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## Research Article

## The Effect of Logotherapy toward the Self-Esteem of Leprosy Patients at Tadjuddin Chalid Hospital in Makassar City

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**Abstract:** Leprosy is an infectious disease that causes very complex problems. The problem question is not only from a medical point of view but extends to the social, economic and psychological aspects. The aim of this study was to determine the differences or the effect of the administration of Logotherapy on the self-esteem of lepers in Tadjuddin Chalid Hospital in Makassar City. This study uses quasi experimental pre posttest with control group design. Samples were taken by non-random sampling with accidental sampling method as many as 36 patients with leprosy outpatients. Data collection used the Rosenberg Self Esteem Scale (RSES) questionnaire. Data is normally distributed by analyzing paired t test and unpaired t test. The results showed that the characteristics of the respondents of the two study groups were male sex 38.8%, female 61.1%, average age 56-55 years 55.6% and elementary school education 55.6%. There was an average decline in average self-esteem score before and after intervention, where the mean + SD was 16.8 + 5.49 to 28.5 + 4.86 with p value ( $p = 0.000$ )  $< 0.05$ , which means that there is an average difference significant self-esteem score before and after being given a Logotherapy Intervention. In the control group there was no significant difference in self-esteem between before and after the intervention ( $p$ -value = 0.749). Logotherapy needs to be recommended to be used as a therapy in dealing with patients who experience low self-esteem in Tadjuddin Chalid Hospital in Makassar City can facilitate mental health services for lepers who experience psychosocial problems.

**Keywords:** Logotherapy, Self Esteem, Leprosy.

### INTRODUCTION

Leprosy sufferers often change stigma as a result of social harm their illness. This stigma against leprosy affects the quality of life of people affected by leprosy, understands about the disease they are experiencing and self-acceptance for the sufferers themselves (Putri *et al.*, 2016). Leprosy is also called Morbus Hansen, according to the name found by germs, namely Dr. Gerhard Armauer Hansen in 1873 so that this disease was called Morbus Hansen (Rukua *et al.*, 2015). This infectious disease is caused by Mycobacterium Leprae which attacks the skin, peripheral nerves, mucosa of the upper respiratory tract and the eyes.

The World Health Organization (WHO) noted that in 2014, 213,899 new cases of leprosy were detected throughout the world with the highest cases being in the Southeast Asia region, amounting to

154,834 cases. The prevalence of leprosy at the beginning of 2015 was 0.31 per 100,000 population. Indonesia ranks third in the most endemic countries after India and Brazil (WHO, 2016). Based on official data from the health department of an endemic country, detection of leprosy carried out annually globally shows a decline in cases since 2001, a decrease in cases of more than 46%. In 2004 there were 407,791 new cases and continued to decline to 228,474 cases in 2010 and as many as 219,075 in 2011 (Putri *et al.*, 2016).

Leprosy cases were found in developing countries. In 2013 Indonesia ranked third in the world after India and Brazil. Indonesia in 2013 had a total of 16,856 new cases of leprosy and a number 2 disability among new sufferers as much as 9.86% (Ministry of Health, 2015). Indonesia is a tropical country and is one of the endemic areas of leprosy. Data from the Health Profile of the Republic of Indonesia recorded the

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number of new cases of leprosy in 2013 as many as 16,856 cases. 83.4% of the cases are Multi Basiler type and 35.7% are female. In 2012 there were 19,000 new cases of leprosy, Indonesia has the third highest number of leprosy cases after India and Brazil (World Health and Region, 2015). The provinces of East Java, West Java, Central Java and South Sulawesi each reported more than 1,000 new cases (Lusli *et al.*, 2015).

Leprosy patients will mostly have low self-esteem, trying to avoid other people, do not like the changes in his body, and was reluctant to leave the house (Fadilah, 2013). The average leper has low self-esteem because he feels ashamed of himself (Lestari, 2013). Lepers who experience low self-esteem and are included in the adult age group from the age of 26-45 years (Prihandini, 2017). Intelligence factors are also included as one of the causes of low self-esteem in a person, considering leprosy is closely related to knowledge factors where the sufferer has low knowledge about leprosy. Lepers with high knowledge will have adaptive coping mechanisms so that low self-esteem does not occur (Muharry, 2014)

Logotherapy is psychotherapy that can see individuals clearly and holistically which includes self-image, self-confidence and individual ability to deal with stress and is a therapy for how clients determine their own choices that are responsible for their lives in order to achieve a meaningful life (Robatmili *et al.*, 2015, Nauli, 2012). Therefore the purpose of this study was to determine whether there was an effect of Logotherapy therapy on the control of self-esteem levels in leprosy patients in Makassar's Tadjuddin Chalid Hospital.

**RESULTS**

**Table 1. Characteristic Leprosy Patient by Age Group, Gender, Level of Education, Employment and Marital Status Before logotherapy Tadjuddin Chalid Hospital of Makassar**

Characteristic Respondent	Before (Pre Test) (n=36)		Total N (%)
	Low Self- Esteem	High Self- Esteem	
	n (%)	n (%)	
<b>Age (years)</b>			
25 – 35	4 (13,3%)	0 (0,00%)	4 (11,1%)
36 – 45	4 (13,3%)	0 (0,00%)	4 (11,1%)
46 – 55	7 (23,3%)	1 (16,7%)	8 (22,2%)
56 – 65	15 (50%)	5 (83,3%)	20 (55,6%)
<b>Gender</b>			
Male	11 (36,7%)	3 (50,0%)	14 (38,9%)
Female	19 (63,3%)	3 (50,0%)	22 (61,1%)
<b>Education</b>			
No School	11 (36,7%)	1 (16,7%)	12 (33,3%)
Elementary School	15 (50,0%)	5 (83,3%)	20 (55,6%)
Junior High School	1 (33,3%)	0 (0,00%)	1 (2,78%)
High School	3 (10,0%)	0 (0,00%)	3 (8,33%)
<b>Occupation</b>			
Not Working	13 (43,3%)	3 (50,0%)	16 (44,4%)
Farmer	0 (0,00%)	1 (16,7%)	1 (2,78%)
Housewife	17 (56,7%)	2 (33,3%)	19 (52,8%)
<b>Marital status</b>			
Merried	13 (43,3%)	3 (50,0%)	16 (44,4%)
Single	6 (20,0%)	2 (33,3%)	8 (22,2%)
Widower/ Widow	11 (36,7%)	1 (16,7%)	12 (33,3%)

**2 METHODOLOGY**

**Design of Research**

This study uses quasi-experimental pre-posttest with control group. The pretest-posttest with control group design approach was used to see the effect of treatment through differences between the intervention group and the control group. The study was conducted at Tadjuddin Chalid Hospital in Makassar City.

**Population and Sample**

The population in this study were all outpatient leprosy patients at Tadjuddin Chalid Hospital in Makassar City. A sample of 36 leprosy patients was selected by accident sampling. The Intervention Group was outpatients who were given logotherapy which amounted to 18 people and the control group was also an outpatient but was not given any treatment or logotherapy at all. Samples taken that have met the inclusion criteria are leprosy patients aged 20-65 years, are patients residing in the city of Makassar, can communicate well, have no visual impairments and hearing loss, and are willing to sign an informed consent issued by the Committee Ethics of the Faculty of Public Health, Hasanuddin University.

Logotherapy intervention performed a total of three (3) times and then do the posttest after the third intervention, whereas for the control group at the first meeting given the pre-test and at the end of the study back in the given posttest with the same question. Data was processed using STATA 12 to analyze the effect of Logotherapy intervention on controlling the level of self-esteem of Logotherapy using paired t test, unpaired t test and Mann-Whitney test.

**Tabel.2 Characteristic Leprosy Patient by Age Group, Gender, Level of Education, Employment and Marital Status After logotherapy Tadjuddin Chalid Hospital of Makassar**

Characteristic Respondent	After (Post Test) (n=36)		Total N (%)
	Low Self- Esteem n (%)	High Self- Esteem n (%)	
<b>Age (years)</b>			
25 – 35	2 (11,1%)	2 (11,1%)	4 (11,1%)
36 – 45	1 (5,56%)	3 (16,7%)	4 (11,1%)
46 – 55	4 (22,2%)	4 (22,2%)	8 (22,2%)
56 – 65	11 (61,1%)	9 (50,0%)	20 (55,6%)
<b>Gender</b>			
Male	7 (38,9%)	7 (38,9%)	14 (38,9%)
Female	11 (61,1%)	11 (61,1%)	22 (55,6%)
<b>Education</b>			
No School	5 (27,8%)	7 (38,9%)	12 (33,3%)
Elementary School	11 (61,1%)	9 (50,0%)	20 (55,6%)
Junior High School	1 (5,56%)	0 (0,00%)	1 (2,78%)
High School	1 (5,56%)	2 (11,1%)	3 (8,33%)
<b>Occupation</b>			
Not Working	9 (50,0%)	7 (38,9%)	16 (44,4%)
Farmer	0 (0,00%)	1 (5,56%)	8 (22,2%)
Housewife	9 (50,0%)	10 (55,6%)	12 (33,3%)
<b>Marital status</b>			
Merried	9 (50,0%)	7 (38,9%)	16 (44,4%)
Single	3 (16,7%)	5 (27,8%)	8 (22,2%)
Widower/ Widow	6 (33,3%)	6 (33,3%)	12 (33,3%)

Table 1 and table 2 are characteristic analyzes carried out by crosstabulation with the level of self-esteem of leprosy participants. The table shows that the majority of leprosy patients aged between 56-65 years as many as 20 people (55.6%) which is the final elderly age group. The sex of the respondents was also dominated by women as many as 22 people (61.1%) and the highest level of education, namely the elementary level as many as 20 people (55.6%), the most types of work were as IRTs with 19 people (52.8%) with the most marital status is the status of marriage of 16 people (44.4%).

Respondents were given pre-test and post-test before and after the Logotherapy intervention. Table 1 is the result of the pre test that was given before Logotherapy was conducted. It was obtained that 15% (50%) had lower self-esteem, while 5 had the highest self-esteem, for the highest sex who had low self-esteem is 19 women (63.3%). At the level of education and employment there are more who have low self-esteem at the level of elementary education as many as 15 people (50%) with jobs that are more dominant as housewives as many as 17 people (56.7%), and for marital status more those who have low self-esteem on the status of marriage as many as 13 people (43.3%) and Widows / Widows as many as 11 people.

**Tabel.3 Distribution of Respondent's Self-Esteem Levels Before and After Interventions in Intervention and Control Groups in Tadjuddin Chalid Hospital, Makassar City**

Self- Esteem Level	Leprosy Patient				Total	
	Intervention		Control			
	n (18)	%	n (18)	%	n (36)	%
<b>Pre Test</b>						
Low Self- Esteem (<20)	14	77,78	16	88,89	30	83,33
High Self- Esteem (>20))	4	22,22	2	11,11	6	16,67
<b>Post Test</b>						
Low Self- Esteem (<20)	2	11,11	16	88,89	18	50,00
High Self- Esteem (>20)	16	88,89	2	11,11	18	50,00

Table 3 is the result of the posttest given after Logotherapy in the intervention group and in the control group that was not given treatment the results showed that in the intervention group that had low self-esteem (<20) as many as 2 people (11.1%) and those who have high self-esteem (> 20) as many as 16 people (88.9%),

while for the control group respondents experienced a slight increase in self-esteem so that the number of pre-post test scores remained and did not experience an increase namely respondents who had low self-esteem (< 20) as many as 16 people (88.9%) while those with high self-esteem (> 20) were 2 people (11.1%).

**Tabel.4 Difference in Self-Esteem Score of Patients with Leprosy before and After Logotherapy (Pre and Post Test) at Tadjuddin Chalid Hospital, Makassar City**

Group	Self- Esteem Level	Mean	Min-Max	±SD	Shapiro Wilk	P value
Intervention	Pre Test	16,83	9 – 26	5,490	0,371	0,000
	Post Test	28,55	17 – 35	4,865	1,219	
Control	Pre Test	17,22	10 – 22	2,881	0,536	0,749
	Post Test	17,27	10 – 23	2,886	0,484	

Table 4 shows the value of the average self-esteem score for the intervention group in the pretest  $16.8 \pm 5.49$  with min-max (9-26) and after logotherapy 3 times the post test was obtained obtained the average value of self-esteem score is  $28.5 \pm 4.86$  with min-max (17-35), while for the control group in the pretest  $17.2 \pm 2.88$  with min-max (10-22) and given a posttest obtained an average value Self-esteem scores were  $17.3 \pm 2.89$  with min-max (10-23). This table also shows that the respondent's self-esteem score variable needs to be tested for normality using the Shapiro Wilk test to find out the difference / variation in the average self-esteem score that is spread evenly so that the normal distribution for data <50 samples.

After being tested for normality using Shapiro Wilk, the results showed that the self-esteem score of the pre-posttest intervention group was normally distributed with a value of  $0.317$  and  $1.219 > 0.05$  and for the pre-posttest control group it was normally distributed with values of  $0.536$  and  $0.484 > 0.05$ . Because the data are normally distributed, t-tests are carried out in pairs with the results of the analysis which show that there are differences in self-esteem scores before and after Logotherapy with p value  $0.000 < 0.05$  in the intervention group or  $H_0$  rejected, whereas in the control group there is no difference in scores self-esteem that was significant in the pre-posttest with p value  $0.749 > 0.05$ .

#### DISCUSSION

Results of a preliminary study conducted by researchers at the Hospital Tadjuddin Chalid Makassar City, it was shown that almost half of patients / leprosy patients experiencing problems with their self-esteem, where the response of low self-esteem identified in patients in which patients wear masks and clothing that covers all parts of the body affected by leprosy, looks depressed and shy when meeting other people, avoids when other unknown people sit nearby and less eye contact when invited to talk tends to avert their eyes.

The pre-posttest for the intervention group by doing a pre-test first and then at the next meeting was given an intervention in the form of Logotherapy conducted by the facilitator where in this case I invited mental nurses to give logotherapy for 3 (three) meetings after being logged the third meeting was then continued with the distribution of the posttest questionnaire. Whereas the control group was given a questionnaire for the pre-test first and then was given a posttest in the last week of the study.

In this study the results showed that there were significant differences in the self-esteem score of the intervention group before and after being given logotherapy in leprosy patients at Tadjuddin Chalid Hospital in Makassar City. The results of the study stated that leprosy patients who had low self-esteem were the age group of 25-56 years and most of them were female with the highest level of education at the elementary school level, most of the leprosy patients were also married and some had not married status either never been married or widowed / widowed, some of the respondents were housewives for women and those who were male preferred not to work due to illness.

BPS (2016) states that the early adult age group (26-35 years) included in the productive age are in the age range 15-64 years. Early adult age groups (26-35 years) are transitional periods and individuals have the freedom to choose to be free from dependence on others and become more independent, determine their own way of life towards the situation and expectations of their social environment (Maryatun, 2011). Lepers with high knowledge will have adaptive coping mechanisms so that low self-esteem does not occur (Muharry, 2014). Intelligence factors are also included as one of the causes of low self-esteem in a person, considering leprosy is very closely related to knowledge factors where sufferers have low knowledge about leprosy. One family function is a function of care where unmarried status has a significant positive relationship to patients who have disabilities (Alimansur *et al.*, 2016).

Logotherapy teaches each individual to find the meaning of life / meaning of their lives even in difficult times (Mohammadi *et al.*, 2014). This statement means that even in difficult situations, someone is expected to have hope for a happy life. Achieving the meaning of life is related to increasing self-confidence and self-esteem of lepers who include cognitive response and behavioral response (Hamid *et al.*, 2014).

Results of research have shown that there are differences in the mean scores of self-esteem leprosy patients in the intervention group before and after getting logotherapy. The results of the statistical test found the average score of difference before logotherapy and after logotherapy. The difference in self-esteem can be seen from the better average value of respondents after getting logotherapy than before. This

condition explains that the intervention of logotherapy research has succeeded in increasing the self-esteem of respondents in terms of a positive assessment or evaluation of themselves and their lives. In addition, the results of statistical tests on the control group showed that there was no difference in the average score of leprosy self-esteem, this can be seen from the scores of the average score of the pretest and posttest.

<sup>1</sup> This is in line with the research conducted by Rochmawati, *et al.* (2017) which shows that giving logotherapy to the elderly has an impact on increasing the self-esteem of the elderly from low to high, amount <sup>5</sup> to 22 respondents (73%) (Rochmawati *et al.*, 2017). The results of Prihandini (2017) study also showed that <sup>11</sup> after the intervention the administration of logotherapy showed a significant value of 0.000 where  $p < 0.05$ , which means there was a difference in the change in self-esteem of leprosy patients before and after logotherapy (Prihandini, 2017).

#### CONCLUSION

<sup>1</sup> Based on the results of the research and hypothesis, it can be concluded that there are significant differences in the level of self-esteem of leprosy patients before and after the intervention is <sup>4</sup> g n, so that logotherapy is stated to control the level of self-esteem of leprosy patients. Efforts to control the level of self-esteem of leprosy patients, health workers and leprosy rehabilitation centers are recommended not only to focus on providing pharmacological drugs, physical rehabilitation or injuries, but also to apply logotherapy in an effort to increase self-esteem, self-confidence and enthusiasm in dealing with community stigma.

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