

Analysis of Family Spiritual Factors with Resilience Theoretical Approach in Overcoming Problem of Family Stigma Endemic Leprosy at Community Health Service (*Puskesmas*) in Jombang Regency of East Java Indonesia

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Abstract: The decrease of prevalence of leprosy has caused the leprosy patient and the families to a social stigma. In this case, the high burden of stigma received by the family due to the leprosy suffered by one of family members need resources, support, and resilience. It hopes that the family is able to perform its role in caring the family members who suffer from leprosy and reducing the stigma. The spirituality of family is an important factor of the value system and trust for family life in strengthening family resilience. This factor is influential on coping, support, family acceptance of leprosy patients and the process of treatment and stigma on family. By applying the theory of family resilience, the purpose of this research is to investigate of the family spiritual factor in overcoming stigma on the family. This research used a cross-sectional design. The research subject is 174 family of lepers, the population of the research in 15 health community service (*puskesmas*) in Jombang regency of East Java. The samples are 120 families, taken using a Multi-Stage Random Sampling technique. The samples are 120 families, taken by using a Multi-Stage Random Sampling technique. The Hypothesis test used a chi-square test with a p-value <0,05. The result shows that 73 (60,8%) families had moderate and high family stigma while 46 (52,5%) moderate spiritual family and 60 (50%) of medium resilience. Furthermore, based on hypothesis test, it is obtained that family spiritual factor has an effect on family resilience ($P = 0,000$), and family resilience has an effect on family stigma ($P = 0,000$). The conclusion is that family spiritual factors influence family resilience to overcome family stigma. Therefore, it is suggested that the intervention to overcome the family stigma must concern with family resilience and family spiritual factors.

1 INTRODUCTION

The conceptual model of stigma according to (Link & Phelan, 2001) is a stigma that exist when the elements of labeling, stereotyping, separation, loss of status, and discrimination occur in a power situation that allows stigma components to unfold. The caused of stigma in leprosy patients are complex, as Wim H Van Brakel (2012) identifies that socio-cultural, fear of causes, manifestations, effects and death from disease, economic, psychological, religious and spiritual (Van Brakel 2012; Sermritirong 2014; Link & Phelan 2013). Public stigma effects on the family raises stigma problems for the family and also has an effect on the family's behavior of stigma to leper family members.

The results of research in 2017 explains that 39 families of leprosy patients in six community service of endemic leprosy in Jombang regency of East Java was 29 (74.4%) family stigma, from the hypothesis test, it was obtained that individual factors involved individual stigma, self-concept, and level leprosy defect impact on family stigma ($P = 0.000$). In this case family factors involved family support, family coping mechanisms, knowledge and family perceptions of leprosy affected on family stigma ($P = 0,000$), while economic status has no effect on family stigma ($P = 0.07$). Environmental factors that influence family stigma only the stigma of the community that affects the stigma of the family ($P = 0.007$) and stigma does not occur by health providers (Nasrudin, Hadi et al., 2018)

The amount of stigma burden received by families due to family members suffering from leprosy raises its internal stigma and family stigma of the community. Resilience, support, and strengthening of family resilience are needed by the family in carrying out the family function of caring for family members suffering from leprosy and overcoming the stigma for the family, family internal stigma and stigma for leprosy patients. The strengthening of family resilience includes three major components, namely, strengthening the family belief systems, strengthening the structure and function of the family as a unit or system (organization patterns), strengthening communication patterns and family strength system in overcoming problems (communication / problem-solving) (Walsh 2003; Walsh 2006; Walsh 2009; Black & Lobo 2008; Walsh 2013). Nasrudin 2015, Nasrudin 2017). Family spirituality is the basis of family values and belief systems, the core of all coping and family adaptation, and families seek and rely on the spiritual support of family members as a family way to deal with stigma problems (Kim et al., 2011, Kim et al., 2013, Suk-Sun Kim, Yeoun Soo Kim-Godwin 2016). Spiritual is also a family domain that being a source of family strength and family resilience, hence this research analyses family spiritual factor with family resilience theory approach in overcoming family stigma.

2 METHODS

This study used a cross-sectional design and it was conducted on November 2016 to January 2017. The study population was leprosy family in 21 endemic leprosy community health service in Jombang regency of East Java, consisted of 174 families of leprosy patients and they had been diagnosed with leprosy and recorded in community health service (*puskesmas*) data registration. The sample was 120 families and sampling were taken by using Multi-Stage Random Sampling. In addition, hypothesis test was taken by using chi-square test with value $p < 0,05$.

Furthermore, methods of data retrieval used filling questionnaires by each family of the research respondents. Each family is represented by a family member who taking care directly for lepers in the family. Assessment topics include 1). Family spiritual factor, 2). Family resilience, and 3). Family stigma. Family spiritual factor data collection is the family's answer to Family Religiosity Coping, Family Interdependence in religious and spiritual,

Family Support and Togetherness in Religious and spiritual, and Family Spirituality. The collection of family resilience is the family's answer to the family ability to help others, growing stronger, acceptance, adjustment, and survival. The questionnaire used to measure the spiritual family is modified instrument religion and problem-solving scale (RPS) based on the concept of religion and the problem-solving process: three styles of coping (Pargament et al., 2013), spiritual response questionnaire from Nursalam (Nursalam, 2016), and American Family Strengths Inventory on the component Spiritual Well-Being (SWB) (Dhar et al, 2011; DeFrain, 2008). The family resilience measurement questionnaire used the Walsh Family Resilience Questionnaire (WRFQ) (Walsh 2006) and the concept of family resilience processes (Lietz et al., 2016). Measurements of family stigma was based on the concept of stigma (Goffman 1963), the concept of stigma and social stigma components (Link & Phelan 2001; Link & Phelan 2013), and the concept of family stigma (Park & Park 2014) and modified with the Explanatory Model Interview catalog (EMIC) stigma scale for community (ILEP 2011; Weiss et al. 2006; Rensen et al. 2011; Van Brakel 2006). Data analysis was taken gradually including univariate analysis continued to bivariate analysis followed by descriptive and analytic. The bivariate analysis used frequency distribution while bivariate analysis applied test chi-square if statistically eligible, if it does not qualify then it would use the test of Fisher's Exact Test of $p\text{-value} < 0.05$

3 RESULT AND DISCUSSION

3.1 Influence of Family Spiritual Factor to the Resilience of Leprosy Family in Jombang East Java of Indonesia 2018

Based on Table 1, it is obtained that spiritual family and sub-variable influence the family resilience ($P=0,000$). It can be seen that family religious coping, family interdependence in religious and spiritual, family support and togetherness in religious and spiritual, and family spiritual have a significant influence on family resilience. Based on table 2, it found that the influence of variable factors and spiritual sub-family variables on family resilience after the statistical test obtained value $P = 0.000$. It can be deduced that family interdependence in religious and spiritual factors, family support and

togetherness in religious and spiritual, and family spiritual have a significant influence on family resilience

Table 1. Cross-tab about the influence of family spiritual factor to the resilience of leprosy family in Jombang district East Java Indonesia in 2018

Sub spiritual variable family	Resilience low		Resilience moderate		High Resilience		Total		P
	(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)	
Family Religious Coping									0,000
Low	22	18,3	28	23,3	2	1,7	120	100	
Medium	7	5,8	22	18,3	19	15,8	120	100	
High	1	0,8	10	8,3	9	7,5	120	100	
Family Interdependence in religious and spiritual									0,000
Low	20	16,7	22	18,3	0	0	120	100	
Medium	9	7,5	28	23,3	22	18,3	120	100	
High	1	0,8	10	8,3	8	6,7	120	100	
Family support and Togetherness in Religious -spiritual									0,000
Low	27	22,5	28	23,3	0	0	120	100	
Medium	2	1,7	23	19,2	21	17,5	120	100	
High	1	0,8	9	7,5	9	7,5	120	100	
Family Spiritual									0,000
Low	19	15,8	20	16,7	0	0	120	100	
Medium	10	8,3	28	23,3	20	16,7	120	100	
High	1	0,8	12	10	10	8,3	120	100	

The percentage of family spiritual and family resilience rates are almost half at moderate (> 45%) and only a small (<20%) rate is high. The results indicate that the family spirituality particularly the family resources on the family's basic value system is still weak. Thus, these factors then may cause to family endurance and resilience to cope stress.

The family spirituality of Froma Walsh has greatly influenced the family's ability to deal with their problems, strengthens family relationships and resilience reflected in family dynamics as a system in carrying out family functions, parenting styles, family dynamics, family development, and spiritual relationships between generations. The spiritual component of the family includes 1). Personal faith, 2). Spiritual and religious praxes (contemplative practices, rituals, and ceremonies), 3). Faith communities, 4) Faith communities, and connection with nature, 5). Ability to express creative activities (Expression through the creative arts), 6). Community service / social activism, 7). An intimate relationship with transcendence, 8). Relationship with God (Walsh 2009; Walsh 2010; Walsh 2013).

According to Kim's research about the family (2016), the spiritual strength would strengthen family health including family commitments, improve emotional health, develop healthy living behaviours, improving healing process (Kim and Godwin 2016). Furthermore, based on Nalika et al

(2013) study, the spiritual role model of chronic disease shows that there are four dimensions of spiritual influence and family care, they are, coping, support, acceptance, treatment process (Nalika, Warren and Canaway, 2013)

3.2 The Influence of Resilience Factor to a Stigma of Leprosy Family in Jombang District of Indonesia in 2018

After the statistical test, it is obtained that the effect of family resilience on family stigma in table 2 was P = 0,000, which means that family resilience has an effect on family stigma. The influence of sub-variable of resilience of family is only sub-variable of other helping have p-value = 0,064, while sub-variable Growing stronger (P = 0,000), Acceptance (P = 0,000), Adjustment (P = 0,000), and Survival (P = 0,000) it is concluded that there is an influence of family stigma. This condition cause a stressor of the situation for the family, the ability of the family to survive. The ability of family resilience is needed in overcoming a stressful situation, the ability of the family to adapt, help each other, accept the condition of leprosy patients. The change of family structure that support the process of treatment and care as well as the ability to survive together will help families to solve problems and adapt to stressors and will not appear in family stigma (Walsh 2003; Walsh 2006; Walsh 2009; Walsh 2016).

Table 2. Cross-tab the influence of resilience factor to a stigma of leprosy family in Jombang district of Indonesia in 2018

Sub variable resilience family	Stigma low		Stigma moderate		High stigma		Total		P
	(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)	
Helping other									0,064
Low	16	13,3	15	12,5	8	6,7	120	100	
Medium	26	21,7	17	14,2	9	7,5	120	100	
High	5	4,2	14	11,7	10	8,3	120	100	
Growing stronger									0,000
Low	28	23,3	6	5	1	0,8	120	100	
Medium	19	15,8	25	20,8	12	10	120	100	
High	0	0	0	0	12,5	10,4	120	100	
Acceptance									0,000
Low	26	21,7	13	10,8	4	3,3	120	100	
Medium	19	15,8	32	26,7	14	11,7	120	100	
High	2	1,7	1	0,8	9	7,5	120	100	
Adjustment									0,000
Low	25	20,8	9	7,5	2	1,7	120	100	
Medium	21	17,5	25	20,8	12	10	120	100	
High	1	0,8	12	10	13	10,8	120	100	
Survival									0,000
Low	41	34,2	13	10,8	2	1,7	120	100	
Medium	6	5	25	20,8	15	12,5	120	100	
Height	0	0	8	6,7	10	8,3	120	100	

Family resilience is the ability to bounce back from

adversity and then become stronger and able to take lessons from the difficulties encountered. Walsh (1998) three major components, namely: *family belief systems*, family structure and function as an *organizational pattern*, communication pattern and family strengthening system (*communication / problem-solving*) (Walsh 2003; Walsh 2006; Walsh 2009; Black & Lobo 2008; Walsh 2013).

4 CONCLUSIONS

The spiritual family includes family religious coping, family interdependence in religious and spiritual, family support and togetherness in religious and spiritual, and family members spiritual. These factors have influenced on the occurrence of family resilience as well as the stigma to the family with leprosy patient.

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