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**THE INFLUENCE OF SOCIAL AND SPIRITUAL SUPPORT BASED ON
BALI CULTURE ON THE DEPRESSION LEVEL
OF 'NAPZA USE' PATIENT IN
PSYCHIATRIC HOSPITAL BALI PROVINCE**

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ABSTRACT

In a period of time, a convicted person (narapidana) should stay in a limited space, having limited activities and communication, perhaps limitation in all aspect of his life. In this condition, a convicted person may have tendencies to get depressed. It may also happen to a convicted person of 'NAPZA use'. A family, as a the closest people of a convicted person is hoped to be able to give solution by giving social and spiritual support. The aim of this research is to know the influence between social and spiritual support based on culture and the depression level of convicted person of 'NAPZA use' in Psychiatric Hospital Bali Province. The research is done in two stages, they are qualitative research on social and spiritual support to 5 respondents and the quantitative research using 31 samples with *consecutive sampling* technique. Data collection are done by doing some interviews, observation and spreading questionnaire (angket) on the level of depression. The research is done on June – October 2016. The statistical test which is used is *paired t test* with $\alpha = 0.05$. The results show the rate score of the respondents depression before the treat is 16,67, while after the treat is 9,81. There is influence of social and spiritual support based on Bali Culture to The Depression Level Of 'NAPZA Use' Patient In Psychiatric Hospital Bali Province with value $p = 0,001$ dan nilai $t = 4,176$.

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INTRODUCTION

The problem of misusing/ addicting on NAPZA (Narkoba, Psikotropika, dan Zat Adiktif Lainnya – Drugs) has a broad and complex dimension, either medical, psychiatric, mental health or psychosocial (economics, politics, socio-cultural, criminal, etc) point of view. Some of the problems which existed concerning the misusing/ addicting on drugs are ruining the harmony of the family, decreasing the ability to learn, reducing the productivity of the works, decreasing the ability to differentiate the good and the bad, changing the behaviour into anti-social (maladaptif), having health problems (physical and mental), increasing the amount of traffic accident also triggering the violence and criminality. People who misuse or addicetd to drugs usually the ones who have worries and depression (Hawari, 2006)

Depression is a psychiatric problem with some symptom such as emotional manisteation, cognitif, motivational and physical manifestation. The rate of the symptom existance starts from minor – medium, medium – major depending on the wight of the depression (Maramis, 2009). One of the factors which trigger depression is the lost of interest on something (factual or imagination), such as the lost of someone's love, physical function, position, or pride (Stuart, 2007). In this case, family is the closest social influences and as a vital supporting system to someone addicted to drugs.

Friedman (2010) suggested that the form of the family supports are their attitude, action and acceptance of the family to sufferers. The one who suffer from addicting drugs really needs the support of the family in handling the depression which happen to the and better if the family emotional can help to solve the problem faced.

According to Depkes RI (2010), psychiatric symptom which occurs in addict people are anxiety, depression and hallucinations. So that is why an addict person is a patient who needs to be helped and cured. Mostly, the society asume that addict person is a criminals, so they are ostracized from the society. At a glance, the addict person creates a restless situation in the society, such as stealing, lying and doing criminals, but it is actually caused by the needs of the addict person which can't be fulfilled which trigger them to do so. Although the behavior causng restless, actually they really need help to solve the problem of using drugs (BNN, 2008).

According to WHO, there are approximately 22.000 people died every year caused by consuming

drugs, NAPZA types Opiat (Heroin). The highest death rate is 17,3% (BNN, 2008). Badan narkotika Nasional (BNN) explained that in recent years, the cases on drugs criminal act (Criminal Offense) is increasing, in 2002 the rate is 51,3% or increase until 3.100 cases per year. The highest rate happened in 2003 for 16.252 cases or increase 93%. In the same year was noted 48 thousands was noted as suspect of drugs criminal acts and in 2008 the cases increase into 101,2%.

BNN worked with Universitas Indonesia to do a research in 10 of Indonesia's big cities in 2008. They found at least 15.000 people died per year caused by misusing/ addicting to NAPZA. The research was done by Hawari, where it is found that the range of the user is 13 – 21 years old (97%) and 90% is male users (Hawari, 2008).

From the natinal surveys done by BNN and Breskrim Polri, Bali is in foth place as an area of NAPZA cases with 1.244 cases. Based on the data of Rumah Sakit Jiwa (RSJ) Propinsi Bali, there are three types of patient who go through rehabilitation they are independent (mandiri) which last for three months, the patient who still in court process and patient who wait judge decision (verdict). The number of the patient until the end of february 2012 is 26 people.

An addicted person, in a period of time, should stay in a limited space, having limited activities and communication and even all his aspect of life is limited. In this condition, the patient tend to have depression (Novianto, 2007).

Previous research was done by Purwadi (2009) on '*Pengaruh Antara Dukungan Keluarga Dengan Depresi Pada Remaja Akibat Penyalahgunaan Napza Di Lingkungan Desa Dukuhlo Kecamatan Bukalamba Brebes*'. The result showed that family support in low scale is 66,7%, medium 22,6%, and high family support scale is 8,8%, the maount of depression teenagers are 59,6%, and non-depressions are 40,4%, the result of statistical test with Rank Spearman showed a significant influence (bermakna) between the family support with depression on teenagers caused by NAPZA with value r in 0,741 and $p = 0,001$.

Rahayu's research (2010) entitled '*Pengaruh Harga Diri Dengan Depresi Pada Narapidana Penyalahgunaan Napza*' used *cross sectional* approach. From 48 samples, 7 people are not depress, 11 people had low depression, 19 people had medium depression and 11 people had acute depression.

Based on the information which is gotten from the head room (Kepala Ruang Rawat Darmawangsa) of Rumah Sakit Jiwa Provinsi Bali, there are many patients who had the characteristic of depression but they didn't

do the ‘*screening psikiatri*’ to the patients. On June 2010 there are 2 patients who tried to commit suicide by hurting their hand, but it wasn’t work because it was handled immediately. Another information show that there was 1 case of suicide on the patient of drug addicted by drinking floor cleaner liquid. The person was sent to the hospitals but they didn’t make it. The process of rehabilitation which last fro three months causing the the patients feels alieanted and worthless.

Bali as one of cultural destination has philosophy which can be use as a base to give intervetion to the patients with psychological and spiritual problems. It can be in the form of yoga, pranayama, and advices in religion values. Considering on the problem caused by NAPZA misusing, the increasing number of NAPZA misusing, also the impact which is cuased to the users or the family, so it is important to conduct a research on this matter: is there any influence of social and spiritual support based on the culture with the depression level of on NAPZA patients in Rumah Sakit Jiwa Propinsi Bali? The aim of this research is to know the influence between social and spiritual support based on culture with the level of depression on NAPZA patients in Rumah Sakit Jiwa Propinsi bali.

METHODS

This research composed in 2 stages, they are: Stage I, qualitative design where the reseracher did some interviews with the patients of drugs addicted so the researcher got the material to draw a model. The answer script result is put into a theme and put into material which related to Bali culture. The model material which has been arranged then consulted to psychologist and clergy. Stage II is doing intervention using the design model experiment. The reserach is done in Ruang Rawat Inap Darmawangsa of Rumah Sakit Jiwa (RSJ) Provinsi Bali on June – October 2016.

The population of the research is all the patients of NAPZA misusing in RSJ Provinsi Bali. The samples are the patients with NAPZA misusing cases in RSJ Provinsi Bali. In stage I there were 5 samples taken and stage II there were 31 samples taken. The samples which has been used in stage I were not used again stage II. The subject requirements which can be included in this research is set based on inclusion and exclusion criteria. The samples were taken by using *Non Probability Sampling technique* that is *Consecutive Sampling*, it is a technique of sampling by taking all the population which fulfill the criteria of inclusion (Nursalam, 2010). The

data gathered in this research is the primary data which is gained directly from quetionaire filling on depression level using *Beck Depression Inventory* (BDI).

RESULTS

In this research, the samples are the patients who go through rehabilitation in Ruang Darmawangsa RSJ Bangli. The total samples gained is 31 respondents during June until August 2016. The characteristic of the respondents areas follow:

Table 1. Respondents Characteristic in Ruang Darmawangsa Based on Kabupaten in Bali Year 2016.

No	Kabupaten	F	%
1	Badung	6	19,4
2	Denpasar	10	32,3
3	Gianyar	4	12,9
4	Klungkung	2	6,4
5	Bangli	2	6,4
6	Karangasem	1	3,2
7	Buleleng	4	12,9
8	Tabanan	2	6,5
9	Negara	0	0
Total		31	100

Based on the table above, it can be seen that 31 respondents are mostly from Kota Denpasar (32,3%).

Table 2. Respondents Characteristic in Ruang Darmawangsa Based on RehabilitationYear 2016.

No	Rehabilitation Status	F	%
1	Mandiri	7	22,6
2	Titipan Jaksa	13	41,9
3	Mandiri BNN	4	12,9
4	Titipan Penyidik	5	16,1
5	Putusan Pengadilan	2	6,5
Total		31	100

Based on the table above, it can be seen that from 31 respondents are mostly ‘titipan Jaksa’ (41,9%).

Table 3. Respondents Characteristic in Ruang Darmawangsa Based on Marital Status Year 2016.

No	Marital Status	F	%
1	Not Married	8	25,8
2	Married	21	67,7
3	Widower	2	6,5

No	Marital Status	F	%
Total		31	100

Based on the table above, it can be seen that from 31 respondents are mostly married (67,7%).

Table 4. Respondents Characteristic in Ruang Darmawangsa Based on Tingkat Pendidikan Year 2016.

No	Pendidikan	F	%
1	Elementary School	1	3,2
2	Junior School	3	9,7
3	High School	25	80,6
4	College	2	6,5
Total		31	100

Based on the table above, it can be seen that from 31 respondents are mostly High School educated (80,6%).

Table 5. Respondents Characteristic in Ruang Darmawangsa Based on Occupation Year 2016.

No	Pekerjaan	F	%
1	Non-Government Worker	26	83,8
2	TNI/Polri	2	6,5
3	Not Working	3	9,7
Total		31	100

Based on the table above, it can be seen that from 31 respondents mostly work as non-governmental worker (swasta) (83,8%) but it is found 6,5% government worker.

Respondents Depression Level

The measurement of respondents depression level was done twice, they were before the treat and two months after the treat. The drawing of respondents depression level are as follow:

Table 6. Respondents Depression Tendencies Central Score in Ruang Darmawangsa Year 2016.

No	Central Tendencies	Pre	Post
1	Mean	16,67	9,81
2	Median	16,00	7,00
3	Skewness	0,019	0,863
4	Minimum	5,00	1,00
5	Maksimum	27,00	30,00

The data shows the respondents depression score rate before the treat is 16,67, while after the treat is 9,81.

Based on the classification of respondents depression level, it can be drawn as follow:

Table 7. Respondents Depression Level in Ruang Darmawangsa Year 2016.

No	Depression Level	Pre		Post	
		F	%	F	%
1	Not Depression	4	12,9	18	58,1
2	Low Depression	9	29,0	6	19,3
3	Medium Depression	14	45,2	5	16,1
4	Acute Depression	4	12,9	2	6,5
Total		31	100	31	100

Based on the depression level, most respondents before the treat got medium depression (45,2%), while after the treat mostly they got not depression (58,1%).

Respondents Depression Level Difference

After doing data distribution analysis and know that the distribution is normal, difference test is done then. The test used *paired t test*. The result showed the value of $p = 0,001$ and the value of $t = 4,176$. So the decision H_1 is accepted which means there is influence of social and spiritual support based on Bali culture to NAPZA patients depression level in RSJ Provinsi Bali. As it is felt by the respondents, they do really need family social support, especially the main family "...istri yang paling setia meluangkan waktu untuk membesuk, 1 minggu 2 kali Rabu dan Sabtu, membawa anak anak, sesuai jadwal kunjungan, dari jam 11 sampai dengan jam 2 sore" (R1). "...Ibu, kakak, ipar, anak, keluarga inti yang diutamakan, dalam aturan juga teman dibatasi karena takut terpengaruh lagi..." (R2).

The result of interview and questionnaire fulfilling on respondents depression level shows that score rate of respondent depression before the treat is 16,67 while after the treat is 9,81. This condition is supported by respondent statement that there is a changing which is felt during the rehabilitation "...sangat senang sekali berada disini, mandiri, harus bisa merubah sikap, bangun pagi, bersih bersih dengan teman teman, kalau di rumah tidak melakukan apa-apa" (R2,R3). Another factors that makes the respondents feel comfort is the clear law status. If it is seen from the patients status in doing the rehabilitation mostly are (41,9%) titipan jaksa, where the patients has gone through the court and wait for the verdict. As one of the respondents said "...lebih plong, lebih enak karena sudah sidang dan dituntut rehab...." (R4). The rehabilitaion program

which is planned by the government in handling patients of drugs addicted is better than gone through the cochig process in Lembaga Masyarakat. Seksi Pemberdayaan Alternatif in BNN is an interactive process in building and empowering the society in the areas which is prone to drug dealing. It is a collaborative process which is included the society to cahnge the mindset of drugs criminal from having illegal job to legal one and able to live independently without any affairs with drugs anymore. One of the implementation on 'pemberdayaan masyarakat' in Badan Narkotika Nasional Provinsi Bali is facilitating the drug addicted who wants to join drug rehabilitation activities in rehabilitation spot of BNN. This program is welcome by the *residen* (is the name of the patients who have rehabilitation in RSJ Provinsi Bali). "...tidak tertekan, karena merasa lebih baik direhab daripada di LP...." (R4). "...tidak tertekan justru dibimbing dan diarahkan oleh staf staf disini....." (R5).

As it is described by Hawari in his previous reserach, it can be proved that NAPZA misusing patient is actually someone with mental health problems, a sick person, a patient who needs help, therapy and rehabilitation rather than a punishment. All the deeds of misusing NAPZA and all its impact (criminality and anti-social behavior) is further development of their psychiatric disorders. So that is why in handling misusing NAPZA patient is treatment or medical psychiatric therapy in the first stage and rehabilitation in the next stage (Hawari, 2010). The form of therapy can be: *Detoksifikasi* and *Withdrawal*, double diagnosis therapy, 'terapi rawat jalan' (*ambulatory/out patient treatment*), residential therapy, relaps prevention therapy, post treatment therapy and substitution therapy (Depkes 2010).

This problem can be handled by the support of the family. Many of the cases they don't want to heal by themself (less self motivation), they need parents support and the willingness to heal is because of the *Guilty Feeling*. *Guilty Feeling* can motivate drug addicted to quit using drugs. Guilty feeling is internal motivation and external motivation, and the feeling to take the responsibility, either to themself, family, society, government or God (Byrne, 2007).

The view of Hindu to the use of drugs is listed in the bible, such as Veda, especially Atharvaveda. It is said that human should take care their health well so they can have a long live. The effort to keep their health is managing their foord as lied in Atharvaveda.VI.135.1: *Yad asnami balam kurve, ittham vajram a dade* (eat carefully so it gives you health and strength), XV.14.24: *Brahmana-annadena-annam atti* (choose your food

carefully). Health, physical strength and the spiritual pureness are the main factors to gain long live. In Veda, long live is used to give human enough time living the life of catur ashrama, they are brahmacarya, gryahasta, vanaprastha, dan bhiksuka. So that is why human are not allowed to consume drugs, either from food, inhale, or injection because it is clearly a useless thing to do. It is not good for physical and spiritual health, even ruin it (Wiana,2000). Human in swadharmanya should keep to have strong mind and soul: Yayurveda XIV.17: *Mano me jinva-atmanam me pahi*. In Bagawadgita bible (Sri Srimad, 2000) said that human in unconscious condition or sick because of drugs tend to have 'keraksasaan' (giantly): they are pretend to be good, arrogant, proud of himself, anger, rude and dumb: Bhagawadgita XVI-4: *Dambho darpo bhimanas ca krodhah parusyam ewa ca, ajnanam cabhijatasya partha sampadam asurim*.

Based on the explanation above, it can be concluded that: from 31 respondents, most of them are from Kota Denpasar (32,3%), the majority is 'titipan Jaksa' (41,9%), have married (67,7%), high school educated (80,6%) and mostly they work as non-governmental worker (83,8%). The rate score of respondents depression before the treat is 16,67 and after the treat is 9,81. Based on the depression level, before the patient get the treat they have medium depression (45,2%) and after the treat mostly they dont get depression (58,1%). There the social and spiritual support influence based on Bali culture to the depression level of patient of NAPZA misusing in RSJ Provinsi Bali with value p = 0,001 and value t = 4,176. With 'kemaknaan' rate 95% ($\alpha = 0,05$).

To the Head of Nurse in Ruang Darmawangsa RSJ Provinsi Bali is hoped to do more intervention with giving religion advice to the patient so they don't feel of sin in prolonged time. The feeling of guilty and sin for a long time can trigger the occurance of depression of the patient. The effort to facilitate the patient for 'sembahyang' together should be continued and developed with yoga excercising or preparing religion book. To the Mangement of RSJ Provinsi Bali is hoped to arrange spiritual counceling continually such as dharma wacana and arrange 'lembar edukasi' as it is hoped by the patient.

REFERENCES

1. Hawari, D. *Penyalahgunaan & Ketergantungan NAZA*. Edisi Kedua, Jakarta: FKUI; 2006.
2. Maramis, W. F. 2009. *IlmuKedokteran Jiwa*. Edisi 2. Surabaya: AUP.

3. Stuart, G.W. *Buku saku keperawatan jiwa*. Edisi 5. Terjemahan oleh Ramona P. Kapoh dan Egi Komara Yudha. 2006. Jakarta: EGC; 2007.
4. Friedman, dkk . *Buku Ajar Keperawatan Keluarga, riset, teori, dan praktik*. Jakarta : EGC; 2010.
5. Departemen Kesehatan Republik Indonesia. *Pedoman Penyelenggaraan Sarana Pelayanan Rehabilitasi Penyalahgunaan dan Ketergantungan NAPZA*. Jakarta: Depkes RI. 2010.
6. Badan Narkotika Nasional. *Pencegahan Penyalahgunaan Narkoba Sejak Usia Dini*. Jakarta Timur : Badan Narkotika Nasional Republik Indonesia; 2008.
7. Hawari, D. *Manajemen Stress, Cemas, dan Depresi*. Edisi Kedua, Jakarta: FKUI; 2008.
8. Novianto. *Dinamika Konsep Diri Pada Narapidana Menjelang Bebas di Lembaga Pemasyarakatan Sragen*, (online), (<http://etd.eprints.ums.ac.id>, diakses 19 Maret 2015).
9. Nursalam. 2010. *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan : Pedoman Skripsi. Tesis. dan Instrumen Penelitian Keperawatan*. Edisi 1. Jakarta: Salemba Medika; 2007.
10. Byrne, R. *The Secret Mukjizat Berfikir Positif*, Jakarta: PT Gramedia Pustaka Utama; 2007.
11. Wiana, I K. *Makna Agama dalam Kehidupan; Semestinya kita malu kepada Tuhan*. Denpasar: PT BP; 2000.
12. Sri Srimad.A.C. *Bagavad-Gita*. Jakarta: Hanuman Sakti; 2000.
