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THE EFFECT OF *HUSNUZHAN* TRAINING ON THE QUALITY OF LIFE AMONG WOMEN WITH HYPERTENSION

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Abstract - *Hypertension is one of the leading causes of heart disease, stroke, kidney disease and death. The prevalence of hypertension in women is higher than that of in men. Women suffering from hypertension potentially experience various problems that affect the quality of life. Several techniques can be used to improve the quality of life for women with hypertension such a husnuzhan training. Husnuzhan training is a kind of Islamic-Psychoreligious intervention. This study aimed to investigate the effectiveness of Husnuzhan training in improving the quality of life among women with hypertension. Twenty women with hypertension aged between 40-50 years participated in the study which employed a pretest-posttest control group design. WHOQOL-BREF instrument was used to assess the quality of life among participants. Husnuzhan Training was delivered for 4 sessions in two weeks. The data were analysed using the Wilcoxon signed-rank test and U-Mann Whitney. The result showed a significant improvement in the quality of life's score in the experimental group when compared to the control group (Z = -3.181 & p = 0.001 (p <0.01). U-Mann Whitney test results also showed no difference in quality of life's score in both groups at baseline phase (Z = -1.212, p = 0.226 (p> 0,05). Therefore, husnuzhan training effectively improved the quality of life in women with hypertension. Limitations of this study were discussed.*

Keyword: *husnuzhan training, hypertension, quality of life*

Abstrak - *Hipertensi merupakan salah satu penyakit dari sepertiga penyebab kematian. Prevalensi hipertensi pada perempuan lebih tinggi dibanding laki-laki. Wanita yang menderita hipertensi berpotensi mengalami berbagai permasalahan yang berpengaruh terhadap kualitas hidupnya. Banyak hal yang dapat diupayakan untuk meningkatkan kualitas hidup bagi para wanita dengan hipertensi, salah satunya adalah pelatihan husnuzhan. Pelatihan husnuzhan merupakan salah satu jenis intervensi psikoreligius. Penelitian ini bertujuan untuk melihat efektivitas pelatihan husnuzhan dalam meningkatkan kualitas hidup pada wanita dengan hipertensi. Desain penelitian menggunakan pretes-postes control group design. Subjek penelitian berjumlah 20 orang wanita muslim berusia 40-50 tahun. Skala yang digunakan adalah skala kualitas hidup dari WHOQOL-BREF. Pelatihan diberikan selama 4 pertemuan dalam rentang waktu dua minggu. Analisis data menggunakan Wilcoxon signed rank testdan U-Mann Whitney. Berdasarkan analisis data menunjukkan peningkatan kualitas hidup yang sangat signifikan pada kelompok eksperimen dibandingkan kelompok kontrol, dengan nilai Z= -3.181 & nilai p = 0.001 (p < 0,01). Hasil uji U-Mann Whitney juga menunjukkan tidak ada perbedaan skor kualitas hidup kedua kelompok pada saat pretes yaitu Z= -1.212 dengan nilai p = 0,226 (p > 0,05). Dengan demikian, pelatihan husnuzhan efektif meningkatkan kualitas hidup pada wanita dengan hipertensi.*

Kata kunci: *Hipertensi, Kualitas Hidup, Pelatihan Husnuzhan*

A. INTRODUCTION

Hypertension is one of the cardiovascular diseases that can cause death, both in developed and developing countries (Susalit, 2001). Based on basic health research in 2013, the prevalence of hypertension in Indonesia is 25.8%. Cardiovascular diseases are more commonly suffered by females (52%) than by males (48%) (Dhianingtyas *et al*, 2006; Pimenta, 2012).

Hypertension causes vulnerability to human health, especially in women. Hypertension occurring in women could influence the condition of pregnancy and the fetus subsequently. Pregnant women with hypertension might be exposed to pre-eclampsia/eclampsia, which can cause maternal deaths with the possibility of 1.5% to 25% (Heriyono & Dasuki, 2000). In the fetus, preeclampsia could inhibit the blood flow to the uteroplacental (Duley, 2009) so the fetus may experience food and water deficiencies, which lead to the incident of LBW (low birth weight) in infants (Wahyuni & Rachmawati, 2007).

Hypertension can influence the quality of life because it affects physical health, performance and satisfaction in social roles such as work, marriage and family life (Callender, 1988). Quality of life is defined as the individual's perception of their position in the cultural context and the system in which they live. It includes the context of physical, psychological, social and environmental dimensions (WHO, 1993).

People with hypertension have lower HRQOL (Health-related Quality of Life). Research conducted by Bardage & Isacson (2001) shows that hypertension influences the perception of individual about health such as physical health and mental health, and their vitality and social functioning. Individuals suffering from hypertension are reported to have lower social mood and psychological functions than those who do not suffer from hypertension (Battersby, 1995; Fernandez, 1994; Gunawan, 2001). Moreover, anti-hypertensive medical treatment also affects aspects of quality of life (Croog *et al*, 1986) as it may cause fatigue, mood changes, sleep disturbances (Bardage & Isacson, 2001) and sexual dysfunction among couples (Manolis & Doumas, 2008).

The various vulnerabilities suffered by women with hypertension aggravates their quality of life. Therefore, an intervention aimed at improving the quality of life of women with hypertension is required. Various aspects have been considered to improve the quality of life, such as spirituality and religiosity. These aspects have been widely examined to see their impact on the quality of life. Delaney (2011) finds that spirituality intervention can improve the quality of life in general, especially on health aspect ($p = 0.02$) and psychological aspect ($p < 0.01$). Individuals with high levels of religiosity are associated with a higher quality of life. Conversely, individuals with low religiosity are associated with lower quality of life (Henslee *et a*l, 2015; Tarakeshwar *et al*., 2006).

Islam introduces the concept of *husnuzhan* based on the study or interpretation (*Tafseer)* of verses related to *zhan* such as in Surah Al Hujurat verse 12 (QS.49: 12) which mean *"O you who have believed, avoid much (negative) assumption. Indeed, some assumption is sin"*. Through his commentary book called *Tafseer Al-Munir*, Syekh Wahbah Az-Zuhaili (1991) explained that prohibition as stated in the above verse is directed at all believers who attribute themselves into

believing their god. He further explained that what is meant by the prohibition of some prejudices (*ba''dhazh_zhan*) in the verse above is bad prejudice against *ahlul khair* (people who do good). This prohibition is an order to always have a good attitude to everyone especially to the *ahlul khair*. The concept about *zhan* also found in some hadith. A hadith narrated by Imam Ahmad and Muslim, Abu Daud and Ibn Majah, from Jabir ra, the Messenger of Allah said: *"Let not one of you die unless he has good faith in Allah".* Likewise, in the Hadith narrated by Imam Abu Daud and Hakim, from Abu Hurairoh ra, the messenger of Allah Said *"Having positive thinking is part of good worship"* (Az-Zuhaili, 1991).

Husnuzhan is a strong presumption which believes that God has given all the best with everything that happens. Practically, an individual who has *husnuzhan* will try to work harder and to do their best. If they cannot achieve what they have desired, then there will be a process of *tawakkal* (surrender) and *ridha* (acceptance) (Sagir, 2011). *Tawakal* and *ridha* are manifested in the process of seeking wisdom from an event (*Hikmah*), acceptance and the process to be grateful for. They will also practice *dhikr* (Islamic recitation) apart from having the feeling of surrender and acceptance. The concept of *tawakal* and *ridha* are covered into training so the participating women with hypertension can perceive all events in their life better. Thus, the purpose of this study is to evaluate the effectiveness of *Husnuzhan* Training (HT) on the quality of life among women with hypertension.

B. METHOD

This is an experimental study with Pretest-Posttest Control Group Design method. Participants were randomly assigned into two groups (experimental & control group). Their quality of life was then measured by using the WHOQOL-BREF questionnaire. The experimental group received HT while the control group did not receive HT. The WHOQOL-BREF (Short version of WHOQOL-100, is designed by the World Health Organization (WHO)).

Participants were hypertensive patients in Gondokusuman Primary Healthcare. 26 women with a history of hypertension were invited to participate in the study by using several criteria of inclusion: (1) Participants should be more than 40 years old, (2) have a history of hypertension in the past, (3) are Muslim, (4) are not taking psychotherapy or counselling session and (5) have the willingness to participate in the study indicated by their free will to provide written consent. 20 women met inclusion criteria and 6 women could not participate due to a various reasons (e.g. language problems, no time for intervention, etc).

1. Measures

WHOQOL-BREF is an instrument to measure the quality of life which is a development of WHOQOL-100 designed by the World Health Organization (WHO) Group. The WHOQOL-BREF is a valid instrument tool with a value of α Cronbach of 0.82 for physics (domain 1), 0.81 for psychology (domain 2), 0.80 for the environment (domain 4), and 0.68 for social (domain 3) (Skevington *et al*, 2004).

The WHOQOL-BREF has been adapted to various languages, including Indonesian by Dr. Riza Sarasvita and Dr. Satya Joewana for research on drug users, without a psychometric test. Wardhani (2006) performs psychometric tests on the Indonesian adaptation scale of the WHOQOL-BREF instrument. The result suggests that there is a significant relation between item score with dimension score (r = 0409-0.850). This is in line with research conducted by Wulandari *et al* (2005) that produces internal consistency of Cronbach's alpha of 0.613-0.780 for WHOQOL-BREF. Thus, it can be concluded that the WHOQOL-BREF instrument is valid and reliable to measure the quality of life of the participants in this study.

2. Data Analysis

Before the baseline assessment, the Kolmogorov-Smirnov test was conducted to determine whether the distribution of variable data was normally distributed. Homogeneity of variances with Levene's test was also performed to determine whether the subject was homogeneous or heterogeneous. Subsequently, the baseline was performed by giving the WHOQOL-BREF instrument in both groups. Data on pretest and posttest results of the experimental and control group were analyzed by the Wilcoxon signed-rank test and U-Mann Whitney test to see the difference of QoL score between groups. All analyses were performed using SPSS for window (version 16).

3. Intervention

The intervention was a *Husnuzhan* Training (HT) designed to improve the quality of life among women with hypertension. HT is a psycho-religious technique in Islam designed to train positive thinking consisting of core components namely *ridha* (acceptance) and *tawakal* (surrender). The treatment was given in 4 sessions. The intervention was conducted on the 21st, 23rd, 24th and 28th of August 2017 at Gondokusuman II Public Health Centre. This *Husnuzhan* training was delivered by the facilitator and psychologist who worked at this Public Health Centre. The facilitator in this training was accompanied by two co-facilitators. Two of the facilitators are psychology graduates. The co-facilitator's main task is to assist the facilitator, to observe the general condition of the training, the condition of the participants, the condition of the facilitator and the course of the training process.

In the first session, the participants were given psychoeducation about the mind and its impact on the physical and psychological domain. In the second session, participants were asked to identify disappointing situations/events which led to stress in everyday life. Participants were asked to find some efforts and were taught to accept any outcomes from the effort they made even if it did not show any positive result. In the third session, participants were trained to accept the situations/events that had been destined. Participants were asked to discover the lessons learned from any unpleasant events that they had experienced. Finally, participants were invited to identify the favours to be thankful for. During each session, the participants were asked to do some assignments in a group and they discussed it together.

C. RESULTS AND DISCUSSION

Based on the Kolmogorov-Smirnov Test in both groups, the obtained data is KS-Z = 0,020 with p <0,050. It means the distribution of quality of life data in the experimental group and control group is not normal. On the other hand, Levene's test shows p-value = 0.132 (p> 0,05) which means the distribution data in both groups are homogeneous. Furthermore, the result of data analysis are presented below:

Table 1. Description of Research Data

	Group	**N**	**Mean**	**SD**	**Minimum**	**Maximum**
Pretest	Eksperiment	10	88.2	6.051	78	97
	Control	10	81.1	12.52	55	92
Postest	Eksperiment	10	91.3	7.631	77	105
	Control	10	74.6	11.645	44	84

Based on the result of QoL score between the experimental and control group, it shows that the pretest mean in the experimental group was 88.2. It increased to 91.3 after *husnuzhan* training was given. Conversely, the QoL score of the control group decreased from 81.1 to 74.6.

Based on Wilcoxon Signed-rank Test analysis and U-Mann Whitney test in the experimental and control group, the results obtained are as follows:

a. There was a difference between pretest and posttest score in the experiment group, with Z value = -2.043, p = 0.041 (p <0.050). It means there is a significant difference in the quality of life score after the HT was given to the experimental group.
b. There was no difference between pretest and posttest score in control group, with Z value = -1.532, p = 0.126 (p> 0.050). It means there is no difference in the quality of life score in the control group.
c. There was no difference in pretest score between the experimental and control group before treatment, with Z value = -1.212, p =0.226 (p> 0.050).
d. There is a difference in posttest score between the experiment and the control group with Z value = -3.181, p = 0.001 (p <0,01). This suggests that there is a significant difference between the experimental group and the control group.

Furthermore, the U-Mann Whitney test using gain score within the quality of life domains, shows the following results:

Table 2. Mann Whitney Test Results Based on Gain Score within QoL Domains

Domain	**Mean rank**		**U-Mann Whitney**	**Sig**	**Description**
	Experiment Group	Control Group			
Physical	11.55	9.45	39.500	0.424	Not Significant
Psychological	14.05	6.95	14.500	0.007	Very Significant
Social	12.35	8.65	31.500	0.154	Not Significant
Environment	11.65	9.35	38.500	0.382	Not Significant

Based on the above table, the significant difference within the domains in both groups lies on the psychological domain (domain 2), with mean rank 14.05 in the experimental group and 6.95 in the control group. Thus, it can be concluded that HT improves psychological aspect significantly within the quality of life domains.

This study aims to see the effectiveness of *husnuzhan* training to improve the quality of life among women with hypertension. Based on the analysis, HT is effective to improve the quality of life. It can be seen from the condition of both groups in which there is no difference in the quality of life score before the treatment is given ($p = 0.226$, $p > 0.05$) at baseline phase. However, there is a very significant difference ($p = 0.001$, $p < 0, 01$) on the quality of life score after *husnuzhan* training is given. It can also be observed from the mean score of the experimental group where it increases by 3.1 points after the treatment is given. On the other hand, the mean score of quality of life decreases to about 6.5 points after posttest.

Healing in Islam is natural and holistic healing combined with the soul (spiritual), the mind (psychological), and the body (physiological), which is based on the Holy Qur'an and hadith. Islamic religious therapy believes in the healing power of Allah (God) who has the greatest power and energy. God then uses his power to bless humans. HT contains the elements of Islamic religious concepts such as *tawakkal* and *ridha* that are taught to the participants for 4 sessions.

In the first session, participants were taught to understand that negative thought coming from a stressful condition would harm physical and psychological health. In the second session, participants were taught the concept of *tawakkal*. Participants were asked to identify the efforts made to solve a problem and to learn lessons if they faced failure. At the end of the second session, participants were asked to carry out an internalization process of *hasbunallah* dhikr aiming to train participants that the endpoint of *tawakkal* from a servant of God is to return all their problems to God (Allah) himself. The dhikr was done together by turning on the *hasbunallah* dhikr audio. Some of the participants were seen shedding tears during this session.

In the third session, participants were asked to let go of an unacceptable condition if it was still difficult to accept. This was considered as a process that could strengthen the *tawakal* that they had learnt in the previous meeting. The relaxation process which adopts the concept of acceptance runs for about 40 minutes. During the process, the participants showed various reactions including shedding tears, sighing repeatedly, and frowning. Finally, participants were asked to reflect on the process that they had gone through.

In the fourth session, participants wrote down all the favours that they could be grateful for the moment. Some of the participants wrote that they were grateful for being given health, a pious husband and children, and the ability to work to find sustenance. Therefore, almost all subjects in the experimental group experienced an increase in their quality-of-life scores after being given the *husnuzhan* training intervention. Two of them (AW & ES (initials)) experienced an increase in their quality of life from good to very good with gain scores of 22 and 14 points. Based on observations during the training process, the two participants were the most active participants in the training. It

can be seen that both participants were able to follow the facilitator's instructions, showed interest in the training, actively expressed opinions and asked questions, showed empathy for other members and were able to express emotions. Participants also wrote down the benefits that were obtained after participating in this training, including an opportunity to be closer to Allah, increasing ability to be sincere, an opportunity to learn new knowledge and guidance so that they felt calmer and more energized. They were also thankful to receive support from friends. This is also consistent with Plante (2007) who finds that prayer and other types of psychotherapy-based religiosity practices can increase the prevention, treatment, healing of mental disorders, medical, and surgical-related diseases.

Data analysis within domains of QoL in both groups indicates that the psychological domain has the most significant improvement. This is in sharp contrast to other domains such as physical, social and environmental domain which do not have a significant increase in quality of life score. Thus, *husnuzhan* training has the most significant impact on improving the psychological aspects of the quality of life of the participants.

The psychological domain is one aspect of quality of life according to the WHOQOL group (1993). It is associated with negative and positive feelings. When compared to the evaluation of the worksheet done by the participants during the training, the psychological aspect was the most complained aspect of the problem concerning negative feelings. For example, several participants were faced with various problems like unhealthy relationships with husband, sibling quarrels, disobedient children, post-power syndrome, and feeling underestimated by people. These issues were discussed within the group to examine how they influenced physical health. Participants were asked to identify the efforts and lesson learned from those unpleasant events. In the following sessions, participants were asked to please, letting go, accept and forgive those unpleasant events. Participants who followed the entire sessions of training were reported to be calmer, more relieved, more optimistic and feel closer to God. These feelings are a form of positive emotion and are closely related to the psychological domain. These positive emotions drive them to a more positive life and improve the optimal subjective well being among them (Fredrickson, 2013).

An increase in psychological domain after being given *husnuzhan* training can also be explained from several studies in positive psychology which studies forgiveness. Indeed, forgiveness is also contained in the aspect of *ridha* (acceptance) that is delivered in *husnuzhan* training. Two psychological aspects work in the process of forgiveness and one of which is the empathy process. Empathy is the basis for a therapeutic approach that has five stages related to forgiveness, namely (1) remembering wounds, (2) empathizing with the person who hurt you, (3) altruistic giving, (4) commitment to forgiveness, and (5) holding onto forgiveness (Worthington, 1998).

The process of forgiveness will bring up feelings of hope and optimism (Watt et al, 2006). There is a kind of hope that occurs in a religious context. An expectation reflects the belief that a person will be able to find a path to the desired goal. Therefore, people who have hope have goals that inspire them. They trust their ability to find these paths (Watt et al, 2006).

This study has a limitation. The sample of the study is small (20 participants), so the results can not be generalized for the wider population. However, this study could lead further research to see the effectiveness of *husnuzhan* training (HT) with reasonable sample sizes and any other demographic profile of participants including gender differences, work status and educational background.

D. CONCLUSION

The result of this study demonstrates that HT is effective to improve the quality of life. Women with hypertension who have attended *husnuzhan* training have a better quality of life scores than women who are not given the same training. The increase in quality of life score comes from the psychological domain of QoL.

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