Effect of "TRISNA" Cultural Approach on Anxiety Reduction and Coping Increase in Drug Patients

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ABSTRACT

Background: The prevalence of drug abuse in Central Java province is relatively high following West Java and East Java, which is 450,000 cases with a prevalence of 2.5%. Psychosocial support is needed to reduce cases of drug abuse. This study aimed to determine the effect of "Trisna" cultural approach on reducing anxiety and increasing coping in patients with methadone maintenance therapy programs.

Subjects and Method: This study used Quasi Experimental Design conducted at RSUD Moewardi Surakarta from July to October 2017. The study population was 12 patients of the Methadone Maintenance Therapy Program at RSUD Moewardi Surakarta. The study used total sampling technique. The independent variable in this study was psychosocial support with the "Trisna" cultural approach, while the dependent variables were anxiety and coping. The study instrument used in this study was an anxiety questionnaire using the Hamilton Anxiety Rating Scale (HARS). Data analysis was conducted to describe the characteristics of the sample. Bivariate analysis was measured by the Independent T-Test with SPSS App.

Results: The substantial psychosocial support could reduce anxiety, as before intervention (Mean = 24.50; SD= 20.66) and after the intervention (Mean= 21.33; SD= 18.10) and it was statistically insignificant p = 0.693. There was an increase in coping among drug-addicted patients, as before the intervention (Mean = 24.50; SD= 8.70) and after the intervention (Mean= 25.92; SD= 8.14) and it was statistically insignificant p = 0.683.

Conclusion: There are changes in the form of decreased anxiety and increased coping in patients with methadone maintenance therapy program who obtain psychosocial support interventions with a "trisna" cultural approach.

Keywords: psychosocial support, anxiety, coping.

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BACKGROUND

Health development aims to achieve the ability to live a healthy life for every population in order to actualize an optimal degree of public health, as one of the elements of general welfare and national development goals. The definition of healthy includes physical, mental, and social health, it is not merely a state of free from disease, disability and weakness. One of the targets of health development is to actualize a healthy young generation as productive human resources and able to actively participate in national development. In order to improve the health status of Indonesian human resources by actualizing public welfare it re-
quires an improvement efforts in the field of medicine and health services, among others, by managing the availability of certain types of narcotics that are needed as medicines and preventing and eradicating the dangers of misuse and illicit circulation of narcotics and narcotic precursors (Undang-undang Narkotika, 2009).

According to BNN or National Anti-Narcotics Agency (2014) The estimated number of drug users in the world in 2012 was between 162 million and 324 million people or about 3.5%-71%. The comparison of the estimated prevalence in 2012 (3.5%-72%) and 2010 ranging from 3.5%-5.7% shows a relatively stable trend in the prevalence of drug abuse. While in Indonesia it is estimated that the number of drug abusers in the past year was around 3.1 million to 3.6 million people or equivalent to 1.9% of the population aged 10-59 years in 2008. The projected prevalence rate of drug abusers will increase by about 2.6% in 2013 (BNN, 2011). The estimated absolute number and prevalence rate of drug abuse in Central Java province is quite high after West Java and East Java, which is as many as 450,000 cases with a prevalence of 2.5% (BNN, 2014).

Depending on the type of drug used and how to use it, various medical problems can occur such as human immunodeficiency virus/auto immunodeficiency syndrome (HTV/AIDS) infection, hepatitis C or B, anxiety, depression, and psychosis. In recent years, the number of people with HIV/AIDS in Central Java has increased fantastically. In 2000 only 14 cases were found, surprisingly by 2009 there were already 2290 patients. The main risk factors for this disease are due to sexual intercourse and Injecting Drug Users. It is estimated that in the future, Injection Drug Users will be the main risk factor, taking the place of sexual intercourse (Adriana, 2014).

Injection Drug Users (IDUs) have become one of the main risk factors for HIV AIDS transmission in recent years. At the national level, the causative factors of HIV AIDS in this group have reached 42%, while in Central Java it was recorded at 21%. In several big cities such as Jakarta, Medan, and Surabaya IDUs have even taken over sexual intercourse as the primary cause with a prevalence rate of 56%. This further proves that the transmission of HIV AIDS through the use of drug syringes will be the main transmission and may continue to be the main transmission pattern (Depkes RI-, 2009).

WHO provides prevention efforts with Harm Reduction programs. This program is not only to reduce the adverse effects of contracting HIV/AIDS, but also other diseases transmitted through the use of syringes. There are 12 activities included in this program, one of which is being developed by the Indonesian government in Puskesmas and Hospitals, and it is the Methadone Maintenance Therapy Program (PTRM). This program is a program that provides maintenance services for IDUs by providing and administering methadone (as a legal drug) consumed orally, as a substitute for illegal drugs which are usually consumed by injecting it into the body. This program is a long-term maintenance program that can be provided for up to 2 years or more.

Methadone itself is synthetic heroin. It was first discovered in Germany in 1937. Chemically, methadone is not the same as heroin and morpin, but causes the same effects as both substances. In the body, methadone can stabilize the condition of drug users from drug dependence syndrome, so it is used in the treatment and maintenance of IDUs who inject drugs such as heroin and morpin.
The researchers have made observations toward a number of subjects in Manahan Puskesmas Surakarta approximately 9 people, Gedhong Tengen Puskesmas Yogjakarta approximately 12 people, Umbul Harjo Puskesmas Yogjakarta approximately 4 people, Moewardi Hospital in Surakarta 12 people and Grhasia Mental Hospital in Yogjakarta 4 people.

Amato, et al (2004) states that there is an advantage of psychosocial intervention in reducing heroin use during methadone maintenance therapy. Moreover, the addition of counseling to methadone maintenance therapy (in addition to basic counseling) is related to several things such as efficacy, improves patient resistance, decreases illicit drug use, and improves program efficacy. In addition, it is also discovered in other studies that methadone maintenance therapy with added counseling has better results for patients than ordinary methadone maintenance therapy without counseling (Ward et al., 1998, cit. Department of health and Wellness New Brunswick, 2005). Based on the above elaboration, the author wants to raise a study entitled the effect of "Trisna" cultural approach on reducing anxiety and increasing coping in patients with methadone maintenance therapy programs.

SUBJECTS AND METHOD

1. Study Design
This study used Quasi Experimental Design. The measurements were taken before and after treatment or intervention in the form of "Trisna" cultural approach to the patient’s family. The study was conducted at Dr. Moewardi Hospital in Surakarta. The study was conducted in twelve months, from January to October 2017.

2. Population and Sample
The study population was 12 patients of the Methadone Maintenance Therapy Program at Moewardi Hospital in Surakarta. The study used Total sampling technique.

3. Study Variables
The independent variable in this study was psychosocial support with "Trisna" cultural approach, while the dependent variables were anxiety and coping.

4. Operational definition of variables
Anxiety is a faint feeling of anxiety, restless, uncertainty, and it is an emotional response to the confronting perceived problem.
Coping is a way to handle/adapt to stress experienced.

Psychosocial Support with Trisna cultural approach is a series of efforts carried out deliberately by the providing books/modules through exercises in units of time aimed at increasing knowledge, skills, and attitudes in responding to problems using Trisna cultural approach.

5. Study Instruments
The study instrument used in this study was an anxiety questionnaire using the Hamilton Anxiety Rating Scale (HARS).

6. Data analysis
Data analysis was performed to describe the characteristics of the sample. Bivariate analysis was measured by t-test with SPSS Application.

RESULTS

1. Univariate Analysis
The results of the study obtained the most data on methadone maintenance users in the age group of 18-43 years with an average age of 34.83, 11 males (91.7%) and 1 female (8.3%), there were 10 people who were married (83.3%) and 2 unmarried (16.7%), 5 people with high school education (41.7%) and 7 university graduates (58.3%), 11 people were employed (91.7%) and 1 person was unemployed (8.3%). The duration of the methadone maintenance was minimum 0 year at the minimum and 7 years at the maximum with a mean of 2.92.
2. Bivariate Analysis
Based on Table 3, the results of the study of 12 respondents in the methadone maintenance room obtained a great deal of psychosocial support can reduce anxiety before intervention (Mean = 24.50; SD = 20.66) and after the intervention (Mean = 21.33; SD = 18.10) but it was statistically insignificant p = 0.693. Table 4 shows that there was an increase in coping in drug-addicted patients before the intervention by (Mean = 24.50; SD = 8.70) and after the intervention (Mean = 25.92; SD = 8.14) but it was statistically insignificant p = 0.683.

Table 1. Sample Characteristics (continuous data)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>34.58</td>
<td>6.47</td>
<td>18</td>
<td>43</td>
</tr>
<tr>
<td>Duration of Methadone Therapy</td>
<td>2.92</td>
<td>2.64</td>
<td>0</td>
<td>7</td>
</tr>
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Table 2. Sample Characteristics (categorical data)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>11</td>
<td>91.7%</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>1</td>
<td>8.3%</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Married</td>
<td>10</td>
<td>83.3%</td>
</tr>
<tr>
<td></td>
<td>Unmarried</td>
<td>2</td>
<td>16.7%</td>
</tr>
<tr>
<td>Education</td>
<td>High School</td>
<td>5</td>
<td>41.7%</td>
</tr>
<tr>
<td></td>
<td>University</td>
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<td>58.3%</td>
</tr>
<tr>
<td>Employment Status</td>
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<td>91.7%</td>
</tr>
<tr>
<td></td>
<td>Unemployed</td>
<td>1</td>
<td>8.3%</td>
</tr>
<tr>
<td>Duration of Methadone Use</td>
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<td>1</td>
<td>8.3%</td>
</tr>
<tr>
<td></td>
<td>1 Year</td>
<td>4</td>
<td>33.3%</td>
</tr>
<tr>
<td></td>
<td>2 Years</td>
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<td>25.0%</td>
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<tr>
<td></td>
<td>4 Years</td>
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<td>8.3%</td>
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<tr>
<td></td>
<td>7 Years</td>
<td>3</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

Table 3. Analysis of changes in anxiety reduction in the patients of methadone maintenance therapy program before and after psychosocial support with "TRISNA" cultural approach

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before</td>
<td>24.50</td>
<td>20.66</td>
<td>0.693</td>
</tr>
<tr>
<td>After</td>
<td>21.33</td>
<td>18.10</td>
<td></td>
</tr>
</tbody>
</table>

Table 4. Analysis of improved coping in the patients of methadone maintenance therapy program before and after the "TRISNA" approach

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before</td>
<td>24.50</td>
<td>8.70</td>
<td>0.683</td>
</tr>
<tr>
<td>After</td>
<td>25.92</td>
<td>8.14</td>
<td></td>
</tr>
</tbody>
</table>
DISCUSSION

Psychosocial support is a therapy that aims to restore adaptive abilities so that the person concerned can return to function properly in daily life in the social environment (Hawari, 2004). The nurse support provided to patients of Methadone Maintenance Therapy Program is considered very effective for them so that they remain enthusiastic and regularly undergo methadone therapy, and so that they do not relapse and use drugs again.

The support provided by the family to patients of Methadone Maintenance Therapy Program also plays an important role as a guide and assessor of problems faced by patients who aim to help so that patients get attention, direction, compensation, as a form of appreciation (Friedman, 1998). Families must realize that self-respect must come from within, not from external encouragement so drug-addicted patients with methadone maintenance need to begin to find their identity by re-taking their role in the family (Martono, 2006). Providing maximum emotional support means that the family has become a place for rest and recovery and helps in emotional mastery, this support allows patients to gain emotional closeness so as to cause a sense of security, tranquility, calm, and peace shown by a calm and happy attitude (Friedman, 1998). In addition to support from nurses and family, support can also come from friends, by listening to their complaints and sharings, and providing encouragement and motivation to patients to continue undergoing the methadone maintenance therapy program and not use drugs again. The hospital in this case also plays a big role in providing social support to patients of Methadone Maintenance Therapy Program, both in the form of emotional support and information support. The provision of social support provided by the institution can be direct or indirect. While psychosocial support with “trisna” cultural approach to patients of Methadone Maintenance Therapy Program is carried out by conducting consultation activities or as a sharing place to express the patient’s feelings so that patients can accept themselves. The problems experienced can be accepted by willing to be patient and yielding.

The results of data analysis obtained anxiety scales before the intervention was 24.50 and after the intervention was 21.33, it can be concluded that psychosocial support has an effect on reducing anxiety in methadone maintenance therapy patients. Psychosocial support itself aims to help solve the patient’s problems and can change ideas/thoughts, beliefs about themselves in order to behave better in their lives. With psychosocial support, patients can feel a decrease in self-anxiety, so that patients have the motivation to change for the better and live a more meaningful life, more confident to blend in with the environment and try to be open to new things, especially positive things for their future. Psychosocial support for improving patient coping was proven by the results of data analysis before the intervention was 24.50 and after the intervention was 25.9. So it can be concluded that this is very relevant. The respondents really felt of getting psychosocial support as a support for coping mechanisms during methadone maintenance. If the coping mechanisms are carried out effectively, stressors no longer generate psychological or physical stress. Instead, it turns into a stimulant that boosts achievement and better physical and mental condition. So this coping mechanism is very important during treatment (methadone maintenance). Psychosocial support can also be used as a protector against life-changing events that are potentially full of stress. These results align that the family acts as a feedback guidance, that guides and mediates
problems as well as a source of validator of family identity, such as providing support, recognition, appreciation, and attention. It is also in line that this support involves expression, empathy, and concern for someone so that they make them feel better, regain their confidence, feel owned and loved, and are also very influential in their healing.

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

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CONFLICT OF INTEREST
There is no conflict of Interest in this study.

REFERENCE