

Attitude and family support to family members who are having mental disorders at Community Health Center, Central Java, Indonesia

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Submission date: 18 Juli 2018, Receipt date: 1 Oktober 2019, Publication date: 1 November 2019

Abstract

The phenomenon of mental disorders is currently experiencing a significant increase and always increase every year in various parts of the world. Family support is a form of providing support to other family members who experienced problems. The family influences the client's values, beliefs, attitudes and behavior. Based on data at Kutowinangun Health Center related to mental disorder patient visited in 2016 totaling 330 patients, the average number of monthly visit was around 11% or 28 patients. To find out family attitudes and support for family members who experienced mental disorders in Kutowinangun Health Center. This research is a descriptive study with a survey approach. The method of taking respondents in this study uses purposive sampling from the results of sample calculations obtained 75 respondents. Based on the research conducted, it was found that family attitudes toward family members who experience mental disorders in Kutowinangun Primary Health Center, the majority of the category is very good as many as 54 respondents (72,0%) and family support in the majority of good categories as many as 46 respondents (61,3%). Nurses motivate families to invite family members with mental disorders to exercise control at the Kutowinangun Health Center and families to monitor medication regularly.

Keywords: *mental disorders, attitude, support, family*

INTRODUCTION

Mental disorder is a collection of symptoms or patterns of behavior that are clinically meaningful that are associated with distress or suffering and cause interference in one or more functions of human life (Keliat, 2011). The mental disorder that occurs is caused by the existence of a trigger from the affective function in the family that is not going well. If the affective function is not working properly, there will be a psychological disorder that affects the psychology of all family units (Nasir & Muhith, 2011). Broadly speaking, mental disorders are divided into three, namely organobiology, psychoeducative and sociodemographic factors. Sociodemographic factors include age, sex, population density, education, marital status, employment, family economy and perception of social rank (Maramis, 2005).



The phenomenon of mental disorders is currently experiencing a significant increase and always increase every year in various parts of the world. Based on WHO data in Yosep (2013), there are around 450 million people in the world who experienced mental disorders. WHO states there are at least one in four people in the world who experience mental problems, and the problem of mental health problems that exist throughout the world has become a very serious problem. The Health and Behavior Advisor from the WHO Southeast Asia region (WHOSEARO), stated that although mental disorders are not the main cause of death, they are the main cause of disability in the productive age group, which is between the ages of 15-44 years old, which has a social impact of rejection, exclusion and discrimination. Besides that it can have an impact on the economy in the form of loss of productive days to earn a living for sufferers and their families who have to care for family members who experienced mental disorders, so that the family is expected to have positive coping with stress, and the burden they experience (Goldenberg & Goldengerg, 2004).

The prevalence of mental disorders in rural areas is higher than in urban areas. With the proportion of households in rural areas, at least one household member experienced severe mental disorders and was at 18,2%. While in urban area, the proportion only reached 10,7%. It can be concluded that the life pressure experienced by rural residents is heavier than in urban areas (Risikesdas, 2013).

The high dense population is an environmental stressor that impacts humans both physically, socially and psychologically. The effects of psychic include negative feelings, anxiety, stress, withdrawal and aggressive behavior. A light mental disorder mostly affected many women, which is twice as many as men. While severe mental disorders in women are lighter than men. Mental disorders are experienced by people over the age of 15 because at that age they have an unstable psychic pattern, followed by more psychological burdens (Maslim, 2012).

According to data from the Basic Health Research (Risikesdas, 2013) in Indonesia, the prevalence of emotional mental disorders as indicated by symptoms of depression and anxiety is 6% for the age of 15 years and over or around 14 million people. While the prevalence of severe mental disorders in Central Java is 0,23% for the age of 15 years and over the population of 24,089,433 people, so that around 55,406 people in Central Java province have severe mental disorders, and more than 1 million people in Central Java experience mental emotional disorders.

According to Risikesdas (2011) quoted from Hermawan (2014) in Kebumen District was second ranked as the region with the most mental disorder patients in Central Java after Semarang. The population of Kebumen who suffered from psychiatric disorders was around 946 people until December 2011. Meanwhile, for the handling of patients in *restraint* in Central Java it reached 615 people, and 49 people were among them in Kebumen Regency. The results of the 2012 data collection conducted by 35 health center in 26 subdistricts recorded 773 residents in Kebumen district experienced psychiatric disorders. Based on these data, the number of subdistricts that have the most cases of mental disorders is Kutowinangun and Pejagoan.

Attitude is a form of feeling evaluation or reaction. A person's attitude towards an object is a feeling of support or partiality. Family attitudes can be

influenced by several factors, namely personal experience, influencing others who are considered important, influencing the local culture, the role of mass media, educational institutions and religious institutions and emotional factors (Azwar, 2011). The attitude level according to Notoatmodjo (2007) is (receiving), (responding), (valuing), and (responsible). This is in agreement with the research conducted by Setiawati, Widodo, Listyorini (2012) with the title "Qualitative Study of Family Attitudes towards Mental Disorders in Sukoharjo District", obtained the result that family attitudes toward family members who experienced mental disorders are accepting the patient's condition and be positive by getting the patient to talk and chat when the patient speaks for himself and goes back and forth, binds the patient when he rages and releases him after the patient is calm, and advises the patient when the patient calls someone. The treatment carried out by the families of psychiatric patients is to take the patient to a mental hospital, massage, *ruqyah* and shaman.

Factors of family support and family acceptance determine the recovery of patients with psychiatric disorders, forms of family support according to Friedman (2010) assessment support, instrumental or physical support, informational support, and emotional support. The family influences the client's values, beliefs, attitudes and behavior. Families have basic functions such as giving affection, security, a sense of belonging and preparing individual adult roles in the community. If the family is viewed as a system, then a mental disorder in a family member will interfere with all systems or family condition, this is a factor causing mental disorders in family members. Based on the two statements above, how important is the attitude and support of the family in the event of a mental disorder and the adjustment process after the completion of the treatment program. Therefore, family involvement in care greatly influences the healing process of patients with mental disorders (Yosep, 2009).

This is in agreement with the family nursing theory proposed by Betty Neuman is the concept of Health Care System, namely a concept model that describes nursing activities aimed at suppressing stress reduction to individuals, families by strengthening the lines of self-defense in a flexible or normal and resistant to service goals are in the community.

Families can influence values, beliefs, attitudes and behavior. In addition, the family has basic functions such as giving love, feeling of security, a sense of belonging and preparing an adult role for individuals in the community. Family is a system, so if there is a mental disorder in one family member, it can cause mental disorders in other family members (Nasir & Muhith, 2011). This is in agreement with the research conducted by Syamsudin, Sulistianingsih, Anedha P.S (2015) which stated that there was a relationship between family support and the degree of symptoms of relapse of psychiatric patients who were treated at the RSJ Polyclinic Prof. Dr. Soeroyo Magelang.

Based on a preliminary study at the Kutowinangun Health Center, Kutowinangun subdistrict in obtaining data contained 19 villages with a population of 41,662 people recorded 297 people with mental disorders. Most of the patient's family treated at the Kutowinangun Health Center and Pejagoan , and some were treated by their own families. Kutowinangun Health Center data related to the number of mental patient visited in 2016 totaled 330 patients, the average number of visits per month was around 11% or 28 patients who visited Kutowinangun Health Center to exercise

control. Based on interviews with 5 families of people with mental disorders in getting data that family attitudes toward family members who experienced mental disorders said they volunteered to help care for family members at home, receive family members who experienced mental disorders, and families provide support for family members in the form of involving in community activities such as community service, families routinely exercise control at the health center and to increase family knowledge following health education activities carried out by health workers from the Kutowinangun Health Center.

This research needs to be done which aims to find out family attitudes and support for family members who experienced mental disorders so that it is expected to be beneficial for the family to improve family knowledge, attitudes, and support, help cure mental disorders, increase family interest to control in health services, and provide input to health center workers to improve mental health counseling programs.

Based on the background above, the researcher was interested in conducting research on the title Attitudes and Family Support to Family Members Who Experienced Mental Disorders in Kutowinangun District.

RESEARCH METHODS

The design in this study is a descriptive research method that is carried out with the main objective of making an objective picture of a situation. This is intended to obtain an overview of demographic data, attitudes and family support for family members who experience mental disorders in Kutowinangun District. Judging from the approach this research uses a survey approach.

The population in this study amounted to 297 people with mental disorders based on mental reports in Kutowinangun Health Center in 2016. Population is the whole of the research object or object under study (Notoatmodjo, 2010). Samples taken were 75 respondents. The sample selection method in this study is using the purposive sampling method that is by choosing a sample among the population as desired.

The instrumen that used in this study was attitude and family support questionnaires with 21 total item. The result of validity test were 0,7147 (attitude) and 0,6867 (family support), meanwhile, result of reliability test were 0,757 (attitude) and 0,765 (family support).

Data were collected by door to door interviewed using questionnaires. Then, the respondents just marks the desired response by the respondent, namely the check mark in the column provided. The time required for completing the questionnaires will take approximately 30 minutes for all items. Data were coded and entered to SPSS windows version 17,00 program for analysis. Descriptive statistic (frequency, percentage, mean value, standard deviation, maximum, and minimum values).

The study proposal was approved by the Ethical Committee of STIKES Muhammadiyah Gombong. A formal letter of permission was sent to the Primary Health Center in Kutowinangun district. The information related to the study was given to the respondents confidentially. Informed consent was sought for each potential subjects who agreed to participate in the study and fulfilled the inclusion criteria. Identities of respondents remained anonymous and identified with a numerical code.

RESULTS AND DISCUSSION

Research on family attitudes and support for family members who experienced mental disorders in Kutowinangun District is conducted on 75 respondents who have family members with mental disorders. Research was conducted at the Kutowinangun Health Center on April 4 - May 05, 2017. The results of this study will be described as follows.

Table 1. Frequency distribution of family attitudes toward family members who experience mental disorders in Kutowinangun sub-district (n: 75).

Family attitude	Frequency	Percentage (%)
Very good	54	72,00%
Good	20	26,70%
Enough	1	1,30%
Not good	0	0%
Total	75	100,00%

Based on table 1, it can be seen that the respondents were in the very good category in a very good family attitude as many as 54 respondents (72,0%) and respondents with sufficient family attitudes as many as 1 respondent (1,3%).

Table 2. Distribution of frequency of family support for family members who experienced mental disorders in Kutowinangun sub-district.

Family support	Frequency	Percentage %
Good	46	61,30%
Enough	29	38,70%
Not good	0	0%
Total	75	100,00%

Based on table 2, it can be seen that respondents with good categories in family support were 46 respondents (61,3%) and respondents with adequate family support were 29 respondents (38,7%).

CONCLUSION

Family attitudes towards family members who experience mental disorders in Kutowinangun District are categorized very well as many as 54 respondents (72,0%). The criteria of the majority family attitude in the category received as many as 74 respondents (98,7%).

Family support for family members who experience mental disorders in Kutowinangun District, the majority are in good category, as many as 46 respondents (61,3%). Criteria for majority family support in emotional and expectation categories were 53 respondents (70,7%).

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