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Internal Self-Stigma and External Factors of Social Support with Burden in Families with Mental Retardation

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Abstract

Mental retardation is one disability in the form of intellectual development deviations. This clinical condition is characterized by decline in cognitive, language, motoric and social abilities, this leads to lifelong dependence on families as *caregivers* and impacts to physical and psychological individuals, families and society. This cause a family burden. The purpose of this study was to find the relationship between self-stigma and social support with the burden of families of mental retardation sufferers. This study used an observational analytic method with a *cross-sectional* approach. The sample in this research is family members of mental retardation practitioners in Sidoharjo village, Jambon Subdistrict, Ponorogo Regency, East Java Province, Indonesia, amounting to 58 people selected by technique *purposive sampling*. Data collection using a questionnaire. Data were analyzed through univariate and bivariate analysis using the Spearman Rank test. The results of the bivariate analysis of the relationship between self-stigma and family burden were obtained $p = 0.001$ and $r = 0.429$. This shows that there is a relationship between self-stigma and burden, the higher the self-stigma, the higher the burden of the family of mental retardation sufferers. The results of the bivariate analysis of the relationship between social support and burden were obtained $p = 0.002$ and the value of $r = -0.039$. This shows that there is a relationship between social support and family burden, the higher the social support, the lower the burden of the family of mental retardation sufferers. The conclusions of this study is that there is a relationship between self-stigma and social support with the burden on families of mentally retarded patients.

Keywords: *Self Stigma, Social Support, Burden, Family Mental Retardation Patiens.*

Introduction

Mental retardation is one disability in the form of intellectual development deviations that often occur in children. This clinical condition is characterized by a decrease in cognitive, language, motoric and social abilities. The highest incidence of mental retardation are in countries growing amount of 2.3% ⁽¹⁾. Riskesdas data in 2013 showed that 8.3% million of the population in the total population of Indonesia about 250 million people are mentally retarded. Figures mental retardation in East Java recorded 1462 cases, while levels of

mental retardation in East Java in 2013-2014 are a number of 6633 cases of the estimated total population of around 250 million, consisting of mild mental retardation and mental retardation 3994 cases were 2639 cases ⁽²⁾.

The village is called the «Idiot Village», which is one of them is Sidoharjo Village, Jambon Subdistrict, Ponorogo Regency, East Java Province, Indonesia, this is because in the village there are many residents who suffer from mental retardation and other disabled people⁽³⁾. Of the five villages in Ponorogo called “Kampung Idiot”, the village that experienced the most mental retardation was Sidoharjo Village, Jambon Subdistrict, 138 people or 2.4% of the total population in 2018, which is 5714 residents⁽³⁾. Villagers in this village have many common limitations in reflecting on

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their lives, which have already happened since decades ago around 1970. This was caused by various factors, including poor nutrition, inadequate infrastructure and health services, the water consumed was very low in iodine. The large number of people who experience mental retardation in Sidoharjo village and four other villages in Ponorogo Regency, they live with normal communities around them ⁽⁴⁾.

Mental retardation can give a good psychological impact for individuals, communities and families. The impact on the individuals include physical effects such as barriers to daily activities and psychological effects such as shame and low self esteem ⁽⁵⁾. The impact on the family is shock, denial, rejection and the tendency to hide people with mental retardation due to low self-esteem ⁽⁶⁾ and an increase in family burden in treating lifelong dependence, fatigue, loss of jobs and economic needs become serious problems for families ⁽¹⁾. The impact on society is the stigma of being labeled as "Idiot Village" ⁽⁷⁾. Impacts on families are shock, denial, rejection and tendency to hide mental retardation sufferers (PRM) due to low self-esteem ⁽⁸⁾ and increased family burden within treating lifelong dependence, fatigue, loss of work and economic needs is a serious problem for families in caring for PRM ⁽⁹⁾.

The family is a set of several family members who live in one household in a consistent and close relationship, this creates a burden as a caregiver, the family burden is a response multidimensional to physical stress, psychological, emotional, social and related daily financial experience ⁽¹⁰⁾. So that this family has a big responsibility, without the knowledge and support and the stigma of the family's self will have an effect on the burden ⁽¹¹⁾. Stigmatization of mental illness is now considered one of the most important problems facing mentally ill individuals caregiver. This poses a burden to caregivers, the burden of mental health problems increases globally. Stigmatization of mental retardation is now considered one of the most important problems facing families. This causes physical stress, psychological, emotional, social and related financial care experience so that it becomes a burden to the family ⁽¹²⁾. The cultural value of placing caregivers at greater risk has an effect on self-stigma and exacerbates the burden. Because of their psychological stress, the stigma of caregivers is supported by the stigma of the community on their family and relatives. Public stigma affects the cognitive, affective and behavioral

family so that the family gave a negative assessment of him. This family's self-stigma leads to how individuals feel burdened by the feeling of having a disabled, stupid and strange family member. This self-stigma directly contributes to the experience of the caregiver's distress in this family ⁽¹³⁾.

Internal factors family that is the self-stigma and external factors is social support that will affect the family burden in caring for Mental Retardation Patients. External factors are such as social support that will affect the family burden in treating Mental Retardation Patients. The role of caring for family members with mental disorders can have a negative psychological impact, and their physical, social health. Situations where primary caregivers do not have support from other family members to share caring can cause an increase in burden ⁽¹⁴⁾.

The Aim of this research is to know the relationship between self-stigma and social support with the burden of families of mental retardation sufferers.

Method

This research uses analytic survey design observational with *cross-sectional* approach. The populations in this study were healthy family members who had mental retardation in one village named Sidoharjo village, amounting to 138 families. The number of samples is 58 selected by technique *purposive sampling*. The sample choice based on inclusion criteria that is one of the family members healthy and care for people with mental retardation, able to read and interact well, families with ages over 18 years, staying one home with people with mental retardation of at least more than 6 months do treatment day to patient everyday, willing to be a respondent. Data collection used a *Multidimensional Scale of Perceived Social Support questionnaire* to measure social support, *Affiliated Stigma* to measure self-stigma and *The Informal Caregiver Burden Assessment* to measure family burden. Data were analyzed by univariate analysis and bivariate analysis with the Spearman Rank test.

Results

Univariate Analysis Results

The results of the bivariate analysis consisted of demographic data, social support distribution and load distribution.

Table 1. Characteristics of Respondents by Age of Family and Patients

	N	Mean	Median	Min-Max	SD
Family Age	58	39.98	41	18-65	13.31
Age Of The Patient	58	49.47	53	8-83	16.84

Based on the T right 1 above , the average family is 40 years old. As for patients, on average 49 years old.

Table 2. Respondents Demographic Characteristics Based on Gender, Education, Occupation, Income, Marital Status, Relationship to Patients and Length of Care

Variable	Category	Frequency	Percentage
Gender	Man	19	32.8
	Women	39	67.2
Education	Elementary school	48	82.8
	Junior high school	4	6.9
	High school	2	3.4
	No school	4	6.9
Work	Farm workers	39	67.2
	Farmer	3	5.2
	Civil servants	1	1.7
	Private	9	15.5
	Does not work	6	10.3
Income	< regional minimum wage	55	94.8
	> regional minimum wage	3	5.2
Marital Status	Married	50	86.2
	Sigle	7	12.1
	Widow	1	1.7
Relationship With Patients	Mother	8	13.8
	Father	3	5.2
	Child	13	22.4
	Relatives	34	58.6
Long Caring	1-5 years	1	1.7
	6-10 years	9	15.5
	> 10 years	48	82.5

Based on the second sentence above, it shows that most of the sexes are the most dominant, namely women with 39 people. Education is mostly primary schools with 48 people. Most of the jobs are farm laborers with 39

people. Most of the income is Rp. < regional minimum wage with 55 people. The most dominant marital status is married with 50 people. Most of the relationships with sufferers are brothers with 34 people. The duration of treatment is mostly > 10 years with a total of 48 people.

Table 3 Univariate Tables

Variable	Category	Frequency (f)	Percentage (%)
Self Stigma	High	27	46.6
	Medium	31	53.4
Social Support	Medium	26	44.8
	High	32	55.2
Burden	Weight	15	25.9
	Medium	40	69
	Light	3	5.2

Based on the third t above, it shows most of the respondents' self-stigma namely moderate with 31 people. Social support is mostly high with 32 people and the burden is mostly moderate with 40 people.

Table 4 Bivariate Tables

Variable	Category	Family expenses			r	p
		Weight	Is being	Light		
Self Stigma	High	12 (20.7%)	15 (25.9%)	0 (0%)	0.429	0.001
	Medium	3 (5.2%)	25 (43.1%)	3 (5.2%)		
	Light	6 (10.3%)	25 (43.1%)	2 (3.4%)		
Social Support	High	3 (5.2%)	27 (46.6%)	2 (3.4%)	-0.39	0.002
	Medium	12 (20.7)	13 (22.4%)	1 (1.7%)		

Based on the t- 4 above, the results show that the p value of self-stigma $p = 0.001$, the value of p-value for social support $p = 0.002$, this indicates there is a relationship between self-stigma and social support, the r value of self-stigma of $r = 0.429$ indicates correlation positive with moderate strength. This shows that the higher the self stigma, the higher the burden. The r value of social support of $r = -0.39$ shows a negative correlation with weak strength. This shows that the higher the social support, the lower the family burden of mental retardation patients in Sidoharjo Village, Jambon Subdistrict, Ponorogo Regency.

Discussion

Stigma is a negative attribute of a phenomeno in a particular society or environment when an individual is ostracized or rejected ⁽¹⁵⁾. In addition to economic

and material burdens, caregivers of people with mental illness are exposed to psychosocial challenges. Self-stigma is one of the psychological challenges that can be exacerbated by intrinsic or extrinsic factors ⁽¹⁶⁾. Self-care stigma can negatively affect the nursing process and not only affect people who suffer but also families. It has a negative impact on the family support their economic and daily care, and relationships with family, well-being and health, so that family members cope with caregiver burden is very large ⁽¹⁶⁾.

Research conducted by ⁽¹⁷⁾ refer to explained shortly stigma on individuals who internalized stigma from society. Three psychological response interrelated is cognition stigmatization (perception of competence and the value is lower than their counterparts because internalization

of stigma), affective (feeling of shame, despair, and shame as a result of the status stigma is internalized), and behavior (behavioral reactions as a result of internalized stigma such as withdrawal and slander). Caregivers of people with mental illness have adequate stigma and can have stronger pressure so that they feel a greater burden in the care process. They feel embarrassed because having a family member who has a temporary mental illness is obliged to take care of him. Thus, these caregivers can experience feeling tense and depressed, a sense of burden and concern in caring for treatment, and experiencing stigma. It will worsen and increase the burden of care. The caregiver's self stigma is also influenced by the demographic data of the respondents, namely age and sex. This is in accordance with the research conducted by ⁽¹⁸⁾ that young age with female sex in internalizing self-stigma affects their psychological problems. Besides that, it is associated with living in the countryside, low education level, low income and long duration of treatment.

Research conducted by ⁽¹⁹⁾ in 30 mothers with mentally retarded children and 30 mothers with normal children. Obtained differences in social support obtained and perceptions of their burden. Parents of children with mental retardation experience high levels of emotional, financial and physical stress. Mothers of children with disabilities have a higher perception of the economic situation and adequacy of income and social support, adding to the burden on their families. Other research conducted by ⁽²⁰⁾ regarding the relationship of social support to dementia caregivers in the United States, the burden felt by families in caring for family members who have high dementia results in social support can reduce the burden subjectively. Other research conducted by ⁽²¹⁾ in 181 mothers in Korea who have children with disabilities, it was found that most mothers experienced a high burden, especially in financial matters and increased costs related to their child's disability. The results show that social support can reduce this burden.

Social support is a broad term covering various constructs, including perceptions of support and acceptance of supportive behavior ⁽¹⁹⁾. Sidoharjo Village The Jambon subdistrict's observation has a program as a form of social support given to people with mental retardation, namely the Rising Sidowayah Forum (FSB). This organization was founded by the public because they saw

the personality of so many mental retardation sufferers. Its activities are not only about food, clothing, shelter, but also about health, self-development, and other empowerment issues, as well as facilitating parties to care about the problems experienced by mental retardation residents. This is proof that their social support is high ⁽²⁰⁾.

Conclusion

Self-stigma is found to be moderate and high social support that can affect the family burden in treating Mental Retardation Patients. The higher the self stigma the more heavy the burden, while the higher the social support the lower the burden. In this study, it is expected that families can reduce self-stigma and increase social support through better and more intimate relationships with friends, neighbors and society.

Conflict of Interest: There is no conflict of interest in research

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The Experience of Men Adolescent with Violence During Serving a Sentence in Correctional Institutions

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Abstract

Background: Adolescents who commit crime must be held accountable for their actions in a Correctional institution (CI). Correctional institution will give its own experience to adolescents inmates. This experience will be internalized by adolescents and contribute to the adolescents.self-concept.

Objective: This study aimed to explore the meaning of the experience of men adolescent while in Correctional institution.

Method: This research was a qualitative study used an interpretive phenomenology approach. The research was conducted in the working area of the Malang Correctional institution. The participants of the study were 7 participants obtained using purposive sampling which was in accordance with the inclusion criteria of the study. In-depth interviews are used to obtain data and data analysis using IPA (interpretative Phenomenological Analysis)

Results: This study produced four research themes, namely loss of self-control, anxiety before sentencing, experiencing bitter experiences during Correctional institution and self-reflection during live in the Correctional institution. Correctional institution provide their own experience in men adolescent who include psychic and physical. Coaching and providing mental health counseling is very necessary so that men adolescent do not experience psychiatric disorders when they interact again in society.

Keyword: *Experience, men adolescent, cases of violence, serve a sentence.*

Background

The teen age period is an important period because at this time adolescents must be able to adapt to the psychological and physical changes experienced. These changes that occur in adolescents can cause positive and negative behavior. Negative behaviors in adolescents, for example murder, theft, torture, fighting and others that cause adolescents to undergo punishment in Correctional institutions (prisons).

Men adolescent have more prevalence of committing unlawful acts than women. Kartono¹ said that adolescent crime was mostly committed by teenage boys. Central

data on the Indonesian child protection commission states that the violence was mostly carried out at the age of 13-18 as many as 829 children (91%)².

The crime committed by adolescents causes adolescents to receive punishment in Correctional institutions (Correctional institutions). Handayani³ said that punishment in correctional institutions provides its own experience in adolescents. The experience experienced by adolescents will have an impact on the self-concept of adolescents, one of which is the self-identity of adolescents. Stuart⁴, said that self-identity will be strengthened if someone behaves in accordance with self-concept.

The adolescent during in prison are facing different situations with the previous situation. The adolescent will meet new people, previously unknown by the

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adolescent, new environment and new habits. These situations provide a special experience that can lead to anxiety, stress and even depression. This situation could also lead teenagers to do a self-evaluation that will affect self-concept. The health coaching and counseling are necessary for adolescents, thus they do not have psychiatric disorders and able to cope positive and have a positive self-concept.

Method

This study is qualitative research with interpretative phenomenology research design. Research conducted in correctional centers of Malang. In-depth interviews conducted by researcher at seven participants that selected by purposive sampling with inclusion criteria of research which are which are adolescents aged 14-17 years, not a recidivist, background with violence case. This research is conducted since January 14 to February 2019. The data analyzes conducted by using IPA (Interpretative Phenomenological Analysis). Depth interviews are conducted to obtain data.

Findings

The results of this study answer the purpose of research on the experience of men adolescent during Correctional institution. The theme of this study is losing self-control, anxiety before the serve a sentence, experiencing bitter experiences during Correctional institution and self-reflection during live in the Correctional institution.

Loss of self control

This theme has three sub-themes, namely maintaining the honor of a place to live, easily ignited by emotions and feeling lulled by seduction.

The following is a quote from the theme to maintain the honor of a place to live.

“At the time, I just can not accept my village is being mocked, how come it be, finally I just join” (P6)

Participants also revealed about feeling lulled when making mistakes. Following are the participants' statements

“... (felt during intercourse outside of marriage) well, I will go to the jail and have to drop out of school. I feel guilty... my mistake is being hit by her wiles.... who persuades is not me but the girl” (P3)

“I do not drink alcohol, but because I'm offered to have intercourse, finally I want to do it. But reportedly, then I should responsible for” (P5)

Participants also revealed that they were easily ignited when making mistakes. Following are the participants' statements

“Who die was due attacked the crowd, I did not know, I did not hit the victim who die, the cause of death due to the blunt force, police said due to beatings. What I feel only emotion, anger that can not be dammed” (P2).

Restless against the sentence

The theme of restless against the sentence is a theme that provides an overview of how the participants feelings when facing the sentences. Restless is interpreted as not peaceful, always worrying⁵.

Subtema 1: Worried about waiting for a serve a sentence

Worrying according to KBBI⁵ is fear (anxiety, anxiety) of something that is not known with certainty. This concern is interpreted as fear because the sentence is not clear how many years the sentence must be received. This can be seen from the participant's expressions contained in this statement:

“Hmm..., I just worried about what the punishment (awaiting sentence)” (P4)

“Fear because fear of heavy sentence because of the threat of 15 years in prison, mind messy, chaotic heart” (P6) (P7)

Sub theme 2: Restlessness during the trial.

The last sub-theme of anxiety before the sentencing is anxiety during the trial process. Anxiety is a feeling of anxiety⁵. Anxiety here has a meaning that feels anxiety when the trial process takes place. The participant's statement explaining the anxiety is as follows:

“I'm worried during that process, restless sorry my parents, I'm educated in a good way, but here I come” (P6).

Experienced a bitter experience while in Correctional institution/ correctional institution

The theme of experiencing bitter experiences during the expedition gave an explanation of the experiences

felt by participants when they were in Correctional institution, where participants felt a bitter experience. Bitter experience according to KBBI⁵ is an unpleasant experience, troublesome. This theme has two sub-themes namely suffering during Correctional institution (Correctional institution) and feeling uncomfortable during Correctional institution.

Sub theme 1 : Suffering during Correctional institution.

This theme's sub-theme provides an explanation of the condition of the participants while in Correctional institution while serving a sentence which is suffering. Suffering in KBBI⁵ is bearing something unpleasant. Participants experience unpleasant things while in a community institution. The participant's statement explaining this is:

... just want to go home as soon as possible, .. it's different in the inside and outside of prisons, feeling depressed, especially for them who come from Surabaya and Malang, they do not get along, because supporters. The most of here come from Malang and Surabaya. Feeling depressed because often fought over money, what issues come up to fight. If anyone who come carry sharp weapons, they were afraid, they are stealing from the clerk "(P2, P5)

"Yes, I don't think so, is that a bitter experience like that, Correctional institution, this is a bitter experience" (P3)

Sub theme 2 : Feeling uncomfortable during Correctional institution.

Comfortable is fresh, healthy⁵. Uncomfortable is feeling not fresh and unpleasant. This sub theme explains the discomfort felt by participants while in Correctional institution. The statements relating to this sub theme can be seen below:

"... the difficulty is definitely being away from family mam. The activities also limited mam, so depressed there. Here we've scheduled, Duha prayer in the morning, the followed with the recitation afterwards visiting hours for all the prisoners."(P1)

"It is varied mam, the small capacity it usually 10. I'm in a room with 30 prisoners. It's not wide, can't sleep." (P4)

Self reflection when in Correctional institution

Reflection is a mirror, picture⁵. So the self-reflection is a participant in the mirror, sees himself.

Sub themes 1: a lively feel more useful when in prison

During in the prison, I get the pleasure and distress.. the pleasure is I could change better than before, I always do the crime in the outside. Thus, after getting here, there are many activities such as tausiyah (p1)

Also a lot of experience, I better understand the law and article that violate the country, could tell each other about the case that had been done, which is growing more mature mind to change when a free (p3, p4)

Sub-theme 2: Realizing the mistakes that have been made.

Realizing is realizing, knowing, feeling⁵. Recognizing the mistakes that have been made means that the participant knows the mistakes that have been made during in the Correctional institution by regretting what he did and promises not to repeat the mistakes made. The form of participant statements that support this sub-theme are as follows:

"When parents going to here, I feel sad, also regret, thinking how pity the parents go far away here, regretting why I should be here, always cry when visited, Regretting my actions were so" (P2)

Discussion

Loss of self control

Men adolescence lose control then violated the norms that exist in society by not being able to resist the temptation of the outside of themselves, such as doing sexual intercourse outside of marriage, was not able to redirect their behavior to positive thing by following their emotions to do violence to others and could not help themselves with made a mistake to keep the honor of their dwelling. Self-control is the ability of a person to organize⁶ Adolescent who have high self-control will be able to control his emotions and negative impulses from outside of himself, thus they have a positive attitude. This self-control is needed by the adolescent, because adolescents experience the transition to adulthood that causes changes in their physical and psychological. Changes in adolescent emotions is one of

the psychological changes in adolescence.

Emotions are a natural part of life. Adolescents are also in development, will experience emotional changes. Emotions provide adaptive role as other aspects of personality⁴. Emotions will help an individual to be more effective because it provides an awareness of the feelings they experienced. Adolescents are required to be able to control their emotions and negative impulses that coming from outside of themselves

The regulation of emotions related to self-concept. Good emotion regulation would cause a person can reduce his emotions that affect the reception itself. Research of Aris Rinaldi⁷, explained that good self-reception will lead to positive thinking, forming the concept of self⁸. Adolescent who is ex-convict who lost control to regulate emotions can be argued that the reception itself against psychological and physical changes is still not good so as to form a negative self-concept that would cause a negative adolescent behavior such as theft, lying and damaging public facilities and so forth.

Restless against the sentence

The restless against the sentence has a meaning that adolescents experience mood disorders are worried and feel at ease while waiting for the sentence to be received. Men adolescent also experience anxiety with verdicts that will be accepted by showing concern and anxiety. Anxiety is fear that is not clearly accompanied by a sense of uncertainty, helplessness, isolation and insecurity. Anxiety due to threats against the personality, dignity or identity. Anxiety may be associated with a penalty to be received⁴. Men adolescent express worry about the sentence uncertain. Adolescents undergo a change of identity is as a teenager with the status of prisoners, and if it has free will bear identity as an ex-con. Stuart⁴ also said that a person's level of self-esteem is an important factor associated with anxiety. Low self-esteem are more prone to anxiety caused by the perception of adolescents about their ability to reflect the concept of self. Boys may be ready to undergo the punishment but anxiety causes adolescent give poor assessment to themselves as an inmate. Nurses and health workers should be able to recognize adolescent anxiety level so that appropriate preventive measures would reduce the number of adolescent depression in which this anxiety will cause a change in the quality of life of adolescents.

Serve a sentence is also a separate stressor in adolescents. Adolescents may experience anxiety and concern to respond to the stressor. Stress experienced by adolescents has a different impact on each individual depending on the individual's ability to manage their problems⁹. Adolescents will make coping mechanisms for their problems through adaptive and maladaptive coping. Adaptive coping mechanisms need to be taught early so that adolescents are able to do positive coping so that adolescents have high self-esteem and adolescents do not easily feel threatened so adolescents are not susceptible to anxiety.

Bitter experiences while in correctional institution

Adolescents during in prisons undergo psychological changes that experience positive and negative experiences. Adolescents experience *bitter experience during the prison has a meaning that in the penitentiary makes teens feel bitter experience of feeling miserable and uncomfortable in prison*

This is due to participants must adapt to the new environment in prisons. Away from family causes them to feel depressed because they feel a lot of people who love them. Prisoners are forced to obey the rules and activities in prisons so that they feel life is not free and suffering.

The physical environment and social environment in Correctional institutions that are far from the previous environment make physical and psychological discomfort for inmates who are stressful on inmates. Handayani³ conditions and changes in life in Correctional institutions cause physical and psychological discomfort that will have an impact on the psychological well-being of adolescents. Life in Correctional institution is a life experience that is full of negative life events that have ever been experienced⁹. The bitter experience experienced by adolescents will change the teen's self-concept.

Self-reflection while in correctional institution

Self reflection is one form of self-concept. Self-concept is obtained through a process of self-perception, reflection or social comparison¹⁰. Self reflection has two stages namely self-assessment and self-reaction. Self-assessment can take the form of a self-evaluation by comparing the results of self-observation with pre-existing standards, as well as from others¹¹. Self-

reflection of adolescents during this Correctional institution will have an influence on the self-concept of adolescents themselves.

Guidance provided in adolescent correctional institutions for adolescents has a positive psychological impact on adolescents. Participants revealed that in Correctional institution they received spiritual shower and religious activities. These religious activities make teenagers better so that adolescents are aware of the mistakes they have made and instill moral values in Correctional institutioners so that teens have the desire to change and repent for the better. Education and fostering moral and religious values provide knowledge and a very good basis for Correctional institutioners so that they are able to behave well. This guidance is in accordance with the role and function of correctional institutions that Correctional institutions are a means used to carry out law enforcement. This institution has a role and function to re-develop people who have received sentences so that they are willing and able to realize the mistakes and mistakes that have been made¹²

Criminalization of children is an effort to bring awareness to children and turn them into law-abiding man, has moral, social and religious well¹². Participants revealed that they be diligent in prayer and self-reflection for children in prisons. Participants were able to think clearly about the actions that have been done even mistakes that have been made.

Conclusion

Adolescents during serving his sentence in correctional institution experience unpleasant experience and enjoyable experience. Unpleasant experiences such as pain and discomfort and loss of self-control when making mistakes. Correctional institutions also provide experiences that make adolescent feel more useful and self-reflection. Experience may cause adolescents experience changes especially in the psyche. Coaching during and after coming out of the correctional institution is required so that adolescents are capable of controlling the emotions, able to cope positively to all the problems faced and interact with the public in accordance with the norms and rules. Coaching and counseling can be done by the community, related institutions and community health workers, especially community mental health.

Ethical Clearence: This research has done through an ethical trial test and declared ethical conduct in the medical PSMK Universitas Brawijaya with number 357 / EC / KEPK-S2 / 12/2018

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The Impact of *Ngampang* Stigma against the Psychological of Dayak Ma'anyan Women (A Phenomenology Study in Central Kalimantan, Indonesia)

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Abstract

Ipilah is a custom event imposed on Dayak Ma'anyan women who pregnant out of wedlock to pay the village customary law on pregnancy that is considered as a violation. This custom should be carried out. Women who are carrying out such customs will experience social stigma of *ngampang* for the lifetime. The purposes of this study was to explore the impact of *ngampang* stigma against psychological of Dayak Ma'anyan women. The method used is qualitative with interpretive phenomenological approach. Data obtained through semi-structured interviews with 5 (five) participants using a questionnaire guide. The results were analyzed using Interpretative Phenomenological Analysis (IPA). Obtained four themes, namely; feel insulted for being called *ngampang*, feel lost freedom because of the stigma, feel afraid to start a new life, and depressed because of getting stigma. This study found that the *ngampang* social stigma can be stressors that create stress and in need of adaptive coping strategies to overcome them. Stress arising from social stigma addressed the participants with negative coping mechanisms. This is evidenced by discomfort and distress then get the participants to avoid interaction with the environment. Avoid interaction with the environment is considered as a stressor, the coping strategies to manage stress due to social stigma. Avoiding stressors is conducted to minimize the inconvenience caused without addressing the issue. It is an obstacle to the mental wellbeing of individuals who experience it. The social stigma as a source of stressors must be addressed to avoid negative implications for a person's mental well-being. Therefore, the need for an understanding of adaptive coping to women who undergo traditional events of Ipilah constructively in order to adapt to stressors of social stigma. This can be achieved if the nurse's role in community life is optimized such conduct psychological assistance if there are women who carried out Ipilah indigenous and mental health counseling on coping mechanisms, so that mental disorders in society due to social stigma can be prevented.

Keywords: *Experience, Social stigma, Psychological problems*

Introduction

Dayak Ma'anyan tribe is one part of the Dayak tribes who inhabit the island of Kalimantan, Indonesia. Dayak Ma'anyan tribe scattered in the eastern part of the province of Central Kalimantan, especially in East Barito District and most of South Barito District. Dayak

Ma'anyan tribe has its own uniqueness in undergoing the rite of life⁽¹⁾. Dayak Ma'anyan community respect its customs. Indigenous regarded as a symbol of the balance between human and nature that need to be maintained and preserved. Imbalance between human and nature is believed to cause havoc and obliteration of the nature and human⁽²⁾.

Indigenous serves to ensure that the public has really done justice and righteousness. Dayak Ma'anyan tribe in the order of must be adhered to death unless the emerging new doctrine that weakens it. Compliance

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is what makes some of the situation in the tribal taboo, such as for example, men and women living together before marriage and pregnancy out of marriage ⁽²⁾.

Dayak Ma'anyan community believes that violations exist in society and should be restored back to the pay demands given by custom. There are no written rules regarding the form and amount of the sanctions applied to each violation, the sanction is usually given depending on the decision of the head of customs, not with standing any sanctions own name and its own function. Traditional sanctions should not be ignored, ignoring the sanctions provided will lead to exclusion in the customs and even expulsion, this will keep the sanctions in the Dayak Ma'anyan tribe obeyed⁽²⁾.

Pregnancy out of marriage in Indonesia is considered taboo and against the eastern culture. Pregnancy out of marriage is often associated with bad behavior someone who raises social burden. Perpetrators tend to be ostracized and become gossip in the community as a form of social sanction⁽³⁾. Similarly, in the Dayak Ma'anyan tribe, pregnancy out of marriage is considered as a violation of customary norms and values as a result of bad behavior which is believed to make nature's wrath and misfortune struck on the tribe. Thus, raises the belief that women who are pregnant out of wedlock must pay customary law violations committed by the goods are presumed to have a certain value in the custom at a special event called Ipilah.

Ipilah is custom events as they apply to Dayak Ma'anyan women who are pregnant out of wedlock. This event is made to pay the village customary law on customs violations that have been made, in order to the bad luck that will occur as a result of customs violations can be cleaned again. Ipilah is mandatory and which rejects the traditional process will be excluded from the customs and not allowed to participate in any activities in the village.

Women who implement custom events Ipilah, will experience *ngampang* social stigma. *Ngampang* is the Dayak Ma'anyan language to mention pregnant out of wedlock. Results of interviews with indigenous leaders mentioned that women who are pregnant out of wedlock in the Dayak Ma'anyan will be referred to as *ngampang* female, this designation will be attached to a lifetime. Stigma has the potential to become stressors in a woman throughout her life and a strain that could potentially

creating stress.

Research Purpose

This study purposes to explore the psychological impact of *ngampang* stigma against Dayak Ma'anyan women.

Materials and Methodology

This study used qualitative methods with interpretive phenomenological approach. In this study, researchers are exploring in depth the psychological effects of stigma *ngampang* against women in Dayak Ma'anyan tribe. Participants in this study were selected using purposive sampling technique with the inclusion criteria; (1) Ever undergo Ipilah custom events, (2) Represents the Dayak Ma'anyan women, (3) Willing to be a participant and exclusion; being in a state of pregnancy. Participants involved in this research were five people aged 19-38 years.

Data were obtained by means of in-depth interviews using a semi-structured questionnaire guide and recorded using a tape recorder on the Android smartphone which has been approved by the participants. The interview process is conducted by using local languages of Dayak Ma'anyan with a duration ranging between 20-90 minutes.

The data were analyzed using the principles of data analysis Interpretative Phenomenological Analysis (IPA) with 7-steps analysis start from the reading results are repeated verbatim transcript, then define keywords, categorize the data, sets the theme of each participant so as to form four major themes.

Results

According to the analysis based on expression of the participants, found four main themes, namely feel insulted for being called *ngampang*, feel lost freedom because of the stigma, feel afraid to start a new life, and feel depressed because getting stigma.

Theme 1. Feeling insulted being called *ngampang*

Feeling insulted in this study is that the participants feeling uncomfortable with the views of people after executing custom event Ipilah. Participants felt that the people regard it as a paid women. This paid women stigma arises because participants did not mention the name of the man responsible for her pregnancy. Participants also

felt that people still talk about it as women who have been pregnant out of wedlock (*ngampang*). Participants revealed that there was a feeling annoyed because they were considered as *ngampang* women and it difficult to face the environment stigma. This was revealed by the participants in the following quote .;

“...*ulun nyurah surang puang normal...menghina status surang... iru masih menghina surang wawei bayaran...*” (...people talk about me... insulting my status ... they are still insulting me as paid women...) (P4)

Theme 2. Feeling lost freedom because of stigma

Lost of freedom in this case is that the participants felt that the stigma of being undergo Ipilah custom event provides an opportunity to the public to discriminate openly. Participants also expressed the stigma acquired made it can not be fun. Revel in question is enjoying his youth participants freely. Additionally, participants revealed that stigma which he got after a Ipilah custom events make it avoid interaction with the environment by choosing to shut himself in the house. The phrase is illustrated in the following quote;

“...*aku jarang keluar lewu...kawan ulun katuju nangu maka ni aku ware muneng hang lewu, puang kajut keluar lewu...*” (... I rarely leave the house ... the people disturb me so I better stay home, not too out of the house...) (P4)

Themes 3. Feeling afraid to start a new life

Fear of starting a new life in this case is that participants felt not ready for marriage because the outlook is not good against him. Participants revealed that he felt the public still sees itself not as good as implement Ipilah and gets the title of *ngampang*. Unpreparedness for married participants related to the worry that people could not accept the status that had undergone Ipilah custom events. This is reflected in the words of participants below;

“...*biarpun taati naan sa hamen, huan hakun lagi, huan siap* (married) ...*dinungku tatap puang maeg, ulun nanguh aku na wawei bayaran... masih jari paneran ulun...*” (“... even now, there is someone like me, i am not ready, not yet ready (married) ... I still be considered as bad people, people think I am paid woman... still being talked by people ...”) (P4)

Themes 4. Feeling depressed because getting stigma

In this study, depressed an uncomfortable feeling for designation *ngampang* are pinned on the participants themselves. This stigma makes participants always be remembered as a woman who is pregnant out of wedlock for the rest of his life. Participants said there are feelings of shame become the talk of people. Discussion person in this case is the stigma. In addition, there feeling angry and upset because getting the stigma. The phrase is illustrated in the following quote;

“...*perasaan ku ha pasti sa amangan, hang wuang masyarakat jari paneran ulun...*” (... I am definitely feeling shame, in the society become the talk of people ... gossip...) (P1)

“...*ha sangitlah na antuh ulun kairu...*” (...of course angry being talked by people like that...) (P3)

“...*ulun masih ngamaner, ulun masih ngitung...*” (... people are still talking about, people still remember (as a woman who is pregnant out of wedlock)”) (P5)

Discussion

Dayak Ma’anyan women who undergo traditional events Ipilah, get *ngampang* stigma. *Ngampang* is a vernacular word Dayak Ma’anyan which means pregnant out of wedlock. The social stigma given by the local community and lifelong and women who live it. Stigma is evident from still being discussed and remembered as a woman pregnant out of wedlock. Social stigma *ngampang* obtained by the participants led to humiliation because of the assumption that women who carry out traditional events Ipilah are women who have bad behavior in society. Stigma also makes the participants feel lost of freedom because of the stigma *ngampang* embedded, the public can openly discriminate partsipan. On the other hand, This stigma makes participants feel afraid to start a new life (marriage) for the people of people that are not good. Stigma also makes participants feel depressed because of the social stigma given to make the community will continue considering the participants as a woman who is pregnant out of wedlock for the rest of his life. In this condition, feelings of shame and anger and worry are often experienced by the participants as a result of the stigma.

The social stigma that obtained the participants, occurred because of differences between the objectives

and the implementation of the facts that occurred after the implementation of the *Ipilah*. The initial goal *Ipilah* custom implementation is to improve the good name of the offender so that people can return is accepted within the indigenous community. Ironically, in this situation the participants actually get the stigma of unwed (*ngampang*) after *Ipilah* implementation, which should not be granted because the participants have finished paying for traditional sanctions.

Social stigma given to participants who undergo traditional events *Ipilah* be stressors potentially creating stress, especially if the conditions experienced stressful⁽⁴⁾. This is supported by other research which revealed that the stressors arising from stigma affect mental wellbeing⁽⁵⁾. Stigma also associated with increased stress can result in a decline in physical health. People who get a higher stigma reported experiencing stress and other psychotic problems⁽⁶⁾.

Stressors that there should be overcome with a good adaptation process of women obtaining stigma. Source stressors are there to be able assessed as a threat or not, so that adaptations can be directed into adaptive strategies⁽⁷⁾. In this condition, if an individual uses adaptive coping, stress will be seen as a challenge that is profitable and stress will be reduced, if the response is used stressors maladaptive then there will tend to be difficult to overcome⁽⁷⁾. Coping strategies used to determine how well people adapt to stressful situations⁽⁸⁾.

In this study, the stress arising from the social stigma addressed the participants with negative coping mechanisms. This is evidenced by discomfort and distress then get the participants to avoid interaction with the environment. Avoid interaction with the environment is considered as a stressor, the coping strategies to manage stress due to social stigma. Avoiding stressors is done to minimize the inconvenience caused without addressing the issue. It was a barrier to individuals who experience mental wellbeing⁽⁵⁾.

The social stigma as a source of stressors must be addressed to avoid negative implications for a person's mental wellbeing⁽⁶⁾. The ability to identify the source of stress can minimize the stress that arises from social stigma. Individuals should be able to use adaptive coping mechanism in the face of custom process *Ipilah*. In this case, the need for an understanding of the importance of adaptive coping to women who undergo *Ipilah* custom

events. This can be achieved if a nurse in a community that focuses on mental health is optimized. It is important to prevent the impact of stigma obtained from a custom implementation *Ipilah*.

Conclusion

Social stigma of *ngampang* obtained Dayak Ma'anyan women after undergoing a *Ipilah* event that give psychological impact which would interfere with the survival of the participants. Therefore, the need for an understanding of adaptive coping to women who undergo traditional events *Ipilah* constructively in order to adapt to stressors of social stigma. This can be achieved if the nurse's role in community life is optimized such conduct psychological assistance if there are women who carry *Ipilah* indigenous and mental health counseling on coping mechanisms, so that mental disorders in society due to social stigma can be prevented.

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Ethical Clearance: This research has received ethical approval from the Medical Faculty of Mangkurat University with number. 56/KEPK-FK UNLAM/EC/11/2019.

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Effectiveness of Autogenic Relaxation on Depression Level - A Literature Review

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Abstract

The Researcher aims to evaluate the effectiveness of autogenic relaxation on reducing level of depression among old age people in selected old age homes. Review of literature shows that depression is most common psychological problems among old age group. Autogenic relaxation is a effective non pharmacological, non invasive therapy to reduce the level of depression among elderly people in old age homes.

Key words: Autogenic relaxation, Level of depression, Old age people

Introduction

Depression in old age is an emerging public health problem leading to morbidity and disability worldwide. Many people experience depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, worries about finances after retirement, the fear of institutionalization etc. Relaxation can help to relieve the symptoms of stress. Although the cause of the anxiety will not disappear, but the person probably feels more able to deal with it once the tension in the body get released. ^[1]

Depression is among the most common psychiatric disorders among the elderly. The ever-increasing proportion of elderly population of India makes the burden of depression increase over time. Studies using different screening criterion have been conducted at various setups such as community, psychiatric clinics, outpatient departments, and old age homes (OAHs) to

gauge the prevalence of depression among the elderly. However, they have revealed a varying range of prevalence of depression throughout the country. Studies in similar geographical locations using the same set of tools to evaluate depression across multiple setups can provide comparative insights into the scenario of depression. ^[2]

Various relaxation programs regularly have effect on decreasing the elderly's depression. So it expected that various relaxation techniques such as Benson & Jacobson are used as effective practices & safe supplement & also as a non-medical treatment alongside other common treatments to reduce depression. According to the recent research findings & previous researches can be resulted that effectiveness of regular relaxation schedule is irrefutable to improve the elderly depression with using treatment methods. ^[4]

Material Method and Findings

The literature reviewed was obtained through different database includes CINHALL (Cumulative index TO Nursing & Allied Health Literature), MEDLINE (Medical Literature Analysis & Retrieval System Online), Pub Med, Science Direct, Springer Link, Proquest & Google scholar.

Review of Literature

1) Fahimeh Kashani, Sima Babae, Masoud Bahrami

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and Mahboobeh Valiani conducted a study on the effects of relaxation on reducing depression, anxiety and stress in women who underwent mastectomy for breast cancer in November 2010. This clinical trial was conducted at Isfahan Iran in a referral chemotherapy clinic of a teaching hospital. Through the simple random sampling method 48 breast cancer patients were selected. The participants were randomly divided into control group and experimental group. The control group received usual medical therapy, whereas the experimental group received combined medical and relaxation therapy. The validated tools depression, anxiety and stress scale and demographic questionnaire were used in this study. The scores in the experimental group improved significantly after the treatment ($p < 0.05$). The improvement was not seen in the control group. The conclusion is relaxation therapy is effective in the decrease in level of depression, anxiety and stress.^[3]

2) Somayeh Barati and Zahra Sarjuei conducted a research study on the effects of Benson & Jacobson combined relaxation techniques on the elderly's depression & quality of life in 2016. Through the random sampling method 30 elders are selected, who are taking care in nursing houses. There are 3 experimental groups. The Beck & Lippard Questionnaire was used to measure the depression and quality of life. The relaxation exercises did for 6 weeks & each week 3 sessions for 44 minutes. Finally, depression & life quality of these three groups are measured before & after relaxation intervention. Findings say that the mean score of depression and quality of life have significant difference before and after intervention. Also based on these data, there is no significant difference between Benson & Jacobson relaxation groups & combined Benson & Jacobson relaxation group has better results. Significant difference between pre-test & post-test ($\text{Sig} \leq 0.05$) Conclusion regarding to the results, combined Benson & Jacobson relaxation has proper effects on the elderly's depression & quality of life.^[4]

3) Sabah M. Ebrahim, Samah E. Masr conducted a study on Effect of relaxation therapy on depression, anxiety, stress and quality of life among diabetic patients in 2016. A quasi-experimental research design was used. 70 patients were selected by convenience sampling technique. There are two groups intervention group (Group A) and a control group (Group B). The study was conducted at Medical Outpatient Clinics in Menoufia Egypt. In this study structured interview

questionnaire is used for data collection. This tool included socio-demographic characteristics and clinical data. Depression, Anxiety and Stress Scale (DASS), and the World Health Organization Quality of Life (WHOQOL-BRIEF) was used. The findings say that anxiety level, stress, depression, and quality of life were improved in the intervention group with a statistically significant degree compared to the control group.^[5]

4) Dina Adam, Ayiesah Rami and Suzana Shahar Sultan conducted a research on integrated effect of Dance and Relaxation Intervention on lowering Anxiety and Depression and Improving Quality of Life among the Cognitively Impaired Elderly. This quasi-experimental study was conducted between May and December 2013 in Peninsular Malaysia. The adults aged 60 years and more than 60 years with mild to severe cognitive function as assessed by the Mini-Mental State Examination were selected. Subjects were randomly divided into an intervention group and a control group. The combined *poco-poco* dance and relaxation intervention is used. This intervention is for two sessions per week for six weeks. Anxiety and depression were self-assessed using the Hospital Anxiety and Depression Scale and QOL was self-assessed using the Quality of Life in Alzheimer's disease questionnaire. The results suggest that a total of 84 elderly subjects were included in this study. 44 were in the intervention group and 40 were in the control group. When compared to control group with the intervention group it showed significantly decreased anxiety and depression levels as well as improved Quality of life and cognitive impairment. The results of this study conclude that this intervention was effective to reduce anxiety and depression.^[6]

5) Abbasi, irani, hosseinzadeh, tabatabaei, haghghatmirzakhany and angootioshnari conducted a clinical trial on effect of relaxation techniques on the level of depression, anxiety and edema in post mastectomy lymphedema patients undergoing comprehensive decongestive therapy. Sometimes the lymph edema is associated with high degree of anxiety and depression. There are 31 samples are selected from this 15 cases received comprehensive decongestive therapy and 16 cases received relaxation plus comprehensive decongestive therapy. This intervention given to the samples for 6 months. There were significant difference between two groups in reduction in depression and anxiety. The conclusion says that the relaxation techniques are effective in lowering the level of anxiety

and depression and the volume of oedema in the patient of lymphedema.^[7]

6) A research study conducted by Mrs. Sujitra the effectiveness of autogenic relaxation on depression in menopausal women in rural areas of Thiruvallur district. This is a true experimental study. The samples are menopausal women with mild and severe level of depression. There are total 60 samples. 30 samples in experimental group and 30 samples in control group. The level of depression is assessed by the Cornell dysthymia rating scale. Random sampling by the lottery method. The result says that depression in control group had mild and severe level of depression in pre-test and post test. Experimental group had mild and severe level of depression in pre test. In the post test level of depression was reduced. These study findings conclude that there is a positive relationship between the autogenic relaxation and depression in menopausal women.^[8]

7) Wanda Scherrer De Araujo, Walckiria, Gracia Romero, Eliana Zandonade, Maria Helena, conducted a research on assessing the effect of relaxation on depression level in women having a high risk pregnancies. This is a randomized clinical trial in 2016. There are total 50 women with high risk pregnancy randomly selected as a sample. 25 samples in control group and 25 in experimental group. They give a Benson relaxation technique as an intervention for 5 days. Edinburgh postnatal depression scale was used to assess depression level in the women. The results are suggested that the depression levels reduced after intervention. The conclusion of this study is the relaxation was effective in lowering the level of depression.^[9]

8) Farnaz Sadat Seyed Ahmadi Nejad, Nahid Golmakani, Negar Asghari Pour, Mohammad conducted a study in 2014 on effect of progressive muscle relaxation on depression, anxiety, and stress in primigravida women. This is a randomized clinical trial conducted on 66 primigravida women's. Samples are randomly divided in to two groups experimental and control group. The experimental group received progressive muscle relaxation for 2 week and this group was doing exercise at home for 4 weeks. The depression anxiety stress scale (DASS21) was used in this study. The results suggest that before the intervention two groups shows no significant difference in depression, anxiety and stress and after the intervention depression, anxiety, and stress of the pregnant women was significantly lower

in the intervention group than the control group. The conclusion of this study is the relaxation is effective on lowering depression, stress and anxiety in women during pregnancy.^[10]

9) Prameelar Bommareddi, Blessy Prabha Valsaraj & Shalini conducted a study on effectiveness of Jacobson's progressive muscle relaxation training to reduce anxiety and depression among people living with HIV. The study conducted in 2014, one group pre test post test study design was used. 30 people living with HIV, admitted in ART centre was selected by purposive sampling technique. Anxiety and depression scale for people living with HIV was administered. The results say that there was a significance difference between mean difference of pre test and post test scores of anxiety and depression. The conclusion of this study is Jacobson's progressive muscle relaxation training is effective in lowering the anxiety and depression.^[11]

10) Khadyga Sayed Abd, Ahmad Mohamaed Mamdouh conducted a research on the effect of relaxation exercise on post partum depression in 2015. 30 post partum female aged 20-35 was selected from OPD clinic. They were divided in to 2 groups in equal numbers. Group one received a relaxation exercise sessions in the form of meditation and physical relaxation for 45 minutes sessions, 3 times/week for 3 months. Group two received home instructions for doing deep breathing exercise in during stressful condition. The results says that statistically significant decrease in depression symptoms in group one percentage of improvement of depression scale index (26.63%) and in group two percentage of improvement (4.67%). These results are concluding that relaxation exercise are easy to perform, safe and no side effect in lowering postpartum depression.^[12]

11) Rasha Mohamed Essa, Nemat Ismail Abdel Aziz Ismail, Nagia Ibrahim Hassan conducted a study on effect of progressive muscle relaxation technique on stress anxiety and depression after hysterectomy in 2014. This was a quasi experimental study design with pre test post test control group was used. There are 80 women were selected through purposive sampling technique who undergone abdominal hysterectomy. They were divided in to 2 groups experimental and control group. The depression anxiety and stress scale (DASS-21) was used in this study. Study results say that stress, anxiety and depression were statistically significantly decreased

in the study group after intervention. The study results conclude that women who received progressive muscle relaxation technique after hysterectomy lower the stress, anxiety and depression level than who received only the routine nursing care.^[13]

12) Jayapriya R, Santhi S, And Sujatha V, conducted a study on effectiveness of progressive muscle relaxation and activity schedule on depression and activities of daily living among elderly patient in 2016. The quasi experimental pre test and post test with control group is used for this study. The elderly depression scale and ADL checklist was used as a tool in this study. The study result showed that the mean value of depression in the study group decreased and the mean value of ADL in the study group increased and in the control group there was no significant change in the mean score of depression and ADL. There was a significant change in the post-test mean score of level of depression and ADL between the study and control group. The results conclude that PMR was effective in lowering the level of depression and improving ADL in elderly patients.^[14]

13) Heshmatifar, H. Sadeghi, A.Mahdavi, M.R. Shegarf Nakhaie, conducted a research on the effectiveness of Benson relaxation technique on depression in patients undergoing haemodialysis in 2015. This is a clinical trial performed on 65 haemodialysis patients. Samples are randomly selected and assigned in to the two groups. 32 samples in control group and 33 samples in experimental group. The experimental group performed Benson relaxation exercises twice a day for 20 minutes for one month. Beck depression scale was used before and after intervention. The control group received usual treatments. Before the intervention there was no significant difference between the groups. The mean score of depression in the intervention group lowering after the intervention. It concludes that benson relaxation technique is effective in lowering depression^[15]

Discussion

In this review of literature 13 reviews has been taken by various studies on old age persons, depression and autogenic relaxation therapy. Studies reveal that depression have been controlled by autogenic relaxation therapy.

Conclusion

Researcher felt that autogenic relaxation can be

effective non pharmacological, non invasive therapy. So that the present study to evaluate the effectiveness of autogenic relaxation to reduce the level of depression among elderly people in old age homes is planned to assess more effective means to reduce depression among old age people.

Conflict of Interest: None

Source of Funding: No separate funding was received for this study.

Ethical Clearance: The ethical clearance obtained from our institute.

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Effect of Spiritual Prayer in Reducing Level of Depression among Orphan Children – Literature Review

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Abstract

The Researcher aims to assess depression among orphan children who are living in orphanage home and assess the effectiveness of spiritual prayer in reducing level of depression among orphan children. Multiple databases were searched focusing on spiritual prayer on depressed orphan children. It was concluded through this literature review that prayer is very helpful in reducing level of depression among children.

Keywords: *Spiritual prayer, Depression, Orphan children*

Introduction

According to World Health Organization (WHO) mental health includes “subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one’s intellectual and emotional potential, among others (WHO, 2001). According to the World Health Organization (WHO) declared that depression is the most common illness worldwide and the leading cause of disability. Depression can be occurred by critical medical illness, the loss of important person, economical problem or stressful event. Who have behavioral problem or anxiety there are more chances to get depressed. ^[1] Prayer is an invocation or act that seeks to activate a rapport with an object of worship through deliberate communication. Some anthropologists believe that the earliest intelligent modern humans practiced a form of prayer. Today, most major religions involve prayer in one way or another; some ritualize the act, requiring a strict sequence of

actions or placing a restriction on who is permitted to pray, while others teach that prayer may be practiced spontaneously by anyone at any time.^[2]

The literature reviewed was obtained through different database includes CINHALL (Cumulative index TO Nursing & Allied Health Literature), MEDLINE (Medical Literature Analysis & Retrieval System Online), Pub Med, Science Direct, Springer Link, Pro Quest & Google scholar.

Material Method

The study is headed mainly on effectiveness of spiritual prayer in reducing level of depression among orphan children at selected orphanage home.

Findings

Study shows that spiritual prayer is useful intervention for reduction of depression among orphan children.

1.Kumar, Dandona, and Ramgopal were conducted a comparative study on depression among AIDS orphaned children higher than among other orphaned children in Southern India (2014). This study explored depression and associated risk factors among orphaned children in Hyderabad in South India.400 orphan children selected equally from AIDS and non-AIDS orphan groups (12-16 years). Intensity of depression assess by using multiple classification analysis. The result shows that AIDS

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orphan children report being bullied by friends and others (50.3%) and report experiencing discrimination (12.6%). Mean depression score was significantly higher for AIDS orphan children (34.6) than the other group (20.6). The analysis showed that AIDS orphan children have highest effect of depression (Beta= 0.473) than the other orphaned children.^[3]

2. Ammara Sharif was conducted a descriptive study to examine the level of depression and self-esteem among orphan and non-orphan children(2017). In this study 50 orphan children and 50 non-orphan children were selected randomly. Data collected by the questionnaire. Data analyzed by descriptive and inferential statistical methods like, t-test. The result showed that there is a positive relationship ($r=0.69$, $p<0.01$) between depression and self-esteem between orphan and non-orphan children. T-test revealed significant depression ($t=3.78$, $p<0.01$), between orphan and non orphan children. The orphan children obtained higher score on depression and the non orphan children obtained higher score of self-esteem ($t= 4.85$, $p<0.001$).^[4]

3. Aijaz Bhatt, Dr. Sadaqat Rahman, and Nasir Bhatt conducted a case study on mental health issues in institutionalized adolescent orphans of Kupwara district(2015). 11 to 17 years orphan children were selected for study. A structured and internationally standardized interview schedule MINI kid was used for data collection. In the study 11 participants (13.75%) met DSM IV criteria for MDE(Major Depressive Episode), 6.5% had suicidal tendencies, 11.25% showed dysthymic symptoms, 15% specific phobia, 6.25% had PTSD symptoms and 23.75% showed co- morbid conditions. a cultural recognition of mental health problems and the long term negative consequences of these issues need to intervention these vulnerabilities.^[5]

4. Abdur Rashid and Sara Safdar conducted a comparative study on analysis of childhood depression and perceived social support among orphan girls and boys(2017). Total 300 samples recruited randomly from selected orphanage homes of Rawalpindi, Haripur and Abbottabad, out which 150 girls & 150 boys ranging between 10-15 years of age. The childhood depression scale and perceived social support scale were use for data collection. t-test, correlation and regression analysis were use for investigate the result. The result showed that there was significance difference between childhood depression and perceived social support. Also, both have

meaningful relationship with each other.^[6]

5. Aalbers, Freeman, Spreen, Vink , and Maratos conducted a study on effect of music therapy on depression(2017). All randomized controlled trials and controlled clinical trials used for comparing music therapy versus treatment as usual. They calculated standardized mean difference for continuous data and odds ratio for dichotomous data with 95% confidence intervals. In this study 421 participants selected in which 411 of included in ten meta-analysis short-term effects of music therapy for depression. Findings of meta-analysis indicate that music therapy added to provides short-term beneficial effects. The effect of music therapy versus psychological therapies on clinician-rated depression (SMD -0.78, 95% CI -2.36 to 0.81, 1 RCT, $n = 11$, very low-quality evidence), patient-reported depressive symptoms (SMD -1.28, 95% CI -3.75 to 1.02, 4 RCTs, low-quality evidence), quality of life (SMD -1.31, 95% CI - 0.36 to 2.99, 1 RCT, very low-quality evidence), and leaving the study early (OR 0.17, 95% CI 0.02 to 1.49, moderate-quality evidence). They found no eligible evidence addressing adverse events, functioning or anxiety.^[7]

6. Larun L, Nordheim LV, Ekeland E, and Hagen KB, Heian conducted a randomized control trial on exercise for preventing and treating anxiety and depression in children and young people(2006). Vigorous exercise interventions used for children and young people up to the age of 20. Meta-analysis methods used for trials. In this study total 1191 participants were selected between age of 11 and 19 years. The results showed that eleven trials compared vigorous exercise versus no intervention in children. In this anxiety scores showed a non-significant trend in favor of the exercise group (-0.48, 95% CI). And other studies reporting depression scores showed a significant difference in favor of the exercise group (-0.66, 95% CI - 1.25 to -0.08). One small trial investigated children in treatment showed no statistically significant difference in depression scores in favor of the control group (SMD 0.78, 95% CI -0.47 to 2.04). No studies reported anxiety scores for children in treatment.^[8]

7. Azza Ibrahim, Mona A., Abdel-Hady El-Gilany, and Mohamed Khater were conducted a cross-sectional descriptive study on prevalence and predictors of depression among orphans in Dakahlia's orphanage, Egypt(2014). In this study 200 orphans were recruited from Dakahlia governorate, Egypt. The structure

interview used for data collection and the Arabic version of the multidimensional child and adolescent depression scale (MCADS). The study concludes that 20% of orphans had depression with total mean score (72.65 ± 1.10). Logistic regression analysis revealed that the only independent predictors of depression in child gender, girls were about 46 times more likely to have depression than boys. The study concluded that the depression is common among orphans but especially in girls. Mental and psychological should be part of routine health care provided to orphans.^[9]

8. Abdel Aziz Mousa Thabet, Mohammed W Elhelou and Panos Vostanis conducted a longitudinal study on prevalence of PTSD, depression and anxiety among orphaned children in the Gaza strip (2017). The study sample consisted of 81 orphaned children between age of 9-18 years. The means of post-traumatic stress disorder was 35.79, intrusion symptoms was 19.77, avoidance symptoms was 14.30 and mean arousal symptoms was 13.65, 55.6% of orphaned children showed moderate and 34.6% showed severe PTSD. Girls reported significantly more PTSD, avoidance, and arousal symptoms than boys. A child living in a city had more PTSD than those children live in a camp or a village. The study showed that 67.9% showed depression. Depression was more in children from north Gaza had more depression than those coming from the other four areas of the Gaza Strip. The results showed that 30.9% of children rated as anxiety cases. Children 13 - 15 years old had more anxiety than that younger and older age than them and children coming from north Gaza had more anxiety than those coming from the other four areas of the Gaza Strip. The result showed that there was positive correlation with statistical significance between depression and anxiety, intrusion, and avoidance. While total depression was negatively correlated with arousal symptoms of PTSD. Anxiety was negatively correlated with PTSD and avoidance symptoms of PTSD. The study concluded that orphaned children have a considerable level of PTSD, anxiety and depression, which raised the need for more attention from governmental and Non-governmental institutions towards finding therapeutic programs for the orphans to enable them to live and be functional and productive in the future.^[10]

9. John P. Bartkowski, Gabriel A. Acevedo ID and Harriet Van were conducted a study on prayer, meditation and anxiety: Durkheim revisited (2017). In this study Durkheim argued that religion's emphasis

on the supernatural combined with its unique ability to foster strong collective bonds lent it power to confer distinctive social benefits. At the same time, meditation had been linked to mental health benefits in intervention-based studies. This investigation offers a unique test of two comparable inhibitors of anxiety-related symptoms in the general population, namely, prayer versus meditation. Using data from the 2010 wave of the Baylor Religion Survey, they found that frequent communal prayer is correlated with an increased incidence of anxiety-related symptoms whereas worship service attendance is negatively associated with reported anxiety. Attendance also combines with communal prayer to yield anxiety-reducing benefits. Meditation, measured as a dichotomous indicator, is unrelated to reported anxiety in our sample of American adults. This study underscores the selective efficacy of collective forms of religious expression, and points to several promising directions for future research.^[11]

10. Jason Gary Wright was conducted an experimental study on the effects of remote intercessory prayer on depression (2006). This study utilized double-blind, controlled, pre-test/post-test design to examine the effect of remote intercessory prayer on 20 participants who received counseling for depression in different clinics. The researcher randomly selected participants and were prayed for by assigned intercessor for 28 days. And the other participants had given odd numbers who were in control group and were not assigned intercessors. After 28 days the first BDI-II (Beck Depression Inventory, second version) took from participants. and also completed it for second time. Findings showed that mean group BDI-II scores decreased for both groups, and the experimental group ended the study lower mean group BDI-II score than the control ($M=17.40$ for the experimental group; $M=23.00$ for the control group). After statistically controlling for pre-treatment BDI-II scores, differences were not significant.^[12]

11. Talita Prado Simão, Sílvia Caldeira, and Emilia Campos de Carvalho were done a systematic review on the effect of prayer on patients' health (2015). In this study electronic and international database were searched and the inclusion criteria were based on PICOS: (Population) patients of any age and any clinical situation, (Intervention) all types of prayer, (Comparison) ordinary care, (Outcomes) any health change, (Study type) randomized clinical trials. A total of 92 papers were identified and 12 were included in this review.

According to this study prayer was considered a positive factor in seven studies, and several positive effects of prayer on health were identified: reducing the anxiety of mothers of children with cancer; reducing the level of concern of the participants who believe in a solution to their problem; and providing for the improved physical functioning of patients who believe in prayer.^[13]

Discussion

In this review of literatures 11 reviews has taken by various studies on orphanage children, depression and spiritual prayer. Studies reveal that depression has been controlled by various therapies and treatments.

Conclusion

Researcher assessed that spiritual prayer is so much effective to reduce depression as well as other mental illness among orphan children.

Conflict of Interest: None

Source of Funding: No separate funding was received for this study.

Ethical Clearance: The ethical clearance obtained from our institute.

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Level of Depression among Transgender- A Literature Review

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Abstract

The Researcher aims to assess the level of depression among the transgender people in selected area. Review of literature shows that depression is most common psychological problems among transgender due to the social isolation, lack of family and peer support, unemployment, social stigma, illiteracy, violence, sex work, gender identity, and low socioeconomic status.

Keywords: Assess, Depression, Transgender

Introduction

In Indian culture transgender also known as Hijras. Transgender consider them neither male nor female. In ancient India, this “third sex” included barren women, impotent men, eunuchs, and hermaphrodites/intersex. Today transgender also known in different communities as Kinnar, Jogtas/Jogappas, Khusras. A **transgender woman** lives as a woman today, but was thought to be male when she was born. A **transgender man** lives as a man today, but was thought to be female when he was born. Some transgender people identify as neither male nor female, or as a combination of male and female. There are a variety of terms that people who aren't entirely male or entirely female use to describe their gender identity, like **non-binary** or **gender queer**.⁽¹⁾

Due to the harassed constantly by police, or public transgender instead form small groups for their protection. These groups are led by a “guru” or mother figure. At their best, the groups can be supportive, nurturing and family-like. Out of a necessity to protect themselves, Hijra's even developed their own language

— a mixture of Hindi, Farsi, Urdu and a little Arabic. Most transgender are uneducated and, combined with the discrimination they face; gaining mainstream employment is made almost impossible.⁽²⁾

The Hijras of India are probably the most well-known and populous third sex type in the modern world. The United Nations development programs have recognized these people as one of the target group needing special attention. Condition of transgender is very appalling in our society and they are underprivileged from their basic rights and transgender are still not accepted by Indian society. Many transgender suffer from mental health problems like depression and suicidal tendencies indicates about problem faced by transgender which showed that transgender is facing many problem in the society, and this is not researcher personal view, this is what research says in previous research study. **Research on transgender cultures has mostly focused in North American and Europe. Only about 7% has been on Asian societies**.⁽³⁾

Material Method and Findings

The literature reviewed was obtained through different database includes CINHALL (Cumulative index TO Nursing & Allied Health Literature), MEDLINE (Medical Literature Analysis & Retrieval System Online), Pub Med, Science Direct, Springer Link, Proquest & Google scholar.

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Review of Literature

1. Hoy-Ellis CP and Fredriksen-Goldsen KI conducted descriptive study to assess the Depression among Transgender Older Adults: General and Minority Stress in March 19 2017. relative contribution of each relationship and examine the direct and indirect effects internalized heterosexism, disclosure of gender identity, and perceived general stress in association with depression among transgender older adults. Secondary analyses of data from a large community-based study of older sexual and gender minorities were conducted utilizing structural equation modeling with a subsample (n = 174) of transgender adults aged 50 to 86-years old. Finally, suggested general stress had an additional significant direct effect on depression, over and above internalized heterosexism. Total effect sizes appear to be considerable with standardized betas greater than 5.0. Perceived general stress and internalized heterosexism independently and cumulatively have significant direct and indirect effects on depression among transgender older adults. Implications for depression among transgender older adults and the role of community psychology are discussed.⁽⁴⁾
2. Larry Nuttbrock and Walter Bockting conducted a 3-year prospective study (2004–2007) among Gender Abuse and Major Depression among Transgender Women: A Prospective Study of Vulnerability and Resilience. Among 230 transgender women aged 19 to 59 years from the New York City Metropolitan Area. Statistical techniques included generalized estimating equations (logistic regression).the result was significant associations of psychological and physical gender abuse with major depression during follow-up. New or persistent experiences of both types of abuse were associated with 4- to 7-fold increases in the likelihood of incident major depression. And the both type of abuse like Psychological and physical gender abuse is endemic in this population and may result from occupational success and attempts to affirm gender identity. Both types of abuse have serious mental health consequences in the form of major depression. Older transgender women have apparently developed some degree of resilience to psychological gender abuse.⁽⁵⁾
3. Stephanie L. Budge and Jill L. Adelson conducted a descriptive study to assess the anxiety and depression among transgender in feb. 11 2013. In this study a total no. of 351 transgender. (n=226 transgender women and n= 125 transgender men) participated . For analyze the data structural equation model was used. The data was separated in two model were hypothesized based on report of depression and anxiety and the result of SEM suggests that the processes for transgender women and transgender men are similarly suffered from depression and anxiety. The Results suggested the need for practitioners to focus on interventions which reduce avoidant coping strategies, while simultaneously increasing social support in order to improve mental health for transgender individuals. Social support helps to reduce the distress variables.⁽⁶⁾
4. Mei-Fen Yang and David Manning conducted a descriptive study to assess the stigma related to transgender associated with anxiety and depression among transgender in dec. 2015. In this study 191 adult transgender women participated who are living or working in the san francisco bay area using the purposive sampling method to participate in a cross section survey. This measured of stigma, depression, and anxiety. The result was higher level of stigma related to transgender associated with higher level of depression 0.31, and anxiety 39, adjusting for self reported health and socio demographic co-variants. Association between the stigmatization, depression and anxiety were not moderated by participant's age or race. The finding suggested that counseling intervention to address the role of stigmatization as factor potentially contributing to psychological distress among transgender women.⁽⁷⁾
5. Nooshin Khobzi Rotondi and Greta R. Bauer conducted explorative study on Depression in Male-to-Female Transgender Ontarians: Results from the Trans PULSE Projecting sep. 2011. High prevalence's of depression have been reported in male-to-female (MTF) transgender communities. The explorative study in that explored factors associated with depressive symptomatology among MTF spectrum trans people in Ontario, using data from the Trans PULSE Project Phase II respondent-driven sampling survey (n = 433 participants, including 191 MTFs with data needed for this analysis). they estimated the prevalence

of depression at 61.2%. Factors associated with higher odds of depressive symptomatology included living outside of Toronto, having some college or university (vs. completed), being unemployed, and experiencing higher levels of transphobia. Increasing social support was associated with reduced odds of depressive symptomatology. Multivariable analyses suggested complex relationships between these factors, passing, and childhood abuse, which require additional study. ⁽⁸⁾

6. Mohsen Bazargan and Frank Galvan conducted a descriptive study to assess the Perceived discrimination and depression among low-income Latina male-to-female transgender women in 2012. As well as evaluates the impact of sexual partner violence and mistreatment on depression. A total of 220 Latina male-to-female transgender women who resided in Los Angeles, California, were recruited through community based organizations and referrals. Participants completed individual interviews using a structured questionnaire. Depressive symptoms were assessed using the Patient Health Questionnaire (PHQ-9). Perceived discrimination was assessed using a fifteen-item measure that was designed to assess the experiences of maltreatment of transgender individuals. A significant association between depression severity and perceived discrimination was identified. How exposure to discrimination leads to increased risk of mental health problems needs additional investigation. Models investigating the association between perceived discrimination and depression among transgender women should include sexual partner violence as a potential confounding variable. ⁽⁹⁾
7. Beth Hoffman conducted study on An Overview of Depression among Transgender Women in feb. 10 2014. Rates of depression are higher in transgender women than in the general population, warranting an understanding of the variables related to depression in this group. Results of the literature review of depression in transgender women reveal several variables influencing depression, including social support, violence, sex work, and gender identity. The theoretical constructs of minority stress, coping, and identity control theory are explored in terms of how they may predict depression in transgender women. Depression and depressive symptoms have been used to predict high-risk sexual behaviors with mixed results. The implications of the findings on treating depression in transgender women include taking into account the stress of transition and the importance of supportive peers and family. Future studies should explore a model of depression and high-risk behaviors in transgender women. ⁽¹⁰⁾
8. Jacob C. Warren, K. & K. Nikki Barefoot conducted study on Psychological well-being among transgender and gender queer individuals in sep.14 2016. The purpose of this study was to compare psychological well-being among transgender women, transgender men, gender queer/no binary individuals, and their cisgender sexual minority counterparts. A total of 2,932 gender and sexual minority individuals participated in the online study. Overall, transgender women had the poorest psychological well-being across the majority of variables. In contrast to their transgender peers, gender queer/nonbinary-identified individuals did not significantly differ from their cisgender sexual minority counterparts on outcomes; however, they did differ on stressors. Transgender men appeared to fall between transgender women and genderqueer/nonbinary individuals in terms of risk factors and outcomes. The current findings highlight the importance of considering the psychosocial experiences of the various gender minority subgroups, separate from not only their cisgender sexual minority counterparts but also each other. ⁽¹¹⁾
9. Michael A. Trujillo and Paul B. Perrin, conducted study on the buffering role of social support on the associations among discrimination, mental health, and suicidality in a transgender sample in Nov.4 2016. A national online survey was n=78 transgender participated to identify the mental health and suicidality. The result was that harassment/rejection discrimination was a unique positive predictor of mental health symptoms and suicidal ideation, with depression positively predicting suicidal ideation. Further, conditional direct effects identified that discrimination led to ideation only for individuals with low support from friends or a significant other but not for those with moderate or high support. the conclusion was helping Trans individuals cope with harassment and rejection, particularly by drawing on social support, may promote better mental health, which could help reduce suicidality in this

population. ⁽¹²⁾

10. Sara B. Oswalt and Alyssa M. Lederer conducted a descriptive study to assess the Beyond Depression and Suicide: The Mental Health of Transgender College Students in feb. 21 2017. Depression and mental health of transgender individuals often focus on depression, anxiety, and suicidal ideation through the use of clinic samples. However, little is known about the emerging adult (18–26 years old) transgender population and their mental health. The current study seeks to fill that gap by using a national dataset of college students (N = 547,727) to examine how transgender college students (n = 1143) differ from their cisgender peers regarding 12 different mental health conditions. Results demonstrate that transgender students have approximately twice the risk for most mental health conditions compared to female students. While these were significant findings, regression analyses indicate that being non-heterosexual is a greater predictor for mental health concerns. Implications for mental health practitioners at colleges and universities are discussed. ⁽¹³⁾
11. Anitha Chettiar conducted an exploratory cum descriptive to assess the Problems Faced by Hijras (Male to Female Transgender) in Mumbai with Reference to Their Health and Harassment by the Police in sep.2014. An exploratory cum descriptive research design with a non-random purposive sampling including the snowball technique was adopted, to collect data from sixty-three hijras cross the districts of Mumbai and Thane from the state of Maharashtra, India. The socio economic status was measured using the Kuppuswamy Scale (2005). Among the transgender, more than half of them belonged to the middle class and about forty percent belonged to the upper-lower class. Majority of hijras stated that they faced several health problems and also problems related to harassment, unlawful penalties, sexual abuse, violence and deprivation of human rights. They chiefly named the police including the traffic and railway police, as perpetrators of violence and abuse. ⁽¹⁴⁾
12. Klemmer, Arayasirikul S. and Raymond H. conducted study on Transphobia-Based Violence, Depression, and Anxiety in Transgender Women: The Role of Body Satisfaction in March 2018. This study used a model of minority stress to explore for indirect effects on the association between transphobia-based victimization and anxiety and depression through one's degree of body satisfaction. Analysis also explored for racial differences. Transgender women (N = 233) were recruited in 2013 using respondent-driven sampling. Sociodemographics, transphobia-based victimization experiences such as having been physically abused, body satisfaction, and mental health were measured. Analyses assessed for direct and indirect associations while controlling for gender confirmation therapies (i.e., cross-sex hormone therapy and gender confirmation surgeries) and racial identity. Individual intervention, however, is not a panacea for structural discrimination. Attention to structural interventions that reduce gender minority stressors including transphobia-based violence is necessary. ⁽¹⁵⁾
13. Witcomb, Bouman and Claes conducted the study. This study aimed to address these limitations and explore depression rates in a large sample of transgender people, compared with matched controls from the general population, as well as factors predicting depression in those taking cross-sex hormone treatment (CHT) compared to those not. Transgender individuals (n = 913) completed a measure of depression, measures which predict psychopathology (self-esteem, victimization, social support, interpersonal problems), and information regarding CHT use. Participants were matched by age and experienced gender with adults from the general population who had completed the measure of depression. Individuals were categorized as having no, possible or probable depressive disorder. Transgender individuals not on CHT had a nearly four-fold increased risk of probable depressive disorder, compared to controls. Older age, lower self-esteem, poorer interpersonal function and less social support predicted depressive disorder. Use of CHT was associated with less depression. ⁽¹⁶⁾

Discussion

In these review of literature 12 review has taken by various studies on depression among transgender. Studies reveal that depression is more among transgender.

Conclusion

Researcher felt that transgender are suffered from

depression due to the social isolation, separation from family, discrimination, unemployment, and physical abuse.

Conflict of Interest: None

Source of Funding: No separate funding was received for this study.

Ethical Clearance: The ethical clearance obtained from our institute.

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A Correlational Study to Assess Perceived Parenting Behavior and Adolescent Behavioral Adjustment among Adolescent Students in Selected Schools at Mangalore

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Abstract

Background: Adolescence is an exciting and dynamic period of life. As adolescents are faced with changes in their bodies and cognitive development they are constantly renegotiating their relationships with family, friends, school, and community. Whether an individual develops into a well-adjusted sociable person or a maladjusted one depends on the family. Parents are the important individuals in shaping the behaviors of their children. The objectives of study were to:

Assess perceived parenting behavior among adolescent students in selected schools at Mangalore by using checklist.

Assess behavioral adjustment among adolescent students in selected schools at Mangalore by using rating scale.

Find out the correlation between the perceived parenting behavior and adolescent behavioral adjustment.

Descriptive survey approach was used in the study. A checklist and rating scale was used for assessing perceived parenting behavior and adolescent behavioral adjustment respectively. English medium schools were selected randomly by using lottery method. Hundred and two subjects were drawn using stratified random sampling from 8th, 9th and 10th standard. Data was analyzed using descriptive and inferential statistics. The findings of the study revealed that majority (77.7%) of the samples had good perception. And the majority (68.6%) of the samples had good behavioral adjustment. There was a positive correlation between the perceived parenting behavior and adolescent behavioral adjustment. Karl Pearson's correlation coefficient was used to find the correlation ($r=0.52$, $P<0.05$). The researcher concludes that the perceived parenting behavior has positive correlation with behavioral adjustment among adolescent students.

Keywords: Perceived parenting behavior; behavioral adjustment; adolescent students

Background

Adolescence period of time defines the child's life from between the age of 12 to 18. During this stage, both boys and girls may experience growth spurts, emotional

turmoil caused by a search for personal identity and desire for greater independence.¹ Adolescence is an exciting and dynamic period for young people.² Parenting is the process of promoting and supporting the physical, emotional, social, and intellectual development of a child from infancy to adulthood.³ Parents are the chief architects in shaping the personality of an individual. The quality of relationship with parents is key factor for the wholesome development of an individual. Secure bonds between parents and their children allow them

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the freedom to grow and explore and gain experience. Adjustment is the process of establishing satisfactory relationship between individual and his environment.⁴

Inconsistent parental discipline correlates with adolescent delinquency and drug use. Parental control has also been found to influence juvenile delinquent behavior, early adult romantic relationships, young adults' achievement. According to study conducted on parental behaviors and late adolescents' adjustment in 2008, parental nurturance and affection predict fewer adolescents' internalizing and externalizing problems. Conversely, the lack of warmth and availability has been linked to adjustment problems. Parental hostility increases the likelihood of adolescent emotional and behavioral problems. Parental rejection promotes the use of passive coping strategies and less parental warmth correlates with a depression-loneliness-distress factor.⁵

Theories of parenting and programmes designed to promote parenting skills are largely based on the belief that parental styles and behaviour directly affect outcomes for children in terms of their survival, growth, development, protection and participation.⁶

Objectives of the study were to:

1. Assess perceived parenting behavior among adolescent students in selected schools at Mangalore by using checklist.
2. Assess behavioral adjustment among adolescent students in selected schools at Mangalore by using rating scale.
3. Find out the correlation between the perceived parenting behavior and behavioral adjustment among adolescent students in selected schools at Mangalore.

Material and Method

A cross sectional descriptive study was conducted among 102 adolescent students studying in 8th, 9th and 10th standard of selected schools at Mangalore. The selected schools were Rosario High School, BGS Education Centre and Milagris High School, Mangalore.

The English medium schools were selected randomly. Disproportionate stratified random sampling technique was used to select 102 samples. Three strata of 8th, 9th, 10th standard were made. Then the equal numbers of students were selected from the respective standard by systematic random sampling.

Checklist was prepared by reviewing related scales available to assess the perceived parenting behavior consisting of 32 items and 3 point rating scale was prepared to assess adolescent behavioral adjustment consisting of 34 items. Cronbach's alpha test was applied to find out the reliability. The correlation coefficient for perceived parenting behavior score was found to be reliable, $r = 0.97$ and correlation coefficient for adolescent behavioral adjustment was also found to be reliable, $r = 0.98$. Prior permission was obtained from the Block Education Officer and headmasters of respective schools. The participants were assured of confidentiality.

Findings of the Study

Study shows that the majority (63.70%) of the samples were of age group 12-14 years. Most (46.10%) of the samples were of first birth order in the family and half (50.00%) of the samples belong to Muslim religion. Majority (78.40%) of the samples resided in the urban area. Majority (88.20%) of the samples were staying at home. Majority (72.60%) of the samples belong to nuclear family. Almost half (52.00%) of the samples were from small size family. Most (32.4%) of the father of the samples had PUC educational background. Most (33.30%) of the mother of the samples had PUC background. Most (43.1%) of the father of samples had service as occupation. Majority (81%) of the sample's mother were housewife by occupation. Most (42.20%) of the samples had a monthly income of the family of greater than Rs. 15000. Majority (90.20%) of the sample's parents were living together. Majority (81.40%) of the samples were presently living with both the parents. Majority (68.60%) of the samples were having attachment with both the parents. Only 5.1% of the samples had attended counselling/educational sessions on parenting behavior and behavioral adjustment.

Table 1: Frequency and percentage distribution of existing level of perceived parenting behavior of father and mother n=102

Perceived parenting behavior	Level of perception	Frequency	Percentage (%)
Father	Poor Perception	4	3.93
	Average Perception	11	10.78
	Good perception	87	85.29
Mother	Poor Perception	5	4.90
	Average perception	43	42.16
	Good Perception	54	52.94

Table 2: Domain- wise mean, SD and mean % of perceived parenting behavior n=102

Domains of perceived parenting behavior	Minimum score	Maximum Score	Mean	SD	Mean%
Parental warmth/affection	10	20	17.24	1.65	86.2
Discipline/ Harsh punishment	9	18	14.59	1.32	61.11
Acceptance/Rejection	13	26	22.31	2.23	79.67
Total score	32	64	54.98	4.33	85.90

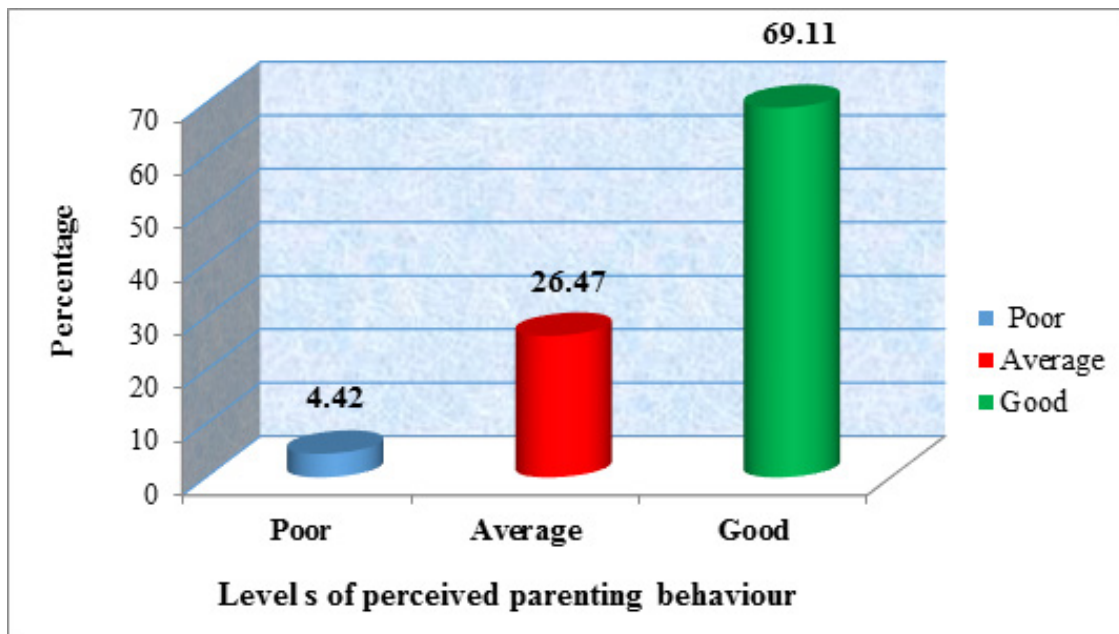


Figure 1: Cylinder showing levels of perceived parenting behavior (both mother and father) in percentage.

Table 3: Dimension- wise mean, SD and mean percentage of adolescent behavioral adjustment n=102

Dimension of adolescent behavioral adjustment	Minimum score	Maximum Score	Mean	SD	Mean %
Physical dimension	11	20	15.22	1.58	84.55
Emotional dimension	15	32	25.90	2.87	78.48
Social dimension	29	50	40.89	4.43	80.17
Total score	66	98	82.12	7.12	80.50

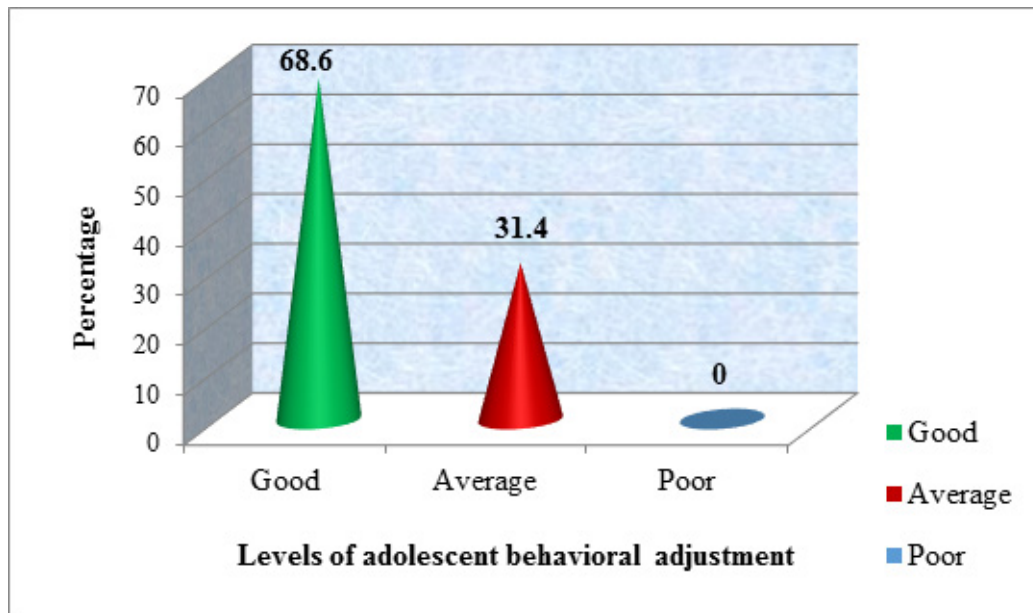


Figure 2: Cone showing levels of adolescent behavioral adjustment in percentage

Table 4: Correlation between perceived parenting behavior and adolescent behavioral adjustment

n=102

Karl Pearson’s correlation coefficient was used to find the correlation ($r=0.52$).

Variables	r	p
perceived parenting behavior and adolescent behavioral adjustment	0.52	<0.05

Discussion

Parents who were perceived as highly restrictive and manipulative had offspring with more problem behaviours. This type of control is different from overt behavioural coercion (e.g., physical punishment) or from strict control. Parents who were perceived as highly restrictive and manipulative had offspring with more problem behaviours. This type of control is different from overt behavioural coercion (e.g., physical punishment) or from strict control.

This study finding shows that there is a positive correlation ($r=0.52$) between the perceived parenting behavior and adolescent behavioral adjustment. This finding is consistent with the study on parenting behavior and adolescent behavioral and emotional problems which shows adolescents had fewer problems if they perceived their parents as providing support in the form of acceptance and involvement in the offspring’s life. In contrast, adolescents had more problems to the extent that they perceived their parents as exerting control in a

manipulative and restrictive way.⁷

Conclusion

The assessment of perceived parenting behavior revealed that the majority (69.11 %) of the samples had good perception. The majority (68.6%) of the samples had good behavioral adjustment. There was a positive correlation ($r=0.52$) between perceived parenting behavior and adolescent behavioral adjustment. Better the perceived parenting behavior better will be the behavioral adjustment.

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Conflict of Interest: Nil

Ethical Clearance: Permission taken from Dr. M.V. Shetty College of Nursing, Block Education Officer and the principals of selected schools.

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Self-Esteem as Predictor of Anxiety and Depression on Patients of Multidrug Resistant Tuberculosis (MDR-TB)

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Abstract

Multidrug Resistant Tuberculosis (MDR-TB) is one of the stressor that causes anxiety and depression related to disease, the treatment process, drugs consumed and side effects that caused by it, thus it affects the life quality of sufferers. The purpose of this study was to analyze self-esteem factors related to the incidence of anxiety and depression in MDR-TB patients.

This study was observational analytic with cross sectional approach. The population in this study was patients with MDR-TB who was undergoing treatment process with a total sample of 71 people obtained through purposive sampling technique. Data collection technique was conducted through questionnaires. Data were analyzed using univariate and bivariate analysis.

The results of bivariate analysis used Chi-square test that showed a significant correlation between self-esteem with the incidence of anxiety in patients with MDR-TB, with p value of $p=0.005$ with an OR of 4. There was a significant correlation between self-esteem with the incidence of depression in patients with MDR-TB, with the p value of $p=0.000$ and OR of 26 There was a correlation between self-esteem with the incidence of anxiety and depression in patients with MDR-TB who were undergoing treatment process.

The suggestion for health worker in order to be able to control these factors was by conducting intervention in the form of health education and motivation to improve self-esteem in patients with MDR-TB.

Keywords: *self-esteem, anxiety, depression, MDR-TB*

Background

Multidrug Resistant Tuberculosis (MDR-TB) includes into the type of bacilli resistance of TB against anti-tuberculosis drugs (OAT), which are isoniazid and rifampicin. The diagnosis of the MDR-TB is more difficult than drug-sensitive TB, the high mortality rate and the increased number of treatment failure become a challenge for the government in TB control programs⁽¹⁾. World Health Organization (WHO) in 2016 found the 580,000 patients with MDR-TB, but only 125,000 (20%) who following treatment program. The Ministry of Health (2016) recorded as many as 15,380 expected

cases of MDR-TB in Indonesia during 2009-2015, and 1,860 cases were confirmed and 1,566 cases were treated.

MDR-TB is one of a medical condition that can be effecting physical and gives rise to anxiety and depression so it influences compliance treatment. MDR-TB is a caused stressor of anxiety and depression that related with the disease, the treatment process, the drug is consumed as well as side effects. Individuals in this case should to adapt to emerged psychosocial disorders⁽²⁾. Anxiety may be temporary, if there is a stressor or stimulation of the anxiety may resurface⁽³⁾. Anxiety which is not given intervention would be aspects of harmful illness causing severe emotional disorders such as depression⁽⁴⁾. The patient will reject the diagnosis and choose to quit the treatment process, thus impacted on the patient's quality of life⁽⁵⁾. The newly

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diagnosed patients will show a common emotion such as fear and discomfort that can lead to stress and anxiety. The study result in Turkey showed there was 26% of newly patients with MDR-TB diagnosed with anxiety⁽⁶⁾. Another study in India, showed that out of a total of 165 patients were 62 people (37.29%) experienced anxiety⁽⁷⁾.

The treatment for MDR-TB which is more than 3 months can directly cause depression⁽⁷⁾. Bhawere (2014) in his research showed the results 86 out of 165 patients (51.89%) had a depressive disorder. Another study in Pakistan found a total of 61 patients (30.3%) had moderate depression and 13 patients (6.5%) had severe depression from a total of 201 patients⁽⁸⁾. Patients with chronic illnesses showed depressive disorder related with the treatment process that takes a long time⁽⁶⁾. Depression on patients also recognized as a cause of poor adherence to the treatment process and can increase morbidity and mortality in the disease⁽⁹⁾.

Patients with chronic infectious diseases such as MDR-TB susceptible to low self esteem. MDR-TB is a chronic disease that can cause physical weakness. Patients experiencing limitations in an activity that makes it a no-confidence⁽¹⁰⁾. There were 82 patients with TB (65.1%) in Nigeria were found to have low self-esteem⁽¹¹⁾. Another study by Eller et al., (2014), as many as 43.2% of individuals with HIV/AIDS who have depression associated with low self-esteem. Low self-esteem in individuals who suffer from chronic diseases poses a negative vibes on himself. Individuals feel useless and not confident to perform activities that also will affect the quality of life⁽¹²⁾.

Outpatients at General Hospital of Ibnu Sina are 18,533, and 86 people of them are MDR-TB patients, or 16% of total outpatients. Each month there are 10 new patients are diagnosed and have treatment in Polyclinic of MDR-TB. Preliminary study through interviews with 5 patients with MDR-TB who underwent the treatment process showed that 4 patients were fear when diagnosed with MDR-TB at the first time, patients felt worried about not being able to carry out long treatment process and consume more drugs than ever before. Patients also felt unsure to recover from the MDR-TB disease suffered and felt unable to face the difficulties that would be experienced during suffer from MDR-TB. One out of 5 patients even attempted suicide by drinking insecticide. Patients felt hopeless as a result of previous treatment processes that did not show changes, resulting

in loss of motivation to continue treatment. The aim of the research was to analyze the self-esteem factor that related with the incidence of anxiety and depression in patients with Multidrug Resistant Tuberculosis (MDR-TB).

Methodology of Research

This study was observational analytic with cross sectional approach. The population in this study was patients with MDR-TB who were undergoing treatment in Poly of MDR-TB in General Hospital of Ibn Sina Gresik with total of 86 people. Total sample of 71 people chosen by purposive sampling technique. Inclusion criteria used in this study was patients with MDR-TB who were undergoing treatment process at least 1 month, willing to become respondents with a signed informed consent, and being able to read and write. Exclusion criteria were patients with MDR-TB who were taking anti-anxiety and anti-depressants, patients with complications such as chronic renal failure and HIV/AIDS, and patients with other physical impairments that should take medication regularly, such as stroke and diabetes mellitus. Collecting data using a questionnaire that had been modified from Self Esteem Scale to measure the level of self-esteem as much as 9 items of questions, the Hamilton Rating Scale for Anxiety (HARS) to measure anxiety as much as 10 questions, and the Beck Depression Inventory (BDI) to measure depression as many as 13 items of statement. The data analysis in this study was used univariate and bivariate analysis by utilizing Chi-square test.

Result

Results of univariate analysis

The results of univariate analysis consisted of demographic data, distribution of self-esteem level, incidence distribution of anxiety and depression on respondents.

Table 1. The demographic data of respondents

Characteristics of respondents	Frequency (n)	Percentage (%)
Gender		
Male	45	63
Female	26	37
Total	71	100

Cont... Table 1. The demographic data of respondents

Education		
Elementary School	30	42
Junior High School	12	17
Senior High School	25	35
Diploma-III	4	6
Total	71	100
Occupation		
Has no job	34	48
Has job	37	52
Total	71	100
Income		
≤ UMR	62	87
≥ UMR	9	13
Total	71	100
Duration of treatment		
1 month	11	16
> 1 month	60	84
Total	71	100
Ever get information about MDR-TB from health workers		
Not	16	23
Yes	55	77
Total	71	100

Table 1 showed that the majority of respondents were male with the level of education of elementary school. Most of respondents in this study were working with the income level which less than ≤ UMR (regional minimum wage). The most duration of treatment that had been undertaken by the respondents was more than >1 month and most of the respondents never had information about the MDR-TB from health workers.

Table 2. Distribution of respondents based on age and the length suffering MDR-TB

Characteristic of respondents	N	Mean ± SD	Min-Max
Age	71	45.15 ± 14.36	16-73
The length of illness	71	8.11 ± 6.35	1-18

Table 2 showed that the average age of respondents was 45 years old with an average length of MDR-TB for 8 months.

Table 3. Distribution of respondents based on self-esteem

Self-esteem	Frequency (n)	Percentage (%)
Mean ± SD = 24.2 ± 3.6, Min-Max=15-36		
Self-esteem is high (> mean)	25	35
Self-esteem is low (≤ mean)	46	65
Total	71	100

Table 3 showed that almost of the respondents who received treatment had a low self-esteem.

Table 4: Distribution of respondents based on the incidence of anxiety

The level of anxiety	Frequency (n)	Percentage (%)
Mean±SD = 12.9 ± 4.7, Min-Max=2-30		
Not anxiety (<mean)	27	38
Anxiety (≥ mean)	44	62
Total	71	100

Table 4 showed most of the respondents who received a treatment had an anxiety.

Table 5. Distribution of respondents by the incidence of depression

level of Depression	Frequency (n)	Percentage (%)
Mean ± SD = 19.7 ± 6.5, Min-Max=1-29		
Not depressed (<mean)	24	34
Depressed (≥ mean)	47	66
Total	71	100

Table 5 showed that most of respondents who take medication during the last two weeks of depressed.

Bivariate analysis

Table 6. Analysis result of correlation between self-esteem with the incidence of anxiety and depression

Independent variabel	Anxiety		P	OR	Depression		P	OR
	Yes	No			Yes	No		
Self esteem	Yes	No	0,005	4,250	Yes	No	0,000	25,967
Low (\leq mean)	34	12			41	5		
High ($>$ Mean)	10	15			6	19		

Table 6 showed that there was a significant correlation between self-esteem with the incidence of anxiety and depression. Which meant that patients with low self esteem had 4 times higher chance to experience anxiety and had a 26 times higher chance to experience depression than patients with high self esteem.

Discussion

Someone who had low self-esteem would bring less active behavior and not confident, thus these individuals were not able to express themselves. Low self-esteem made a person sees himself as a worthless person, then he could not interact a social interaction. Low self esteem was also considered as a factor that could influence the anxiety and depression. Individuals with low self esteem were prone to stress, anxiety and depression, and poor coping⁽¹³⁾.

The results showed a significant correlation between self-esteem with the incidence of anxiety in patients with MDR-TB. Patients with low self esteem had 4 times higher chance to experience anxiety than patients who had high self esteem. MDR-TB was a chronic disease that affected the sufferer physically that was considered as a dangerous threat. Patients assumed themselves as negative and useless person, which this had impact on declining self-esteem. Studies conducted on HIV/AIDS cases showed that the patients who had low self-esteem related with chronic illness suffered. The disease is considered as a threat that made patients thought negatively about him that he was useless⁽¹⁴⁾. Patients would withdraw from the environment as a result of perceived anxiety that disturb the social interaction with the community.

Anxiety was defined as an emotional experience that come when facing pressure or threaten their event with

a shorter duration. Anxiety was a natural response that appeared when someone was faced certain situations and symptoms appeared during such situations. A person who was experiencing high anxiety affected his interpersonal relationships as well as threaten the dignity⁽³⁾. Anxiety could emerge as a result of trauma that occurred in the life cycle. The process of treatment and the side effects that arised as a result of drugs consumed into the trauma itself for MDR-TB patients. Research conducted in cancer patients showed that low self esteem was affected by the trauma of chemotherapy. The longer the disease process and treatment which were done, the more trauma⁽¹⁵⁾. Patients become powerless thus anxiety appeared resulting from the uncertainty of treatment and the amount of drugs consumed⁽⁸⁾.

Anxiety could be settled within oneself depended on the extent to which they considered the situation dangerous for him. Anxiety that last a long time and did not do a good intervention would be harmful illness aspects for the patient, causing chronic emotional problems, one of which depression⁽⁴⁾. The results showed a significant correlation between self-esteem with the incidence of depression in patients with MDR-TB. Patients with low self esteem had a 26 times higher chance to experience depression than patients with high self esteem.

Someone who was depressed, there would be changes in the usual patterns and responses as well as their behavior changes⁽¹⁶⁾. Depression occurred also related to cognitive vulnerability of individuals who experienced it. Someone who was depressed would create a constant negative judgment against himself, the world, and the future. Patients were becoming more sensitive to the opinions of others and became concerned with how others view and rate them. This led to the

emergence of a sense of loneliness, sadness, shame, and not capable of doing a good job and get a negative perception about themselves.

Orvwigho et al., (2016) stated that a person with a chronic disease would consider himself to be a burden to others, thus it would affect his self-esteem. These individuals were less confident because of fear of being a burden to his family. It was associated with prolonged treatment process that could be time consuming by family. The average MDR-TB patients in this study had followed the treatment for 8 months. The long treatment process made patients feel a person who failed then affected his self-esteem.

The young age prone to low self-esteem and was reported to have a high prevalence of depression. Bhawere (2014) stated that the age of 45-55 years old was more commonly experienced psychosocial problems. Javaid et al., (2017) reported a patient vulnerable to loss of self-esteem and courage, causing a depressive disorder which was related with longer treatment, expensive, consume more drugs and the side effects that required special attention. They could not withstand serious situations such as the burden of disease, and discrimination obtained. Low self esteem could be a predictor mentioned the emergence of depression in cases of chronic disease. The relationship between self-esteem and depression was stronger than self-esteem with anxiety.

Conclusion

Low self esteem was related with the emergence of anxiety and depression in patients with MDR-TB who were undergoing treatment process. There was a significant correlation between self-esteem with the incidence of anxiety and depression in patients with MDR-TB. It could be a reference for health workers to be able to control these factors by intervention in the form of health education and motivation to improve the self-esteem of MDR-TB patients to minimize the incidence of anxiety and depression that emerged.

Conflict of Interest: None.

Source of Funding: This research was funded by self.

Ethical Clearance: This study had been declared eligible by the Health Research Ethics Committee of General Hospital of Ibnu Sina Gresik.

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Phenomenological Study: Family Acceptance Who Living with Transgender in Malang Indonesia

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Abstract

Transgender is a term that refers to individuals with identity or expression of gender that different with the identified gender at birth, physically. Transgender is divided into two, namely, Individuals assigned as female at birth but identify themselves as male (Transman) and Individuals assigned as male at birth but identify themselves as female (Transwoman). Based on the results of preliminary studies that have been conducted by the researchers, the family in accepting a transgender of family members need a process that is not easy. This process involves the recognition of transgender related to the process of disclosure of their identity to the family. Family still try to negotiate to make their family members do not become a transgender. When found to rejection by family related their acceptance as a transgender, they prefer to leave the house and live on the streets. Not a few of the transgender experience rejection from their families are thinking of suicide or attempted suicide. This study purposed to explore the family acceptance of transgender to live together. The method used was qualitative research with interpretative phenomenological approach. Participants in this study were 6 and selected using purposive sampling technique. Data were obtained through interviews with semi-structured interview guide and open ended questions. Data were analyzed by using Interpretative Phenomenological Analysis (IPA) and found the results that family acceptance in this study were emphasized to the economic factors which also played an important role as a transgender breadwinner in supporting economic of family.

Keywords: *Family Acceptance, Transgender, Live Together*

Introduction

Transgender refers to gender identity that tends to experience deviations from the original gender (sex) that are inherited or congenital.⁽¹⁾ Transgender itself is a form of expression of gender identity beyond traditional gender construction in the community, where the community recognizes only two types of masculine and feminine gender, regardless of the third gender which appearance often sparked a lot of questions and controversy. This raised expression limited to the expression of the appearance of transgender, and does not lead to a change in physical appearance.⁽²⁾

Statistically difficult to obtain the exact amount of the transgender population in Indonesia because the data only show male or female gender. In 2006, the Ministry of Health of the Republic of Indonesia estimates that there are approximately 20,960 to 35,300 transgender located in Indonesia. MoHof RI 2014 mentioned an increase in the number of transgender significantly from previous years and estimated become 597,000 people.⁽³⁾ In July 2018 the number of transgender recorded in KPA (Commission on AIDS prevention) in Malang are ± 200 transgender. The total number is not the net amount because not all transgender want to collect their data, thus there are possibility of increasing the number of transgender annually (data obtained directly by interviewing members of KPA).

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The deviations of gender identity can occur when individuals identify and realize there is something different and tend to stay within the individual based

on gender which is owned now. This resulted in their feelings of men and women on the same physical within the individual. The feeling of making people come alive in the gender identity does not correspond to their gender at birth. The alterations can be said to be gender identity of transgender where there is a change from male to female or female to male. Individuals who have a gender identity disorder in general have felt the indications of the disorder since childhood.⁽⁴⁾

The family is a small part of society and is an important aspect of nursing. This is because the family is the key to the achievement of public health degree from the preventing, neglect or improve existing health problems in it. The family also plays an important role in decision making and as a family member healthy determinants of illness of family members.⁽⁵⁾ Transgender families with children will show two possibilities, either accept or reject the child. Parents will mostly claim to have accepted his existence as transgender, however, because they are destined to become part of the family. In fact the response acceptance of each person is not always the same. This response to the future will clarify whether the family actually has to accept or reject a particular manner and treatment. Most of the family and society take a time that is not short to accept the existence of transvestites, transsexuals because the behavior is still regarded as not in accordance with the norms in society⁽⁶⁾

Gay and transgender that are accepted by their families are much more likely to believe that they would have a good life and will become happy and productive adults. It is inversely proportional to the families who did not accept the gay or transgender identity in the family. Support that obtained from family make them have a higher self-esteem and they are much less likely to experience a depression, using drugs, or thoughts of suicide or attempted suicide.⁽⁷⁾

Purposes of Research

The purpose of this research in general to know and explore the experience of families of transgender who live together. The research purposed specifically to explore the acceptance of families of transgender who live together.

Materials and Methodology of Research

This qualitative study used interpretative phenomenological method. This study purposed to

explore the phenomenon exists regarding the acceptance of family of transgender to live together in a way that directly explore, analyze, and describe associated phenomena. Determination of participants used in this research was purposive sampling. Determination of criteria for participants was determined by using the inclusion criteria (1) had a blood relationship with family members of transgender, (2) participants who were willing to do an interview, (3) participants who go through life together with transgender who had been coming out (in the stage of opening the identity of sexual transgender against other people in a span of 2-10 years). The procedure of collecting data obtained by in-depth interviews using semistructured interview guide with critical decision refers to the method of using open ended questions. Interviews were conducted in places that had been agreed by participants at the house of participants in Malang with less than 30 minutes to 45 minutes. During the interview process, all conversations were recorded using the voice recorder after obtaining permission from the participants. The process of data analysis using Interpretative Phenomenological Analysis (IPA) began by reading and rereading the verbatim transcripts of interviews, finding keywords, classifying the category, setting a theme for each participant, and then combining all the themes found in participants to form one main theme.

Results

1. Resigned to Accept the Situation

The purpose of the above theme implied if the participants rejected at the first, then became resigned to accept because the situation of their children is no longer able to be changed despite being told repeatedly the child remains unchanged. The family also thought that what happened to their family was a form of God's decree to their families in the form of their children who are physically male, but stuck in the female psyche. Although the family had been trying to turn their children into a genuine man, but they were still behaving like women. Initially there were no participants who accepted, but nothing changes on their children it made the family accepted their condition because of the demands of the situation and submit fully to the God's way. The word "resigned" could be interpreted as surrender completely, while the word "accept" may be approved. This theme was taken from the two sub-themes as follows:

The Providence of God

These sub-themes interpreted by participants that it was the providence of God if their child was a pansy and family only can accept what was already become a providence of God. Literary, the word of “destiny” had the meaning provision of God. The following was the expressions of participants:

“... but yes, it is the destiny of God, let it be.” (P1)

“what can we do? That’s what God gives to us!” (P2)

“But this is the condition, this is his path of life.” (P5)

No Change Despite of Being Redirected.

Understanding of the meaning of the sub-theme was understood by participants that the condition of their child was different, the child was often given directives for change and act according to nature as men but still come back as a woman. All means had been in the travel began to be brought to the family of Kyai (religious leader), but the child remained there as his results and behavior was getting worse. The following was the expressions of participants:

“as the parents I can not accept I refused. But, what should I do, I have told him but he is unchanged.” (P3)

“family treat him as male, there is no change, his behaviour getting worse. The Father goes to Jember to meet religious leader for advice, my son is just like it.” (P6)

2. Accepting the Transgender who Successful in Economically

Above themes interpreted by participants if they could accept the child and their family members with the condition transgender successful in economically. Successful in economically was intended by the family as a transgender who had a job and could afford to buy a house, a car and have a lot of money. The transgender who successful in economically was believed by family as a supporter of family economy. The family has proven that transgender success in a career that practiced in the form of a beauty salon, it could directly improve the welfare of family. The following was the expressions of participants:

Could Help The Family Economy.

Participants provided an overview of the shape expectations concerning transgender family members, an effort to help the family economy to become the breadwinner of family and sustaining all the needs that exist in the family. The meaning of the word “help” was giving support in the form of personnel or money. The following was the expressions of participants:

“Eventhough my son is pansy, he is smart in earning money, could help the parents..” (P4)

“could make the economy of this family is little better.. so true !!” (P6)

Successful in Making Family to be Happy.

Participants interpreted subtheme above in order to their family members (transgender) could be successful in his salon career and got a lot of money and could be a happy family. Happy family meant the family needed could be fulfilled in both of basic needs and additional needs. The definition of the word “success” was meaningful of work, while the word “happy” meant make happy.

“I want him to be like Chandrika who has a large salon. He is already in this condition, let him.” (P1)

“so that he can make a lot of money, help my family, he can repay me!” (P2)

“Yes hopefully he is being successful person and make family happy..” (P6)

Discussion

Families to accept the condition of their children who were transgender take a time and a long process. In the early disclosure of the identity of the family about the real situation, the initial reaction in the form of rejection. The rejection of the family against family members who are transgender had an impact on mental health. Transgender family members who were depressed post-denial and considers them useless in the eyes of the family. Recognizing the wrong thing in the person of their family members make families experiencing dissonance in the face of reality one family member of a transgender. The case resulted in families not directly accept any change in the child with ease. In this study it is evidenced by previous research that says that the family’s refusal impact on physical health and

mental health of children with LGBT. LGBT child who was rejected by the family because of gender identity issues have self-esteem is much lower and have no internal source of help in the family as a support system.⁽⁷⁾ Rejection occurs in the family is an internal conflict and is defined as an individual whose identity is not in accordance with what is expected by their identity themselves as female or male.⁽⁸⁾

The existence of transgender was still contrary to the norm in society, it made the family could not accept the existence of transgender people in the whole family, because there is still discrimination or negative view of society that may impact on the family.⁽⁹⁾ In this study, the average participant is a person according to their culture of Java where transgender people are still considered unnatural thing, that a man with the appearance and behavior resemble women. The view associated transgender people in everyday life is still considered one eye, so the family felt having a child or *anggotakeluarga* that transgender is a disgrace and it becomes a stigma attached in the community.

Other studies indicate if the reaction of parents towards their children's disclosure of sexual orientation included in the paradigm of grieving and loss based on a theoretical model of Kubler-Ross and stress adaptation. Parents can experience a number of different responses when faced with the disclosure of the identity of children and sexual orientation from refusing to accept. The majority of the approximately 89% - 97% of children reveal their sexual orientation to their parents and friends. One third of them experience acceptance and rejection and another third have parents, and a third of her leftovers do not disclose their gender orientation. In general, parents are more accepting of her condition from time to time.⁽¹⁰⁾ This is in line with what the researchers found in this study at the threshold of knowing family members transgender participants experienced denial until finally acceptance and it is in line with the response contained in the theory of Kubler-ross. Family initially hard to accept the fact that one family member is a transgender but after efforts were made and the child still choose according to his determination to become a transgender families can only be resigned to the situation.

Many transgender worked hard to help the economy of their families. By having a lot of money is the only way to show the family that they were as valuable as others. Have the money to fight the stigma associated

with the stereotype transgender who only know how to sing, dance and pay attention to the appearance, but could not make a living. Besides making a living not only on income but also an opportunity to prove themselves to be recognized and socially acceptable.⁽¹¹⁾ Research on line with what meticulous researcher, that the family received a transgender family members when they can prove they have been economically successful and can supply money to his family's daily life. The views of the transgender families change when they are able to prove to the family if they can also be useful.

Based on the results almost all the participants hoped that if her transgender transgender future can be successful in a career that practiced (beauty salon) as well as financially secure. Most participants during these economic benefits are also felt by family members who are transgender. This is evidenced in a previous study that 94% of parents expect that their child be successful or successful transgender. The greatest hope of the family over a financial contribution from the others. This is because transgender who can make a living in a way that good then they will earn the respect and *diharhagai* by the family.⁽¹¹⁾ In addition to meet the needs of transgender itself they also sustain the needs of families and those who become *tanggunganya*.

Conclusion

Families who live together with transgender actually still could not fully accept. The family also had been trying to change their transgender family members to return as a normal man, but nothing changes. Families resigned to accept the condition that his son should succeed economically.

Conflict of Interest : There is no conflict of interest.

Source of Funding: This study uses a funding source independently.

Ethical Clearance: This study was approved by the Faculty of Medicine, University of Brawijaya with number 344/EC/KEPK-S2/12/2018.

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Effectiveness of Assertiveness Training on the Level of Self-Esteem among Alcoholic Patients of Selected De-addiction Centers in Chennai

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Abstract

In the present study, we evaluated the effectiveness of participation in assertiveness training programme upon the level of self esteem of alcoholic patients. 60 alcoholic patients (30 in control group and 30 in experimental group) completed the Rosenberg Self-Esteem Scale. The alcoholic patients in the control group were allowed to participate in all alcoholism unit treatment and activities except those involving assertiveness training. Post test was done on the 15th day. Data were analyzed using descriptive and inferential statistics. Participants in the intervention group were associated with a statistically-significant increase in level of overall self-esteem scores between the pretest and post test data ($p < 0.001$). The findings indicate that self-esteem was low among patients who consumed alcohol for a period of ≤ 10 years compared to their counterparts. The self-esteem level of alcoholic patients improved through participation in assertiveness training programme.

Keywords: Alcoholic Patients, Self-Esteem, Assertiveness training, De-addiction centers.

Introduction

Addiction is a disease that is unlike any other. While most diseases are physical, mental or emotional in nature, addiction and alcoholism affect every aspect of the afflicted individual's life, resulting in severe, life-altering consequences.¹

Harmful use of alcohol is one of the world's leading risk factors for morbidity, disability and mortality. It is a component cause of more than 200 disease and injury conditions as described in the International Statistical Classification of Diseases and Related Health Problems (ICD) 10th Revision (WHO, 1992). Globally, alcohol consumption results in approximately 3.3 million deaths each year, and this number has already been adjusted to take into account the beneficial impact of low risk

patterns of alcohol consumption on some diseases. Of all deaths worldwide, 5.9% are attributable to alcohol consumption; this is greater than, for example, the proportion of deaths from HIV/AIDS (2.8%), violence (0.9%) or tuberculosis (1.7%). Also, 5.1% of the global burden of disease and injury is attributable to alcohol, as measured in Disability Adjusted Life Years (DALYs).² The only incidence study on alcohol use in India has been reported by Mohan et al (2002) from Delhi. In the total cohort of 2,937 households, the annual incidence of nondependent alcohol use and dependent alcohol use among men was found to be 3 and 2 per 1000 persons. The incidence of alcohol use was significantly higher among men, in the age group of 41–50 years, among those with lower levels of education and who were self-employed. The consumption of alcohol was also in direct relation to the consumption of tobacco in both phases of the study.³ The use of alcohol has increased phenomenally in India during the last two decades. It has permeated all sections of society. Alcohol consumption is not just detrimental to health, but is also associated with impoverishment and adverse socio-economic impact. Despite the recognition of the range of problems

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associated with alcohol, efforts to prevent and address alcohol problems in India have to date been adhoc, patchy and fragmented.⁴ Forms of behavior therapy in the treatment of alcoholism were reported as early as 1928. One of the most recent trends in behavior therapy with alcoholics is assertiveness training. Specifically, this involves teaching interpersonal, emotional and cognitive skills that can serve as alternatives to abusive drinking. A basic assumption underlying this treatment approach is that alcoholics have a limited repertoire of non drinking skills required to cope with specific social, emotional and cognitive precipitants of heavy drinking. For example, the alcoholic may drink excessively when confronted with marital or interpersonal problems. He is deficient in other, more appropriate, responses to these situations such as assertiveness or problem solving skills. Indeed assertiveness deficits appear to be a major factor in drinking alcoholics.⁵

Method

Design

A quasi experimental design was used in this study. Two settings (Freedom Care Foundation and Wisdom Hospitals, Chennai) were chosen for the study. These settings were randomly assigned to the control and experimental group.

Intervention

It is a planned one hour interventional program for a period of ten days by using pre-designed module. The researcher utilised all the components of assertiveness training such as modelling, coaching, role playing, instructions, behaviour rehearsal, feedback and graded-structured exercises. Techniques like fogging, broken-record and negative assertion were employed. Activities like practice sessions with detailed exercises, worksheets, video shows, games and innovative methods with lecture cum discussion using power point presentation were held. It mainly focused on assertiveness skills and the core factors of assertiveness. The program was conducted mainly in the mornings between 11 am to 12 pm.

The intervention was designed to help the alcoholic patients handle difficult interpersonal situations by asserting themselves and letting others know what they want through turning down a request, asking a favour, expressing disapproval and giving someone a

compliment. Hence it emphasized both on the task of becoming more self-expressive and retaining good relationships with those around the patient. It also helped to break old, unhealthy patterns of communication and replace them with more powerful and effective ways of thinking, feeling, behaving and relating to others.

Each patient was asked to discuss situations in his or her own life which were proving problematic. Much of the focus of this group was to develop skills in precisely those aspects of unassertiveness in which the client was having difficulty. The alcoholic patients were given a theoretical rationale for their treatment and they were strongly encouraged to begin behaving assertively. Ice breaking sessions was also conducted between the sessions to prevent monotony of the program.

Instrument

Data for this study were collected through completion of a demographic variable proforma, clinical variable proforma, level of satisfaction scale and Rosenberg self-esteem scale. This scale was developed by Dr. Morris Rosenberg. This tool consists of 10 items with both positive and negative items. The scale is a 4 point likert scale. The scores for each item ranges from 0 to 3. (Strongly agree, Agree, Disagree, Strongly disagree). For items 3, 5, 8, 9, and 10 (which are reversed in valence). Scores of the individual items are summed and total scores are obtained. The obtainable score ranges from 0 to 30. Higher the score, higher the level of self-esteem.

Sample

By purposive sampling technique, a sample of 60 alcoholic patients who met the inclusion criteria were selected (30 patients in control group were from Freedom care foundation and 30 patients in experimental group from Wisdom hospitals, Chennai).

Data collection

Ethical Committee, Apollo Hospitals reviewed the proposal and granted the permission to pursue the study. After initial introduction, the researcher obtained informed consent from the alcoholic patients to participate in the study. Questionnaires were administered to all the inpatients. The alcoholic patients in the experimental group received, in addition to the treatment program, ten hours of assertiveness training over a period of two weeks. The data collection was done as one hour session per day. The alcoholic patients in the control group were

allowed to participate in all alcoholism unit treatment and activities except those involving assertiveness training. On the 15th day, the scores for self-esteem were reassessed both in the control and experimental group. Assertiveness training was given to the alcoholic patients in the control group after termination of the study.

Data analysis and Interpretation

Analysis and interpretation of data were carried out with descriptive statistics such as frequency, percentage, mean and standard deviation and inferential statistics such as independent 't' test and chi-square test.

Findings

Table (1): Frequency and Percentage Distribution of Demographic Variables in the Control and Experimental Group of Alcoholic Patients (N=60)

Demographic Variables	Control Group (n=30)		Experimental Group (n=30)	
	N	P	N	P
Age (in years)				
≤ 20	3	10	5	16.67
20-40	17	56.67	20	66.66
> 41	10	33.33	5	16.67
Mean age in years	36.97		37.4	
Educational status				
Non literate	-	-	-	-
Primary education	2	6.67	7	23.33
Secondary education	5	16.67	5	16.67
Higher secondary	9	30	7	23.33
Graduate and above	14	46.67	11	36.67
Occupational status				
Unemployed	4	13.33	1	3.33
Student	0	0	1	3.33
Business	6	20	9	30
Laborers	8	26.67	13	43.33
Employed in some organization	7	23.33	1	3.33
Retired	5	16.67	5	16.67
Marital status				
Unmarried	16	53.13	4	13.33
Married	13	43.33	20	66.67
Separated	0	0	2	6.67
Divorce	1	3.33	2	6.67
Widow/widower	0	0	2	6.67
Monthly family income				
≤ ₹20,000	22	73.34	25	80
> ₹20,001	8	26.66	5	16.67
Average monthly family income	₹ 20,823		₹ 14, 077	
Family history of alcohol abuse/ dependence				
Yes	19	63.33	20	66.67
No	11	36.67	10	33.33

Table 1 depicts that, a significant percentage of the alcoholic patients were aged 20-40 years (56.67%, 66.66%), were graduates and above. Less than half of them were laborers (26.67%, 43.33%). Nearly half of them were married (43.33%, 66.67%), had two children

(46.15%, 43.75%) and belonged to joint family (43.33%, 50%). Majority of the samples earned a monthly family income of \leq ₹20,000 (73.34%, 80%), followed Hinduism (70%, 86.67%) and had a family history of alcohol abuse/ dependence (63.33%, 66.67%) in the control and experimental group respectively.

Table (2): Frequency and Percentage Distribution of Selected Clinical Variables in the Control and Experimental Group of Alcoholic Patients (N=60)

Clinical variables	Control Group (n=30)		Experimental Group (n=30)	
	n	p	N	P
Age at which the alcohol consumption was started (in years)				
≤ 25	24	80	24	80
>26	6	20	6	20
Mean age of onset (in years)	21.2		21.17	
Duration of alcohol dependence (in years)				
≤ 20	24	80	20	66.67
>21	6	20	10	33.33
Average duration of alcohol dependence (in years)	16.63		14.47	
Amount of alcohol consumed per day (in ml)				
≤ 500	19	63.33	25	83.33
>501	11	36.67	5	36.67
Average amount of alcohol consumed per day	400		438	
History of associated complications				
Heart disease	-	-	5	16.67
Diabetes	1	3.33	2	6.67
Lung disease	2	6.67	1	3.33
Peripheral neuropathy	3	10	-	-
Liver disease	3	10	3	10
Cancers	9	30	5	16.67
Birth defects	4	13.33	-	-
Depression	8	26.67	12	40
Others	-	-	1	33.33
Hypertension	-	-	1	100
History of abstinence				
Yes	28	100	23	100
No	-	-	-	-
History of psychiatric hospitalization				
Yes	10	33.33	7	23.33
No	20	66.67	23	76.67
The reason for psychiatric hospitalization				
Depression	3	30	4	57.14
Fear	1	10	1	14.29
Conflicts in relationships	1	10	2	28.57
Difficulty in concentration	2	20	-	-
Epileptic psychosis	1	10	-	-
Insomnia	2	20	-	-

It can be inferred from table 2 that, most of the alcoholic patients in the control and experimental group started consuming alcohol at the age of ≤ 25 years (80%, 80%), with the duration of ≤ 15 years (80%, 66.67%). A significant percentage of them consumed an amount of ≤ 500 ml per day (63.33%, 83.33%), developed complications like depression (26.67%, 40%). All of them had a history of abstinence (100%, 100%) at least

once for a brief period. Less than half of them had a history of psychiatric hospitalization (33.33%, 23.33%) and stated depression as the reason for psychiatric hospitalization (30%, 57.14%) in the control and experimental group respectively. Fig.(1) illustrates that, majority of the alcoholic patients predominantly used tobacco smoking along with alcohol (76.67%, 76.67%) in the control and experimental group respectively.

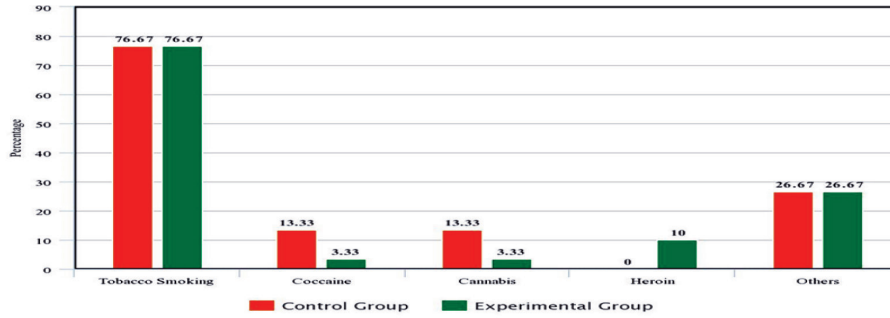


Figure 1: Percentage Distribution of History of Usage of Other Addictive Agents in the Control and Experimental Group of Alcoholic Patients

Table (3): Frequency and Percentage Distribution of Level of Self-Esteem in the Control and Experimental Group of Alcoholic Patients Before and After AST (N=60)

Variables	Control Group (n=30)				Experimental Group (n=30)			
	Before AST		After AST		Before AST		After AST	
	n	p	N	P	n	P	n	p
Level of Self-Esteem								
Low	9	30	6	20	9	30	1	3.33
Normal	21	70	24	80	21	70	23	76.67
High	-	-	-	-	-	-	6	20

AST- Assertiveness training

It can be inferred from table 3 that majority of the alcoholic patients in the control group had normal level of self-esteem before and after (70%, 80%) AST respectively. None of them had high self-esteem. In

the experimental group, most of the alcoholic patients had normal level of self-esteem before and after AST (70%,76.67%). Twenty percent of them had high self- esteem after AST. This can be ascribed to the effectiveness of AST.

Table (4): Comparison of Mean and Standard Deviation of Level of Self-Esteem Before AST between Control and Experimental Group of Alcoholic Patients and After AST between Control and Experimental Group of Alcoholic Patients (N=60)

Groups	n	Before AST			After AST		
		Mean	S.D.	't' Value	Mean	S.D.	't' value
Self- Esteem							
Control group	30	16.93	3.52	1.23	17.37	3.06	6.83***
Experimental group	30	15.7	4.25		21.9	3.54	

NS - Not significant; ***p< 0.001

The data presented in table 5 depicted that the mean and standard deviation for scores self-esteem ($M=16.93$, $SD=3.52$), ($M=15.7$, $SD=4.25$) among alcoholic patients before AST in the control and experimental group was not significant at $p>0.05$. On the other hand, after the administration of AST, the mean and standard deviation of self-esteem ($M=17.37$, $SD=3.06$) of control group were less in comparison with the self-esteem ($M=21.9$, $SD=3.54$) scores of experimental group. The difference was found statistically significant at $p<0.001$ level of confidence and it can be accredited to the effectiveness of AST.

Association between the Selected Demographic Variables and the Level of Self-Esteem in the Control and Experimental Group of Alcoholic Patients Before and After AST

Chi square test was used to find out the association between selected demographic and level of self-esteem. It was found that there was no significant association between selected demographic variables and the level of self-esteem ($p > 0.05$).

Association between the Selected Clinical Variables and the Level of Self-Esteem in the Control and Experimental Group of Alcoholic Patients Before and After AST

It was found that there was a significant association between the duration of alcohol dependence ($\chi^2=4.48$, $df=1$) at $p<0.05$ and the level of self-esteem. However there was no significant association between other selected clinical variables and the level of self-esteem ($p > 0.05$).

Discussion

In the experimental group, most of the alcoholic patients had normal level of self-esteem before AST (70%). However, after the administration of AST majority of them had normal level of self-esteem (76.67%) in the experimental group of alcoholic patients respectively. Twenty percent of them had high self-esteem after AST. This can be ascribed to the effectiveness of AST. These results are similar to another study which indicated that the group of alcoholic addicts are characterized by low self-esteem, higher levels of tension, anxiety, sensitivity to criticism, insecurity and indecisiveness compared to the non-clinical population⁶.

In the present study it was observed that the mean posttest self-esteem score in the control group (17.37 ± 3.06) was significantly lower than the mean post test score of the experimental group (21.9 ± 3.54) which was significant at $p<0.001$ level. These findings are in line with a study which explored the level of self-esteem within a group of 12 samples from community assertiveness training classes for adults and 30 samples from a psychiatric hospital's assertiveness training workshops to determine the effect of assertiveness training on self-esteem. Self-esteem was measured before and after the training and at several months follow-up, using a 30-item self-report questionnaire. For most samples, highly significant improvements in self-esteem were noted both at the end of the courses and at follow-up⁷.

There was no significant association between selected demographic variables and the level of self-esteem. The findings indicate that self-esteem was low among patients who consumed alcohol for a period of ≤ 10 years compared to their counterparts. This perhaps reflects the guilt and inadequacy associated with excessive drinking for a prolonged period of time. Similar findings are reported in a prospective study of self-esteem and alcohol use disorders in early adulthood. The results indicated that women who had an alcohol use disorder for 3-4 years showed relatively low levels of self-esteem⁸. It was found that there was no significant association between other selected clinical variables and the level of self-esteem in the control and experimental group of alcoholic patients.

Conclusion

Assertiveness training which is a behavioural therapy intervention can be effectively utilised to help alcoholic clients achieve a greater degree of self-esteem and emotional freedom.

Conflict of Interest: Nil

Source of Funding: Self

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The Effect of Mindfulness Caring against the Stress in Nursing Students in Taking on Thesis

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Abstract

Academic load such a thesis as final project is a stressor that can lead to stress in nursing students. This resulted in a lazy student would not do so pending thesis of the study. Mindfulness caring an educative supportive action to build awareness, understanding the problems encountered with the full acceptance, performed with great faith and independently to achieve the desired goal. This study aimed to determine the effect of mindfulness therapy to decrease stress caring nursing students in the face of the thesis.

This study uses a quasi-experimental design one group pre-post test. The population in this study were nursing students who are experiencing stress in the face essay The College of Health Sciences Banyuwangi. Samples were 18 people who obtained using purposive sampling technique based on the level of stress experienced by students. Retrieving data using questionnaires of *Depression Anxiety Stress Scales* (DASS) and then analyzed by univariate and bivariate analysis.

The results of the bivariate analysis using paired T-test showed a significant difference between the stress of students before and after treatment mindfulness caring with $p=0.004$ ($P < 0.05$). The conclusion of this study is Mindfulness Caring proven effective in reducing stress on nursing students in the face of the thesis.

Keywords: *Mindfulness caring; stress, nursing students, thesis.*

Background

American Psychological Association said stress is a major contributor to mental illness emotionally and physically to everyone at all ages ^[1]. Mahmoud, Staten, Hall, & Lennie explained that the stress condition that cannot be controlled will lead to anxiety disorder and anxiety disorder are not well managed can contribute to the onset of depression ^[2]. Stress is an emotional form of mental disorder that often occurs in students ^[3]. The research of Rizvi, Qureshi, and Rajput conducted at 60 medical students in Islamabad Pakistan also found 50% of students are stressed with a mild stress category of 18.18%, 24.24% and 7.58% moderate stress ^[4]

Research on baccalaureate nursing students in Hong Kong of the latest epidemiological data indicate that the prevalence of students who experience mild to severe stress by 41.1% from 661 students ^[5]. These findings are consistent with research Wardi that academic demands are major stressors on students, one of which is a load of thesis ^[6]. Research conducted by Zakiyah on identifying the characteristics of the level of stress on students who are making thesis in the area Jakarta, it was found that most students experience stress category was 46% ^[3]. Based on preliminary studies conducted in STIKES Banyuwangi, dated June 26, 2018 by distributing questionnaires randomly to the 10 students S1 Nursing level 4 which is facing a thesis and earned four college students stress medium- weight.

Two factors that affect the stress on the students in the preparation of the thesis, namely internal factors such as physical condition, behavior, interests, emotional intelligence, intellectual, and spiritual intelligence

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and external factors such as tasks, social, and physical environment both in the family and the campus , Two of the factors that affect a series of psychological stress response that causes stress on students in thesis [7]. The impact of stress on students who do theses can result in delayed processing thesis, students choose a forgetting of the work, avoiding the supervisor, complaining on social media regarding the difficulties encountered and eventually delayed their study [8].

Mindfulness according to the general dictionary, published by Cambridge is an exercise in realizing the conditions experienced by the body, mind, and feelings with full awareness to make the body, mind, and feeling calmer [9]. Mindfulness therapy developer, John Kabat-Zinn defines mindfulness therapy is intentional consciousness with full acceptance without judgment on the experiences [10].

Mindfulness caring Mindfulness therapy is combined with Bandura’s theory of self-efficacy and self-care, Orem. Based on this it can be interpreted caring mindfulness exercises performed by someone with awareness, understand the problems faced, full acceptance, is done with a level of self-efficacy (confidence) is large and self-care (independent) in order to reach a desired goal [11]. Based on the description above, researchers want to know is there any influence mindfulness therapy to decrease stress caring nursing

student in the taking on thesis in Health School of Banyuwangi.

Methodology

This research is quasi-experiment with design *one group* pre-post test. The study population was all students of Nursing S1 final level which is in the process of working on thesis in the Health School (STIKES) in Banyuwangi, Indonesia. Number of samples 18 were selected using purposive sampling techniques based on the level of stress experienced by students, The sample selection based on inclusion criteria, namely: S1 nursing student level 4 STIKES Banyuwangi who experience stress when faced Thesis, willing to become respondents research by signing the informed consent and did not get another intervention. Exclusion criteria in this research that students who experience anxiety, depression and other mental disorders other than stress. Collecting data using questionnaires of *Depression Anxiety Stress Scales* (DASS) next 42. Data were analyzed by univariate and bivariate analysis (paired t-test).

Results

Univariate Analysis Results

Results Univariate analysis by gender, age, and the average score of respondents stress before treatment.

Table 1. Distribution of respondents by gender

Variables	Total	Percentage
Male	5	19%
Female	13	81%
Total	18	100%

The table above explains that most of the respondents’ gender is female 13 (72.2%).

Table 2. Distribution of respondents by age

Variable	N	Mean	Median	Standard Deviation	Min	Max
Age	18	21,50	21.00	0.618	21	23

The table above explains that the average age of the respondents in the study was 21.50 years with the youngest age 21 years old and the oldest 23 years old.

Table 3. Distribution respondents based on the average score of respondents stress before treatment.

Variables	N	Mean	Median	Standard Deviation	Min	Max
Stress	18	19.72	20.50	2,82	16	26

The table above explains that the average score of stress that occurred on the respondents before being given treatment equal to 19.72

Bivariate Analysis Results

Results Bivariate analysis using paired T-test to determine the change in the difference value in the face of stress on student thesis before and after treatment mindfulness caring

Table 4. Student stress difference before and after treatment mindfulness caring

Variables	N	Mean	Standard Deviation	Difference	p-value
Stress Before Treatment	18	19.72	2,82	3.33	0,004
Stress After Treatment	18	16.39	3.66		

The table above explains that there is a difference in mean score of stress before and after treatment caring mindful that decreased by 3.33 with $p = 0.004$ ($P < 0.05$). It shows that there are significant differences between the treatment of stress before and after caring mindfulness.

Discussion

Based on the results of the univariate test in this study, most of the respondents were female 13 (81%). This finding is consistent with the opinion Videbeck saying that the stress disorder is more often experienced by women [12]. An exploratory study of the influence of gender on stress among students found that there are significant differences between men and women against stress [13]. Overall women experience more stress than men. This is because women on average tend to feel the demands of intellectual and emotional larger than the male, In connection with the demands of intellectuals, women feel that they must do a better effort to prove their worth than men and the emotional demands that are generally more if women always puts the result in women feeling than rational, resulting in women is more difficult to forget when experiencing academic failure [4,15].

Age of respondents in this study also affects the stress. This is evidenced by the results of the univariate analysis in getting respondents' average age of 21.50

years. This finding is consistent with research by Stuart who say that age is a factor that can affect individual coping [18]. Students are individuals aged young adults (18-24 years) which in this age tendency to use coping mechanisms when faced with the stressor is maladaptive coping so students are very easy to experience stress [19]. Maladaptive coping performed by the students of which is to ignore the stress, avoid others, blaming others, consuming alcohol, quit his studies and suicide [20].

Respondents stress scores before given mindfulness caring treatment shows that the average score of stress experienced by students in the face of the thesis of 19.72. Stress is the body's non-specific response to the demands/stressors accepted in everyday life [16]. Thesis is the obligation and duty end of the course to be completed by nursing students to earn a degree in undergraduate or S1 Nursing [17]. Thesis itself becomes a stressor that can result in stress for students [8]. Wardi also said that the stress that occurs in students due to academic demands, one of which is the task of the thesis [6]. Zakiyah also added that the stress experienced by nursing students in doing thesis largely stressed the moderate category [3].

Respondents in this study, based on the identification of stress response that is felt by the students using the instrument DASS (Depression Anxiety Stress Scale) is known that stress response is most felt is felt that he became angry because of trifles, tend to overreact to a

situation, feel difficult to relax, irritability, feeling has spent a lot of energy, impatient when delays, irritable, find it difficult to relax, feel very irritable, difficult to calm when things upset, it's hard to be patient in the face of disruption to the being done and easy to feel uneasy. This is in accordance with what is stated by Selye that the individual's responses to the stress experienced include; emotional alarm reactions include irritability, annoyance, anxiety, restlessness, nightmares, difficulty concentrating and difficulty in making decisions ^[16].

Mindfulness program is very effective when used at the nursing students to reduce stress ^[21,22]. Bamber & Schneider the literature study also said that 33 of 40 studies of mindfulness-based interventions effective in reducing stress on students, but there are differences in the effectiveness of a meaningful and it is influenced by the frequency, duration, and differences in the methods of administration ^[23]. Caring Mindfulness therapy is a therapy that is formed through the concept of mindfulness combined with Bandura's self-efficacy theory and self-care Orem ^[11], thus mindfulness therapy to build awareness of caring is to understand the problems faced by accepting conducted with a level of self-efficacy (confidence) is large and self-care (self-reliance) and result in a desired goal of serenity.

As in the process of mindfulness caring on stress can be analogized as students who are not able to manage the stressors/load paper, because the ability of the student to manage the stressors (self-care agency) cannot meet the demand of students to manage stressors (self-care demands), so that there was stress on students (self-care deficit), it takes nursing agency to meet the demand of students manage the stressors in this case mindfulness caring, with such mindfulness caring aimed at helping people to be calm, be aware of the causes of stress faced, looking for solutions to overcome problems, managing the stress that can reduce the stress experienced ^[11].

The statement is in accordance with the results of this study based on Table 4 which shows that the mindfulness group caring before given treatment obtained an average stress score of 19.72%, while the given treatment after mindfulness caring in getting the average stress score of 16.39%. From both these results, there are differences in mean values between measurements of stress levels before and after treatment mindfulness caring of 3.33%. The results of further analysis p value=0.004 (P <0.05), so it can be concluded

that there are significant differences between stress levels before and after treatment mindfulness caring. The stress response of students has decreased by instrument DASS (Depression Anxiety Stress Scale) already mentioned above, it is known that there is a decrease of only the items rest patterns just like it hard to relax, find it hard to rest, it is difficult calm when things upset, it is difficult to be patient in the face of disruptions to things being done and youthful feel uneasy.

Conclusion

Stress can occur in nursing students who were in the face of the final project thesis. Characteristics of stress that occurs in the student category of being and is more common in student daughter. Mindfulness caring proven effective in reducing the stress of nursing students in taking on thesis in Health School in Banyuwangi.

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Ethical Clearance: This study has been declared worthy of conduct by the Health Research Ethics Commission UB School of Medicine.

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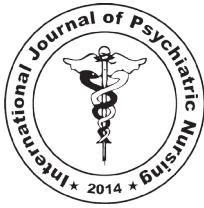
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