



THE INFLUENCE OF COGNITIVE BEHAVIOUR THERAPY TO DECREASE THE LEVEL OF DEPRESSION FOR LEPROSY SUFFERER

Ima Rahmawati, Enny Virda Yuniarti
Bachelor of nursing study program STIKES Bina Sehat PPNI Mojokerto
imarahmawatiok@gmail.com, syifa.enny79@gmail.com

ABSTRACT	Keywords
<p>Leprosy is the ill that caused by Mycobacterium leprae bacteria, which caused a complex problem for leprosy sufferer. It gives bad effect in some aspects such as physic, social, economy, and psychology. Psychologically, the leprosy sufferer gets the problem because of too much stigma to leprosy by society. Consequently, the leprosy sufferer stands aloof from the others, he feels shy and gets depression. One of non-pharmacology treatment that can decrease the level of depression is Cognitive Behavior Therapy. Cognitive Behaviour Therapy, which is an approach with someone to recognize and to change the bad mindset or maladaptive. This present research is to reveal the influence of Cognitive Behaviour Therapy to decrease the level of depression for leprosy sufferer. The design of this present research is Pre-experiment with One Group Pre-Post Test Desaint approach. The 25 samples are taken by Consecutive Sampling. The data collection is collected by Beck Depression Inventory (BDI) questionnaire. Statistic test is used by Wilcoxon Signed Rank Test, which showed $p(0,001) < \alpha(0,05)$, with the result that H_0 is rejected, it means there is an influence of Cognitive Behaviour Therapy to decrease the level of depression for leprosy sufferer. Most of the leprosy sufferer in a hospitalization leprosy service get lower depression. The sufferers often need psychology intervention to treat depression. Cognitive Behaviour Therapy is psychology therapy that quiet simple because the key of CBT identifies the mindset, feel, and behavior, which mold reaction. Furthermore, the sufferers decide by their ability whether the idea is rational and benefit for them.</p>	<p>Cognitive Behaviour Therapy, Depression, Leprosy</p>

PRELIMINARY

Leprosy is also referred to as Leprosy disease or Hansen Morbus disease that caused by Mycobacterium leprae bacteria. These bacteria are undergoing a process of division long enough between 2-3 weeks. Life survival of leprosy germs reaches nine days outside the human body. Leprosy has an incubation period of 2-5 years and can also take more than five years (Kemenkes RI, 2015). The onset of psychological symptoms have experienced by leprosy patients originated from the physical stress so that ultimately can affect the psychological one of them is depression.

Depression is a severe emotional response and can be known through its intensity and influence on the individual's physical and social functions. Depression often has signed the Sadness, anxious, apathetic, depressed, hateful, resentful, angry, feeling rejected, guilt, feeling helpless, desperate, feeling alone, feeling inferior, feeling worthless (Purwaningsih, 2010). Factors that affect depression include loss of objects/people, genetic factors, biological factors The imbalance of chemicals in brain cells will lead to depression (Kaplan (2003) in Superzeki (2013)).

Based on the results of previous research on the description of mental disorders in leprosy patients in polyclinic skin and sex dr. Cipto Mangunkusumo in 2008 conducted by Ratih found that most disorders were depression (66.6%), then depression disorder with overall anxiety disorder (18.8%), generalized anxiety disorder (8.7%), dysthymia (2, 9%), and depression disorder with panic disorder without agoraphobia (1.5%), less than 1 year (57.6%) (Superzeki, 2013). Other research conducted by Susanto (2010) in the work area of Puskesmas Jenggawah most leprosy patients have moderate levels of depression. Researchers get results that leprosy patients feel sad and disappointed in yourself when getting a diagnosis of leprosy. These feelings of sadness and disappointment are a response to the depression that is being experienced which is shown by despair, withdrawal and deep sadness. Depression in this study can be influenced by several factors such as age, sex, marital status, occupation and education (Erti, 2015).

The onset of psychological symptoms, especially depression that many leprosy patients experience starts from the physical stress they experience, which ultimately affects the psychological and psychological stress of depression. Depression is a severe emotional response and can be known through its intensity and influence on the individual's physical and social functions (Purwaningsih, 2010). Apart from physical stress, lack of good social support also greatly increases the risk of depression in leprosy patients.

Treatment of patients with depression can be done with two therapies, namely pharmacological and non-pharmacological therapy. Nonpharmacologic therapy can be given Cognitive Behavior Therapy. Cognitive Behavior Therapy is a new strategy to overcome problems and provide more lasting changes in fundamental attitudes and ways of behaving. In this approach to therapy, one learns to recognize and change a broken or maladaptive mindset. Because someone who suffers from depression thinks himself different or even lower than others. In fact, they may realize that all the negative things are only in themselves and their minds (Neil Aldrian, 2014).

The CBT method is very useful because clients can solve their long-time problem, someone who has excessive anxiety, may lack the confidence to change. Someone in a state of depression may feel reluctant to meet new people and improve his or her social life. Someone is stuck in an unsatisfactory relationship may not find a new way to resolve the dispute. Well, CBT can teach a person through a new approach to deal with the problems he is facing and find reasons to counter emotional disturbances in him (Neil Aldrian, 2014).

RESEARCH METHOD

Design Pre-Experimental using the One-Group Pre-Post Test Design approach. The population in this study there are all patients according to the criterion of the researcher. Sampling using nonprobability sampling technique that is consecutive sampling. The number of samples used in this study is part of leprosy patients is 25 respondents. The study was conducted on March 21 - April 20, 2017. The measuring tool uses a BDI Questionnaire (Beck Depression Inventory) which consists of 21 questions.

The statistical test in this study using Wilcoxon Signed Rank Test is to know the change of depression level before and after given intervention. H_0 is rejected, if $p\text{-value} < \alpha (0,05)$. Analyze this data using SPSS 20.0 software program

RESEARCH RESULT

1. General data

Tabel 4.1 Distribution of frequency of respondents by education

No	Education	F	%
1.	No School	6	24.0
2.	Elementary school	13	52.0
3.	Junior High School	4	16.0
4.	Senior High School	1	4.0
5.	College	1	4.0
Total		25	100

Based on table 4.1 that most respondents have an elementary education, as many as 13 respondents (52%).

Tabel 4.2 The frequency distribution of respondents by age

No	Age	F	%
1.	16-29 years	3	12.0
2.	30-43 years	8	32.0
3.	44-57 years	8	32.0
4.	58-71 years	5	20.0
5.	86-99 years	1	4.0
Total		25	100

Based on Table 4.2 it is known that almost half of respondents are vulnerable aged 30-43 years and 44-57 years, each of which there is eight respondents (32%).

Tabel 4.3 The frequency distribution of respondents by occupation

No	Occupation	F	%
1.	Unemployment	13	52.0
2.	Student	1	4.0
3.	Private Bisnis	1	4.0
4.	Farmers	8	32.0
5.	Householder	2	8.0
Total		25	100

Based on Table 4.3 it is known that most respondents did not work (unemployment) as many as 13 respondents (52%)

Tabel 4.4 The frequency distribution of respondents by gender

No	Gender	F	%
1.	Male	13	52.0
2.	Female	12	48.0
Total		25	100

Based on Table 4.4 it is known that most of the respondents are male as 13 respondents (52%).

Tabel 4.5 The frequency distribution of respondents by marriage status

No	Marriage status	F	%
1.	Single	5	20.0
2.	Married	20	80.0
Total		25	100

Based on table 4.5 note that almost all respondents married status is married that is as much as 20 respondents (80%).

Tabel 4.6 The frequency distribution of respondents by duration of leprosy

No	Duration of leprosy	F	%
1.	< 5 years	9	36.0
2.	5 – 10 years	5	20.0
3.	> 10 years	11	44.0
Total		25	100

1.	< 5 years	9	36.0
2.	5 – 10 years	5	20.0
3.	> 10 years	11	44.0
Total		25	100

Based on Table 4.6 it is known that almost half of respondents suffer from leprosy for more than ten years i.e. 11 respondents (44%).

2. Special Data

Tabel 4.7 Distribution of the frequency of depression before the intervention of Cognitive Behavior Therapy

No	Depression level	F	%
1.	Mild depression	14	56.0
2.	Limit depression	6	24.0
3.	Moderate depression	5	20.0
Total		25	100

Based on Table 4.7 it is known that the level of client depression before being given intervention Cognitive Behavior Therapy of 25 respondents mostly experienced mild depression that is as many as 14 respondents (56%), depression limit of 6 respondents (24%), and moderate depression five respondents (20%).

Tabel 4.8 Distribution of the frequency of depression after the intervention of Cognitive Behavior Therapy

No	Depression Level	F	%
1.	Normal	3	12.0
2.	Mild depression	18	72.0
3.	Limit depression	3	12.0
4.	Moderate Depression	1	4.0
Total		25	100

Based on table 4.8 above it is known that after given intervention Cognitive Behavior Therapy there is a change in the level of depression of the client, the respondents are not depressed (Normal) there are 3 respondents (12%), respondents with mild depression as much as 18 respondents (72%), Respondents (12%), depression was 1 respondent (4%).

Tabel 4.9 Analysis of changes in depression levels before and after treatment of Cognitive Behavior Therapy

No	Depression Level	Pre-Test		Post-Test	
		F	%	F	%
1	Normal	0	0.0	3	12.0
2	Mild	14	56	18	72.0
3	Limit	6	24	3	12.0
4	Moderate	5	20	1	4.0
Total		25	100	25	100

Based on table 4.9 it is known that from 25 respondents before and after given intervention Cognitive Behavior Therapy it is found that before given Cognitive Behavior Therapy there are 0 respondents who do not experience depression / Normal and after therapy obtained 3 respondents who are not depressed / Normal (12%), before Given the treatment of respondents with mild depression as many as 14 respondents (56%).

Based on Wilcoxon signed rank test result, the value of $p (0.001) < \alpha (0,05)$ means that H_0 is rejected, so there is Influence of Cognitive Behavior Therapy Against Decreasing Depression Rate In Leprosy Patients in Inpatient Room Leprosy Hospital Sumberglagah Pacet - Mojokerto.

DISCUSSION

Table 4.7 above shows that the level of client depression before the intervention Cognitive Behavior Therapy from 25 respondents mostly experienced mild depression that is as many as 14 respondents (56%), depression limit six respondents (24%), and moderate depression five respondents (20%).

Several factors that affect the occurrence of depression is education. From educational factor based on table 4.1, it is found that most respondents have elementary education as many as 13 respondents (52%) according to Fajar (2010) in Desi (2016), formal education level is the basic of intellectual knowledge owned by someone. This is related to knowledge because the higher the knowledge of a person will be the more widely owned insight. A good level of knowledge about depression will help the individual in suppressing the symptoms of depression that appear. Whereas with low education depression arises starting from

loss of self-control, then become passive and unable to face problems. Then the individual arises the belief in the inability to control life so that he does not attempt to develop an adaptive response.

The employment factor based on table 4.3 it was found that most respondents did not work as many as 13 respondents (52%). This has been put forward by Dawn (2010) in Desi (2016), the rejection has an impact on the feeling of functioning irregularities in his family to earn income for the sake of family survival. Due to the stigma attached to the community also causes leprosy clients experience unemployment. Table 4.8 above is known that after given intervention Cognitive Behavior Therapy there are changes in the level of depression of the client, ie, respondents who are not depressed (Normal) there are 3 respondents (12%), respondents with mild depression 18 respondents (72%), depression limit 3 respondents (12%), moderate depression 1 respondent (4%).

There are various therapies that can be done to reduce or decrease the depression level in a person. The therapy includes non-pharmacological therapy and pharmacological therapy. One of the non-pharmacological therapy that can be done is the provision of Cognitive Behavior Therapy. As dr.Neil Aldrian (2014) points out, CBT is a therapeutic way of analyzing how to think about ourselves, the world, and others so that what we do affects our thoughts and feelings. CBT can help us change the way we think (cognitive) and what we do (behavior) (Neil Aldrian, 2014).

Table 4.9 above is known that from 25 respondents before and after given intervention Cognitive Behavior Therapy found that before given Cognitive Behavior Therapy there are 0 respondents who do not experience depression / Normal and after therapy obtained 3 respondents who are not depressed / Normal (12%), before 14 respondents (72%), respectively, before respondents were given treatment with depression limit of 6 respondents (24%) and after therapy were given 3 respondents (12%), Before being given therapy was found moderate depression in 5

respondents (20%) and after therapy got 1 respondent (4%).

Based on Wilcoxon signed rank test results obtained Z value of -3.276 and shows the value of $p (0.001) < \alpha (0.05)$. value Z table that is (1,645), and the value of Z arithmetic -3.276 is bigger than -1,645, so it means H_0 rejected, so there is strong influence Cognitive Behavior Therapy Against Decreasing Depression Rate In Leprosy Patients in Inpatient Room Leprosy Hospital Sumberglagah Pacet - Mojokerto. By looking at the results of statistical tests can be explained that there is Effect of Cognitive Behavior Therapy Against Decrease Depression Rate. This can happen because CBT refers to an approach that focuses on a person's cognition: his thoughts, assumptions, and beliefs

In this approach to therapy, one learns to recognize and change a broken or maladaptive mindset. This technique can be done by cognitive or mind restructuring. Here the individual is invited to rethink the negative thoughts that exist in him by answering the questions of Socratic questioning asked by the therapist. After that, individuals are taught to practice searching for evidence that can be used against these negative thoughts, as well as looking for other, more suitable alternatives (Westbrook, Kennerley & Kirk, 2007 in Retha, 2012). CBT therapy is also called Healing Talks/speech therapy where researchers can explore the feelings of clients, and in this CBT therapy also contains interpersonal communication so that in this study, researchers can direct the thoughts, assumptions, and beliefs of clients become better / more adaptive.

CONCLUSION AND SUGGESTION

Conclusion

The Influence of Cognitive Behavior Therapy Against Decreasing Depression Rate with statistical test result showed p-value $(0.001) < \alpha (0,05)$.

Suggestion

1. As one of the health care workers, health workers should also assess the level of stress and depression of the patient. The patient's

holistic nursing care is now rarer, especially on the psychological side of the patient. Some primary services emphasize physical improvement regardless of the whole aspect. Cognitive Behavior Therapy is a simple and easy to apply therapy and is very effective for reducing depression. CBT technique is used as an alternative independent nursing action that can be used by nurses to overcome the level of depression in leprosy patients.

2. It is expected that the next researcher will use another method of data collection, can use the subjective and objective method. And add a longer time to the research process to get more useful results.

BIBLIOGRAPHY

- Aldrian, Neil. 2014. *Healing Talks; Keajaiban Kata-Kata With Cognitive Behaviour Therapy*. Jakarta. Puspa Swara
- Desi Rahmawati. 2016. *Hubungan Dukungan Keluarga Dengan Self Efficacy Dalam Perawatan Diri Penyakit Kusta di Wilayah Kerja Puskesmas Sumberbabu Kabupaten Jember*.
- Erti Ikhtiarini. 2015. *Pengaruh Terapi Kognitif Terhadap Penurunan Respon Depresi Pada Pasien Kusta*.
- Infodatin. 2015. *Pusat Data Dan Informasi Kementerian Kesehatan RI (Kusta)*. Jakarta: Kementerian Kesehatan Republik Indonesia
- Superzeki Zaidatul. 2013. *Hubungan Dukungan Keluarga dengan Depresi Penderita Kusta di Dua Wilayah Tertinggi Kusta Kecamatan Jember*.
- Purwaningsih,W. 2010. *Asuhan Keperawatan Jiwa*. Jogjakarta : Nuha Medika.