013he number of patients who are under treatment is 3,190 patients, and from that number, the number of schizophrenic patients is 2,570 patients (81%), and of this number, patients who had relaps is 1,341 patients (50%) with those of Javanese background is about 95% of the patients. The data shows that there is an increse of schizophrenic patients from 2011-2013 in RSJD Surakarta (RSJD Surakarta, 2014). The data of Grhasia Mental Hospital Sleman DI Jogjakarta on average in 2014 is 170 patients every month and 2040 patients every year.

The early survey done by the the researcher based on Medical Record until November 2014, the number of schizophrenic patients who are under treatment every month is about 210 patients and 170 patients from both mental hospitals are patients who experience relapse. The data above shows the high number of schizophrenic patients in Mental Hospitals. The relapse could improve the frequency of patients who are under treatment that it

will decrease their quality of life. The more often the patients experience relapse, it will cause negative effect to their quality of life.. The relapse in patients with schizophrenia can be influenced by patients, those in charge of the patients, and family. The relapse in patients with schizophrenia can be potentially harmful to the patients and their family. The success of treatment in hospital will be useless if it is not supported by the family of the patients are not being involved in treating the patients.

Through being involved in the treatment of the patients in hospital since they start their treatment, their families will improve their ability in treating patients with schizophrenia that it may prevent the relapse in patients (Keliat, 2003). Family as the "main nurse" of the patients needs treatment to improve the knowledge and skill in treating the patients, and this is in accordance to one of the purposes of building mental health which is to improve the level of the public mental health (the prevalence of mental disorder does not increase, the decrease in incidents of mental disorders, the burden of mental disorders on each individual, family, and the public do not increase), through the strategy of empowering family through integrated education and counseling on mental health and common health program with the local cultural approach.

The 'TRISNA" (*temen*, *rila*, *sabar*, *narima*) is a Javanese approach that can be applied through family approach to improve the quality of life and decrease the relapse in patients with schizophrenia. Being earnest (*temen*) means honest, fair, serious in doing something with good and responsible planning and implementation. *Rila* or sincere in putting their attempt either in form of material, thought, energy, or service to people who are in need. Being patient (*sabar*) means does not give up easily or easily discouraged in doing something such as treating or medicating, calm, is not in a hurry, humble and is not arrogant, applies love and does not want to argue. *Narima* or accepting the finding both the good and bad happily despite the result is as expected or not and always try to be thankful and grateful in facing problems. Trisna behavior needs to be cultivated in families of patients with schizophrenia through education and training..

Schizophrenia is a mental disease that should be treated in Mental Hospital and has higher prevalence compared to other mental diseases. The program that has been done before repatriating patients is by explaining to the patients and their families and to take medication as directed and to do regular check ups. The family empowerment program through certain culture to improve the quality of life and to decrease the number of relapse in patients with Schizophrenia has not been done in Surakarta Mental Health and Mental Health of Grhasia Sleman Yogyakarta. Through the description above, the writer is interested to conduct the research in hopes that the result of the research will be able to be used as based of consideration and evaluation in therapy in patients.

Based on the description above, the researcher is interested to do a research in family empowerment of patients with schizophrenia through Trisna towards the improvement in quality of life and decrease in relapse in patients in Surakarta Mental Health and Mental Health of Grhasia Sleman Yogyakarta.

2. Method of the Study

This research used Quasy Experimental Design with Non equivalent Control Group Design, this design is almost the same with pretest- post test control group design with the measurement is done before and after the treatment or intervention in the form of training families of patients with schizophrenia with 'Trisna"

The sample of the study is Schizophrenia clients that experience mental disorders with Schizophrenia in Surakarta Mental Health and Mental Health of Grhasia Sleman Yogyakarta. The sample of the study is schizophrenic patients with the criteria of inclusion ; age 18-59. On first day of the treatment the patients are willing to be respondents with the criteria of inclusion for families of patients with schizophrenia:Main family, with the age of 18-59 years old, and the families are willing to be respondents.

The research is done to analyze the improvent of quality of life and decrease in relapse in schizophrenic patients before and after applying training families of patients with Trisna. The number of respondents of every group is 30 patients.

The questionnaires of patients' quality of life is obtained from WHOOQL BREF in 1997 and questionaires of the number of relapse in patients. The patients have to fill out the questionnaires on the frequency of relapse and no relapse since coming home from hospital. Data is analyzed using dependent t-test, independent t-test, chi-square and double linear regression in the form of table and frequency distribution

3. Finding and Discussion

This study was conducted from May to October 2015, in Surakarta Mental Hospital and Grhasia Mental Hospital Jogjakarta, there are 60 patients which are divided into two groups, 30 patients receiving Trisna treatment approach and 30 patients in control group. The result of study is as follows :

The analysis finding of patients characteristics shows that of 60 patients with the average age is 34.2, 3-4 times treatment frequency, and the length of experiencing the disorder is 4-5 years, the proportion of gender is male and females, wth the same educational background.

The finding of the analysis shows that family empowerment through trisna cultural approach could improve

quality of life (p = 0,000), with the average of improvement in intervention group (mean -23.37) higher than the average in control group (mean -8.6) (p = 0.000). It could also be said that the family empowerment intervention could decrease the relapse in patients in intervention group with mean (6.7%) lower than the mean in control group (16.7%)

The finding of the analysis shows that the family empowerment through trisna cultural approach could improve the patient's quality of life for about 27.2%, influenced by another variable which is more dominant and that is the period of the disease (b=0.804).

4. The finding

The analysis shows that the family empowerment using trisna cultural approach could decrease the relapse in paptients for 0.7%, influenced by other variables that are more dominant such as gender (b=0.184), and job (b=0.117).

This research focused on the effect of Trisna cultural approach in families towards the improvement in patient's quality of life and relapse in patients. The samples of this study is 60 patients divided into two groups with 30 patients in intervention group, and 30 patients in control group, and in each group, there are 15 patients from RSJD Surakarta and 15 patients from RSJ Grahsia DIY. The characteristics of the patients is that the average age is 34.92 tahun, treatment frequency is 3-4 times, the period of their mental disorder is 4-5 years, and the proportion is the same for males and females, the educational background is High School, and is single While the previous study on the characteristics of the patients who are undergoing treatment in RSJ states that 69,62% do not work, , 55,7% are High School graduates, and 57,5% are single, also 51,9% and the treatment frequency is 1 time or more or has been hospitalized at RSJ (Keliat et al.,2008) .

Family empowerment through trisna cultural approach could give effect in improvement of the quality of life (p= 0,000), with the average of the improvement in intervention group is (mean -23.37) higher than the average in control group (mean -8.6) (p= 0.000). This finding strengthens the previous finding on the importance of social support /family to improve the quality of life of the patients with mental disorders (Sharir et al, 2007; Mares et al, 2002; Goldberg et al,2003; Nelson et al, 1995).

The intervention of Trisna Cultural Approach in family could improve the quality of life of the patients about 27.2% (*adjusted R^2*=0.272*)*, influenced by another variable which is more dominant such as the period of the disease (b=0.804). Knowing that the period of the disease has effect on the quality of life that patients who have had mental disorders for below 4 years have a 0.39 times possibility to improve their quality of life (OR= 0.386) (bivariat analysis). This is supported by Videbeck concept (2008) that Schizophrenia is a disorder that affects brain that cause abnormal thought, perception, emotion, and action. Kaplan and Sadock, (1997) said that Schizophrenia is a chronic psychotic may have difficulty in understanding reality and do not understand themselves. Imran (2010) also states that the quality of life of the patiens is influenced by different contexts such as culture, purpose-value, hopes, spiritual, and financial system. The longer the patients is having a mental disorder, then the ability in distinguishing reality from imaginary and the self understanding and it will worsen the culture, purpose-value, hopes, spiritual, and financial system which will also worsen the quality of life.

The intervention in form of family empowerment could decrease the number of relapse in patient in intervention group with mean (6.7%) lower than the mean in control group (16.7%). The result of the study is supported by the previous result on the family intervention program that is proven to be effective to decrease the number of relapse in patients with schizophrenia (Asmal L at al., 2011, in Fadli.,S. M. 2013). Hawari (2012) supports this statement that family and society and family role in treating the patients is important in determining the success of the therapy. This supports the research on family empowerment through trisna culture is creating family love through trisna to their family member with mental disorders, trisna is defined as friendly, sincere, patient, and accepting *(teman, rila, sabar, narima)* Adriani (2014). As stated by Fadli (2013) that in handling the patients, families can show proportional expression of calmness, acceptance , they should also give positive response to their family members who are sick, respect them as family members and do not over protect them. Because the relapse factor as stated by (Fadli, 2013), one of the factors that have important role is family showing high emotions to the sufferer, such as critical comment and emotional over involvement or over protective. Therefore, families are suggested to not face the sufferer with over emotional expression such as being angry, ranting, criticizing, being hostile abusive talk, over protective, etc as it may increase the number of relapse in patients with schizophrenia, They should show trisna such as being friends, sincere, patient, and accepting in accompanying their family members with mental disorder.

The intervention of Trisna could decrease the number of relapse in patient about 0.7% (*adjusted R^2*=0.007*)*, influenced other more dominant variables in role and that is gender (b=0.184), and job (b=0.117). It is different from the previous research that states that there is a relation between the family history and the mental disorder, age, and the regular medication with the relapse in patients with schizophrenia (Dewi 2009). Knowing the role of gender in relapse that females have 7 times more frequency to experience relapse than males (OR= 7,250) (bivariat analysis). This is supported by Adriani (2014) who states that females have higher

level of stress than males do. And the roles of job is that patients who do not work have 1-2 times possibility to relapse (OR= 1,739) (bivariate analysis). This is supported by Sulistyowati (2013) who states that patients who do not have a job have 1-2 time possibility to relapse (OR= 1,430).

5. Conclusion and Suggestion

On average, the characteristics of the patients who suffer from these mental disorders are 34.92 years old, 3-4 times of treatment frequency, and the period of developing the mental illness is 4-5 years, the proportion is the same for males and females, the education background of the patients is mostly High School /SMU graduate, an employee and is single. The finding of the study proves there is a quite significant difference in quality of life before and after the intervention of empowering families through Trisna cultural approach, when is done consistently in families, it may improve the quality of life of the patients for about 27.2%, influenced by another variable that is more dominant such as the period of the illness (b=0.804), this study could also decrease the number of reccurence of the patients for about 0.7%, influenced by other variables which are more dominant such as gender (b=0.184), and job (b=0.117).

It is suggested that Trisna cultural approach is used as family intervention in treating patients with mental illness.

Acknowledgement

We thank Prof. Dr. Bhisma Murti, MPH, MSc., Ph.D. for analytic process and editorial advice for the manuscript.

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