

“TRISNA” Conceptual Model and Spiritual Approach to Build Body Image, Self-Esteem, and Quality of Life in Cervical Cancer Patients at Dr. Moewardi Hospital, Surakarta, Indonesia

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ABSTRACT

Background: The problems of cervical cancer patient's psychological response to advanced cancer are acute crisis, struggle, anxiety, and sadness, which will interfere with their life, especially sexual relations with their partners. Sexual relations in the Javanese view are a noble, sacred bond and have the function to maintain harmony. The spiritual approach and "TRISNA" which contains the principles of Javanese teachings about sincerity should be applied by cervical cancer patients and their sexual partners. This study aimed to determine the effect of palliative sexuality treatment with a "TRISNA" and spiritual approach to body image, self-esteem, and quality of life in cervical cancer patients at Moewardi Hospital Surakarta.

Subjects and Method: This study was a quasi-experimental design using 138 samples divided into three groups, namely the TRISNA, Spiritual, and control groups with a pre-test-post-test control group design conducted at Dr. Moewardi Hospital Surakarta, Central Java, in May to August 2019. The dependent variable in this study is the body image scale, self-esteem, and quality of life. The independent variables in this study are the TRISNA and spiritual approaches. The instruments used are the body image scale, self-esteem scale, and the European Organization for Research and Treatment of Cancer (EORTC) QOQ-CX24. Statistical analysis using t-test with SPSS 13 application software.

Results: The results showed that sexuality with the TRISNA and spiritual approaches can improve body image ($F= 137.67$), self-esteem ($F= 241.05$), and quality of life ($F= 76.95$) of cervical cancer patients with a significant value for each group ($p \leq 0.001$).

Conclusion: Sexuality with TRISNA's approach is the most influential in body image, self-esteem, and quality of life in cervical cancer patients in cervical patients Moewardi Hospital Surakarta.

Keywords: body image scale, self-esteem, quality of life, sexuality, spiritual

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BACKGROUND

World Health Organization estimates show that in 2018 there were 570,000 new cancer patients, of which 6.6% were women. The 90% mortality rate comes from cervical

cancer (WHO, 2020). Cervical cancer is the primary cancer of the cervix originating from epithelial metaplasia in the vaginal mucosa and canal mucosa cervical (Sulistiwati, 2014). Solid tumor neoplasm is defi-

ned as a lump caused by a malignant disease and is generally referred to as cancer. Cancer is a disease of cell growth due to damage to genes that regulate cell growth and differentiation (Cooper, 2000). Besides, WHO noted that the prevalence of cancer ranks second in the world (WHO, 2018).

Disease data from the 10 biggest illnesses treated in 2017 at Dr. Moewardi Hospital Surakarta show that breast malignant neoplasm was the first most common disease, with a total of 1,112 cases, whereas malignant uterine cervical neoplasm was the second most common disease, with a total of 943 cases. In 2018, the uterine cervical malignant neoplasm was the most common, with 920 cases. Cancer emerges in all ages, most occur over 65 years and will affect the physical, psycho, social, and spiritual, with emotional reactions, especially those that occur in patients who will die. There are five stages of emotional reactions, namely denial, anger, bargaining, depression, and acceptance (Brennan, 2012). In addition to having specific biopsychosocial and spiritual and cultural problems will also affect reproductive (sexual) problems because radiotherapy/ chemotherapy results in changes in physical factors and anxiety (Bukovic et al., 2003).

The survivors of cervical cancer experience less sexual functioning and enjoyment, and are less satisfied with body image compared to healthy women (Khalil et al., 2015). The problem of cervical cancer will interfere with the continuity of harmony, especially in sexual relations so patients with cervical cancer will feel fear, anxiety, and sadness in the face of the family (Videbeck, 2013). The burden of death is an unavoidable problem in advanced cancer patients (Ahlner-Elmqvist, 2009). According to another study, the findings of the patient's psychological response to

advanced cancer are acute crisis, struggle, sadness, and waiting for death (Chui, 2005). Besides, how to create sexual satisfaction by relating combining two souls in the form of a bond (Sanchez-fuentes, 2014). Another showed that sexual relations in the Javanese view are a noble, sacred bond and have the function to maintain harmony that smells of pleasure and human survival (Roqib, 2007).

The principle of applying cultural aspects in care services can help, facilitate, adapt, and change the lifestyle or health patterns of patients that are meaningful or beneficial (NIH, 2021) besides competent nurses must be sensitive to culture (Bastable, 2002). Palliative care must be sensitive to culture so that it can realize and meet the needs of patients (Dein, 2005). Likewise, the challenges faced in palliative care, namely developing the practice of competent cultural application for patients with cancer, chronic disease, and terminal illness (Owens, 2004).

The "TRISNA" approach based on Javanese culture can be applied to cervical cancer survivors in sexuality. The "TRISNA" approach has four principles. First, "Temen", namely being serious about running a business with responsible planning and implementation; second, "Rila", which is to give effort, both material and non-material without expecting anything in return. Third, "Sabar", that is, don't give up easily on running a business. The four "Narima" or accept the results of the business, whether as expected or not. Trisna's approach is ineffective in nursing care with Javanese values for cervical cancer patients in hospitals (Adriani, 2013).

A spiritual approach will also be given in this study to be compared with the TRISNA approach because several studies have shown that there is a relationship between spiritual well-being and various physical and mental illnesses, such as

decreasing depression in families of stroke patients (A'la, 2015). Spiritual intervention improves the well-being of palliative patients so that they have a high fighting spirit to deal with their illness (Akrawi, 2015). In addition to cultural factors, the spirituality of palliative patients shows the patient's beliefs about health and illness (Yodang, 2020).

Based on the explanation above, the researcher wants to determine the effect of palliative sexuality treatment with a "TRISNA" and spiritual approach to body image, self-esteem, and quality of life of cervical cancer patients. TRISNA is an abbreviation of the Javanese language that is friendly, willing, patient, and accepting which means to serve and love (Adriani, 2013). Therefore, this research to determine the effect of palliative sexuality treatment with a "TRISNA" and spiritual approach to body image, self-esteem, and quality of life in cervical cancer patients at Dr. Moewardi Hospital in Surakarta.

SUBJECTS AND METHOD

1. Study Design

Quasi-experimental research was conducted at Dr. Moewardi Hospital Surakarta, Central Java, in May to August 2019.

2. Population and Sample

The target population is cervical cancer patients. The affordable population is cervical cancer patients in Dr. Moewardi Hospital Surakarta. The inclusion criteria were patients with a diagnosis of cervical cancer stage IB to IVB with or without chemotherapy with full awareness. The exclusion criteria were the patient being unable to communicate verbally and the patient having been forced to go home. This research uses the technique of taking a TRISNA and spiritual approach. The population in this study was 920 patients. Sample calculation using the Lemeshow formula, then the sample size is

124 respondents. To anticipate the possibility of respondents dropping out, 10% was added from the total sample to 138 (A'la, 2015). So, the actual sample used was 138 patients. The researcher then divided them into three groups, namely 46 respondents in the TRISNA group, 46 in the spiritual group, and 46 in the control group. The control group in scientific experiments is a group that is separate from the rest of the experiment because it is not given treatment. Pre-test data collection was carried out before the "TRISNA" and spiritual approach module was given to the experimental group. Post-test data collection was carried out one week after the training with the "TRISNA" and Spiritual approach in the experimental group. The treatment in the experimental group was based on the modules compiled, namely the "TRISNA" module and the "Spiritual" module.

3. Study Variables

The dependent variable in this study is the body image scale, self-esteem, and quality of life. The independent variables in this study are the TRISNA and spiritual approaches.

4. Operational definition of variables

Body image is an individual's perception of the aesthetics and attractiveness of the body.

Self-esteem is an individual's assessment of the results achieved by analyzing how far the behavior meets his ideal.

Quality of life is a multidimensional concept defined as a person's perception of life situations in relation to culture, values, welfare, economy and accommodation.

TRISNA is a tip of wisdom to keep people's lives in order, good, peaceful, and peaceful based on the cultural approach of "Temen", "Rila", "Sabar" and "Narima" which is abbreviated as "TRISNA" which means to serve and love. "Temen", namely being serious about running a business with responsible planning and implementation; second, "Rila", which is to give effort, both material and

non-material without expecting anything in return. Third, "Sabar", that is, don't give up easily on running a business. The four "Narima" or receiving business results, whether as expected or not.

Spiritual approach is an aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience connectedness in the present, to themselves, to others, and to nature.

5. Study Instruments

The measuring instrument for the age variable used is a questionnaire. Continuous data scale, for data analysis purposes, is converted into a dichotomy. Code 1= <20 years, 2= 20–35 years, 3= 35 years.

Data scale for the marital status is 1= married, 2= not married.

Data scale for the education is 1= no school/elementary school, 2= junior high/high school, 3 = college.

Duration of illness is the duration of the illness of the research subjects. 1 year= 1 year, 2= 2 years, 3= 3 years.

Data scale for the source of coat is 1= National health insurance, 2= independent.

The measuring instrument for work is used by the questionnaire. Create-scale data scale. Code 1= housewife, 2= private sector worker, 3= State civil apparatus.

6. Data analysis

The data collection method was a questionnaire. Data analysis was performed to describe the characteristics of the sample. Bivariate analysis was measured with t-test with SPSS 13 application.

7. Research Ethics

Data collection was agreed upon by respondents with informed consent. Ethical eligibility in research originated from the Research Ethics Committee of Dr. Moewardi Hospital Surakarta No.578/IV/HREC/2019.

RESULTS

1. Sample Characteristics

The characteristics of the respondents as listed in table 1 that based on the results of descriptive statistical analysis were on age 20-35 years 122 (88.40%), marital status was 137 (99.28%), last education was Middle School/Senior High School Education is 106 (76.81%). Of the average patients within 2 years of illness 53 (38.41%). All patients' therapy covered by the government was 138 (100%) and working as housewives was 69 people (50.00%), while the patients predominantly lived in Surakarta 109 (78.99%).

2. Bivariate Analysis

The results of the research related to the effectiveness of the types of ATD as Table 2 shows the results of the paired sample t-test of the sexuality experimental group with the "Trisna" approach to body image showing an increase in the mean 16.59 and post-test 25.57 with t value -14.93 and p value 0.000 <0.05. This means that there is an influence of sexuality with Trisna's approach to Body Image before and after. The results of the paired sample t-test of the experimental group with the "Trisna" approach to self-esteem showed the average pre-test 15.17 and post-test 26.43 with t value -16.31 and p-value 0.000 < 0.05. It shows that palliative treatment of sexuality with the Trisna approach has an effect on increasing the self-esteem of cervical cancer patients. The results of the paired sample t-test of the experimental group "Trisna" approach to quality of life showed that average value of the pre-test 122.65 and post-test 148.26 with a t value -9.219 and p-value 0.001 <0.05. It shows that palliative sexuality treatment with the Trisna approach has an effect on improving the quality of life of cervical cancer patients.

Table 1. Sample characteristics

Characteristics	Category	Frequency	Percentage
Age	< 20 years old	1	0.7%
	20 – 35 years old	122	88.4%
	36 – 50 years old	9	6.5%
	> 50 years old	6	4.4%
Marital Status	Married	137	99.3%
	Single	1	0.7%
Characteristics	Category	Frequency	Percentage
Last Education	Elementary school	23	16.7%
	Junior high school	61	44.2%
	Senior high school	45	32.6%
	No school education	9	6.5%
Long Suffering	1 year	43	31.2%
	2 years	53	38.4%
	3 years	42	30.4%
Profession	Government employees	11	8.0%
	Entrepreneur	23	16.7%
	Laborer	32	23.2%
	Farmer	2	1.4%
	Student	1	0.7%
	Housewife	69	50.0%
Residence	Surakarta	29	21.0%
	Outside Surakarta	109	79.0%

Table 2. The Influence of sexuality with Trisna's approach on body image, self esteem, and quality of life on cervical cancer patients

Variable	Mean	SD	t	p
Body Image				
Pre test	16.59	4.05	-14.93	0.000
Post test	25.57	2.02		
Self-esteem				
Pre test	15.17	4.17	-16.31	0.000
Post test	26.43	1.48		
Quality of life				
Pre test	122.65	24.31	-9.219	0.000
Post test	148.26	22.59		

Table 3 shows that mean value of the sexuality experimental group with a spiritual approach in the pre-test 13.33 and post-test 21.09 with a t value of -8.07. It means that there is an influence of sexuality with a spiritual approach to body image ($p < 0.001$). The results of the paired sample t-test in the sexuality experimental group with a spiritual approach showed an average self-esteem value of pre-test 13.39 and post-test 22.52 with t value 13.33 and p-value of 0.001

< 0.05 . This means that sexuality palliative care with a spiritual approach has an effect on increasing self-esteem of cervical cancer patients. The results of the paired sample t-test in the experimental group on sexuality with a spiritual approach showed that the average value of the pre-test quality of life was 101.57 and the post-test 138.85 with a p-value 0.001. Palliative care of sexuality with a spirituality approach has an effect on

improving the quality of life of cervical cancer patients.

Table 3. The Influence of sexuality with spiritual approach on body image. self-esteem and quality of life on cervical cancer patients

Variable	Mean	SD	t	p
Body Image				
Pre test	13.33	4.27	-8.07	0.001
Post test	21.09	3.90		
Self-esteem				
Pre test	13.39	3.18	-13.33	0.001
Post test	22.52	3.91		
Quality of life				
Pre test	101.57	12.14	-10.32	0.001
Post test	138.85	24.39		

Table 4 shows there is a difference in the effectiveness of sexuality with the Trisna and Spiritual approaches to improve the body image of cervical cancer patients. The Anova test results show that the average body image of the respondents in the Trisna group is 25.57 and average body image of the spiritual group is 16.19. The difference between the three groups is obtained by the value of $p < 0.001$. Thus at the level of significance = 0.005 reject H_0 . The conclusion that can be drawn is that there is a significant difference in the average body image in the Trisna group, the spiritual group and the control group.

Table 5 shows whether there is a significant difference in self-esteem in the sexuality group with the Trisna, spiritual, and control approach which approach is more effective in increasing the self-esteem of cervical cancer patients. The results of the anova test showed that the average self-esteem value of respondents in the Trisna group was 25.43 the average self-esteem of the spiritual group was 22.52 and the control group was 14.54. The difference between the three groups is $p < 0.001$. Thus at the level of significance = 0.005 It means that there is a significant difference in the average self-esteem in the Trisna, spiritual, and control groups.

Table 5. The effectiveness of sexuality with the Trisna and spiritual approach to the self esteem of cervical cancer patients

Variable	Mean	SD	p
Trisna	26.43	1.48	0.001
Spirituality	22.52	3.92	
Control group	14.54	1.86	

Table 6 shows which approach is more effective in improving the quality of life of cervical cancer patients. The results of the Anova test showed that the average quality of life of the respondents in the Trisna group was 148.26, the spiritual was 138.85

and the control group was 99.28. The difference between the three groups is obtained by the value of p -value = 0.001. The conclusion obtained is that there is a significant difference in the average quality of life in the Trisna, spiritual and control groups.

Table 6. The effectiveness of sexuality with the Trisna and spiritual approach to the quality of life of cervical cancer patients

Variable	Mean	SD	p
Trisna	148.26	22.59	0.001
Spirituality	138.85	24.39	
Control group	99.28	10.28	

DISCUSSION

The results showed that there was an influence of sexuality with the TRISNA and spiritual approaches to improving body image, self-esteem, and quality of life for cervical cancer patients. Sexuality with the Trisna approach can improve a patient's body image with a p-value $0.000 < 0.05$. This means that the higher view of Javanese culture "TRISNA" further enhances the body image of research respondents. Trisna is an abbreviation of the Javanese language *temen, rila, sabar, narima* that is friendly, willing, patient, and accepting which means to serve and love (Adriani, 2013). This finding is in line with others that cultural socialization (social values and norms) influences body image (Neagu, 2015). Sexuality with a spiritual approach can also improve a patient's body image by p-value of $0.000 < 0.05$. However the problem of body image in women is related to a doubtful relationship with God. This shows that the spiritual approach helps patients strengthen their relationship with God and influences the patient's body image. Whereas in the control group there was no significant increase in body image (Akrawi, 2015).

The self-esteem of cervical cancer patients has increased after giving sexuality with the Trisna and spiritual approaches. An increase in self-esteem by p-value of $0.000 < 0.05$ occurred in the group receiving sexuality treatment using the TRISNA approach. Culture has an influence on human personality specifically individual perceptions of self-esteem. The cultural approach in palliative care of cervical cancer patients helps

patients in increasing the individual's positive perceptions related to self-esteem. Before being treated, many respondents had low self-esteem. After being granted sexuality with a TRISNA approach, self-esteem increased to a high level (Masturah, 2017).

Sexuality with a spiritual approach also increases the self-esteem of cervical cancer patients by a p-value of $0.000 < 0.05$. This finding is following the results of another research that shows that spirituality increases self-esteem, and is not related to depression and stress (Papazisis, 2013). Self-esteem plays an important role in spiritual life because self-esteem is one of the mechanisms through which the spirit leads to the improvement of mental health (Joshnanloo, 2014). This means that self-esteem can help improve the spiritual life of individuals. On the other hand, in the control group, there was no significant increase in self-esteem. Before being given spiritual treatment, 12 respondents had high self-esteem values, 11 respondents remained high in self-esteem, and 1 respondent dropped from high to low. There are problems with life partners. Three respondents rated self-esteem as remaining low.

Sexuality with the TRISNA and spiritual approaches can also improve the quality of life of respondents by p-value of $0.000 < 0.05$ in the TRISNA approach. The culture is related to the quality of life, especially with the perception of a better quality of life (Joshnanloo, 2014). A p-value of $0.000 < 0.05$ was also obtained by groups who were given sexuality with a spiritual approach. The results of this study are in line with the results

of another research that the quality of life of cervical cancer patients is influenced by spirituality (Khalil et al., 2015). Strengthened by another study (Vallurupalli et al., 2012), the spiritual meaning given by doctors and nurses is an important part of care. Whereas in the control group there was no significant improvement in quality of life.

The results showed that even though sexuality with the TRISNA and spiritual approaches could improve body image, self-esteem, and quality of life of cervical cancer patients. Sexuality with the TRISNA approach was found to be more influential in increasing body image, self-esteem, and quality of life for cervical cancer patients. This could be because culture gives identity to an individual's spiritual life. so the cultural approach is more effective than the spiritual (Beyers, 2017).

Field findings show that 95% of cancer patients are Javanese. Moreover, culture shapes how individuals interpret illness, suffering, and death (Ferrell, 2012). Besides, the use of the same culture will help in providing health services (Sohrabi, 2018). Study results on the body image of American women are influenced by two cultures, namely Asian women in America and black women in America (Yam, 2013). The results of the study showed that low body image in women was influenced by the assimilation of the cultural ideal values about body image. Another study explained that quality of life is subjective, the cultural system affects the quality of life of individuals (Kim, 2018).

The Javanese values (TRISNA) that are intended here are a combination of friends or honest, just, serious, serious in running a business with good planning and implementation, responsible, honest or sincere in providing good business material, mind, energy or service against others who need. Patience is not easy to give up or despair in carrying out business, for example in treat-

ment or medical treatment, looking calm, not in a hurry or hurry humble or not arrogant, apply affection and don't want to quarrel. "Narima" or accepting the results of business with pleasure both pleasant and not as expected, always try and be grateful in dealing with problems. The view of Javanese culture with an approach: friends. "rila." Patience. "narima" which must be grown by humans which is abbreviated to "TRISNA".

The limitation of the research is that respondents have not fully understood the meaning of the Trisna approach in a holistic manner because it is related to the culture of the nation so it is necessary to fully understand the meaning of the Trisna approach. Recommendations for health care units that the results of this study can be used as an effort to improve the quality of palliative services for cervical cancer patients by inserting each Trisna approach to patients. The conclusion of the study showed that sexuality with TRISNA's approach is the most influential in body image. self-esteem. and quality of life in cervical cancer patients at Moewardi Hospital. Surakarta. Sexuality education is expected to be a development model to improve the life satisfaction of married couples of cervical cancer patients. Therefore. it is expected to improve the quality of life in couples.

AUTHOR CONTRIBUTIONS

The authors contributed to drafting, research design, data analysis, and discussion.

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CONFLICT OF INTEREST

All authors declare there was no conflict of interest in this study.

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