

Analysis Factor that Affecting to the Family Abilities in Treating Patients of Mental Disorders at Community Health Centers Teja Pamekasan

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ABSTRACT

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One of the obstacles in the healing of mental patients is the knowledge of the community and the family. Usually society and family, treatment of mental disorders patients brought to the paranormal. The purpose of this study is to analyze factors that affect the ability of families in caring for people with mental disorders. This research is a quantitative research with observational analytic design cross sectional approach. This study was conducted on February 2018 at Puskesmas Teja Pamekasan with a family of households living in a house with mental disorders of 97 families. A sample size of 87 families. The independent variables are knowledge, family support, and family burden. Dependent variable is the ability of families in caring for people with mental disorders. Data were analyzed using logistic regression test with $P = 0.05$. The results showed that the variable of knowledge with $p = 0.646$; $OR = .798$, family support variable with $p = 0.010$; $OR = 6.028$, variable of family load with $p = 0.313$; $OR = 1.688$ so it can be concluded that the most dominant factor is family support factor with influence of 6.028. Less of family support making the lack of family ability to care people with mental disorders, so that the efforts of promoting and counseling the family in terms of how to care for people with mental disorders with counseling and home visits so that government programs can be achieved optimally.

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INTRODUCTION

One of the obstacles in the healing of mental patients is the knowledge of the community and the family. Family and society consider mental disorder an embarrassing disease and bring disgrace to the family. The impact of the beliefs of society and family, the treatment of patients with mental disorders are brought to medicinal or paranormal treatment. This condition is exacerbated by the attitude of families who tend to treat patients with hidden, isolated, isolated even until there is a dipasung (Hawari, 2012). Data from Riskesdas (Basic Health Research) in 2013 showed 1.7 people or 1-2 people from 1,000 residents in Indonesia. This number is big enough, it means 50 million or about 25% of the population of Indonesia experiencing mental health disorder and East Java province shows the number of 2.2 people based on East Java population of 38,005,413 inhabitants, it can be concluded 83.612 people who have interference soul in East Java. While in Kabupaten Pamekasan

based on data obtained from the Health Department in 2017 the prevalence of severe mental disorders of 958 people, and those with mild mental disorders as many as 13 338 people. The general purpose of this study is to analyze the factors that affect the ability of families in caring for people with mental disorders. The purpose of this research is to analyze the factors of knowledge on the ability of the family to care for the sufferer of Jiwadi disorder Puskesmas Teja Pamekasan Regency analyze the family support factor to the ability of the family to care for the mental disorder patient at Puskesmas Teja Pamekasan Regency analyze the family load factor with the family's ability to care for the mental disorder at Puskesmas Teja Pamekasan.

MATERIALS AND METHODS

The research type is quantitative research with cross sectional research design. The research was conducted on 1-24 February 2018 at Teja Pamekasan Community Health Center, sampling technique used simple random sampling and obtained sample of 87 respondents. The independent variables are knowledge, family support, and family burden. Dependent variable is the ability of families to care for people with mental disorders. Data were analyzed using logistic regression test with $p = 0,05$.

Instruments on Independent variables of the level of knowledge using questionnaires with the number of questions as many as 15 questions with a choice of right and wrong answers consisting of positive statements and negative statements. The family support variable uses a questionnaire with a total of 12 questions with a choice of answers Always, Often, Sometimes, Never. The family load variable uses a questionnaire with a total of 10 questions with a choice of answers Always, Often, Sometimes, Never. While the instrument on the dependent variable using the questionnaire with the number of questions as many as 15 questions with the choice of answers Always, Often, Sometimes, Never.

1. Characteristics of respondents based on the level of knowledge.

Tabel 4.8 Distribution Characteristics of respondents based on the level of knowledge on the family at Puskesmas Teja Pamekasan

Frequency Knowledge	Frequency(f)	Percentage(%)
Good	29	33,3
Sufficient	53	61
Less	5	5,7
Total	87	100

Source: primary data 2018

Based on Table 4.8 is known Characteristics of respondents based on the knowledge level of respondents who have a level of knowledge that is equal to 61%.

2. Characteristics of respondents based on family support.

Tabel 4.9 Distribution Characteristics of respondents based on family support to families at Puskesmas Teja Pamekasan.

Family Support	Frequency(f)	Percentage(%)
Good	1	1,1
Simply	9	10,4
Less	77	88,5
Total	87	100

Source: primary data 2018

Based on table 4.9 is known Characteristics of respondents based on family support that respondents who have less family support that is equal to 88.5%.

3. Characteristics of respondents based on family expenses

Table 4.10 Distribution Characteristics of respondents based on family burden on the family at Puskesmas Teja Pamekasan

Family Burden	Frekuensi (f)	Persentase (%)
High	0	0
Medium	25	28,7
Low	62	71,3
Total	87	100

Source: primary data 2018

Based on table 4.10 is known Characteristics of respondents based on family burden that is family that has low family burden that is equal to 71,3%.

4. Characteristics of respondents based on the ability of the family.

Tabel 4.11 Distribution Characteristics of respondents based on the ability of families to families in Puskesmas Teja Pamekasan.

Family Ability	Frequency(f)	Percentage(%)
Good	10	0
Simply	20	23
Less	67	77
Total	87	100

Source: primary data 2018

Based on Table 4:11 is known Characteristics of respondents based on the ability of the family of respondents who have less ability that is equal to 28.7%.

5. Multivariate statistical test with logistic regression test, using SPSS for windows version 16.0. The results of the analysis are as follows

Table 4:43 Tabulation of factors that affect the ability of families care for people with mental disorders in Puskesmas Teja Pamekasan.

No	Variabel	Estimate	SE	Wald	Df	Sig.	Exp B
1	Knowledge	-.226	.492	.211	1	.646	.798
2	Family support	1.796	.698	6.620	1	.010	6.028
3	Family Expenses	.523	2.199	3.692	1	.417	1.688

*p<0,05

RESULTS

The result of statistical test of factor analysis that influence the ability of the family to care for the mental disorder by using ordinal regression from all the variables studied there is one factor that most dominantly influence the ability of family that is with value of Sig-2 Tailed = 0,010 <0,05, then H1 accepted, there is influence of family support factor on family ability to care for patient of mental disorder at Puskesmas Teja Pamekasan.

DISCUSSION

A. Effect of knowledge on the ability of families to care for people with mental disorders in Puskesmas Teja Pamekasan

Based on the results of this study showed that from 87 respondents almost half of family knowledge enough but the ability to care for people with mental disorders less as much as 39 families (44.8%), and Logistic Regression test results obtained that the value $p = 0.646$ with $OR = .798$. So H_1 olak reject and H_0 accepted which means there is no influence of family knowledge on the ability of family care for people with mental disorders.

The results of this study are not in line with the results of previous studies. Research conducted by Agustina, Handayati (2017). This study aims to determine the knowledge, attitude, and behavior of caring for schizophrenia patients with hallucinatory symptoms in which the results indicate a significant relationship of knowledge with the ability of families in caring for schizophrenia patients ($p = 0.000$). In addition, the results of this study in line with the results of research Suhita (2016) who examines the model of adaptation care giver in caring for family members with schizophrenia in the city of Kediri where the results of family knowledge is enough. Although the family has sufficient knowledge but it turns out to care for people with mental disorders is still lacking. This can be seen based on research data from 87 families there are 39 families have sufficient knowledge with the ability to care for people with mental disorders are lacking. Most families know that the patient needs treatment for healing but assumes that other needs are more priority to be met such as meeting the daily needs of the sufferer and other family members. Families prefer to meet their personal needs rather than cure patients. Provided that the patient does not disturb others, the family feels more calm and no longer need to be taken to the health center for the sake of healing the patient. According to Agustina (2017) that a person with high knowledge will do good behavior and a person with low knowledge will do bad behavior also. But the good ability of the family in the care of the sufferer is not only influenced by the high level of knowledge proved that from the results of research with statistical regression logistic test obtained value of $P = 0.646$. Not close the possibility if with a good level of knowledge will arise less ability.

Based on data from the research results of knowledge factors, respondents almost half responded that mental disorders caused by the presence of disturbance of spirits. Understanding some families who are still not right about the treatment of people with mental disorders resulting in a

negative attitude toward patients. The negative attitude of the family to the patient can be seen from the assumption that the disease experienced by the patient is a persistent and incurable disease so the family tends to let the patient's origin does not interfere. Families consider the mental disorders experienced by patients is a natural thing because the patient is a mental disorder.

A family with mental disorders need to know and be aware of the patient's self condition, making a decision to determine how the attitude should be taken to avoid the things that are not desirable. Many families argue that patients may stop taking medication if symptoms disappear, as well as many families who think that people with mental disorders need only medication (medication) to be cured during the recovery process at home. This is obviously mistaken, the therapy for people with mental disorders is not just the provision of drugs and medical rehabilitation, but it is necessary family role for resocialization and prevention of recurrence (Hidayat, 2007).

B. The influence of family support on the ability of families to care for people with mental disorders in Puskesmas Teja Pamekasan

Based on the results of this study showed that from 87 respondents most of the family support is less but the ability to care for people with mental disorder less sebanyak 64 people (73,6%), and result of Logistic Regression test got that p value = 0,010 with OR = 6.028. This means that if good family support for the ability to care for people with mental disorders, then the opportunity to care for people with mental disorders 6.028 times greater than the support of less families. Because the value of $p < 0.05$, so H_1 diterima and H_0 rejected which means there is influence of family support to the family's ability in caring for people with mental disorders.

Data result of research majority of family income <Rp. 500.000, - as many as 39 people (44.8%). Factors that influence family support are the economic factors of families with disabilities. Socio-economic factors here include the level of income or income of the client's family, the higher the economic level of the family will provide more support and decision making in caring for people with mental disorders. Families with economically excessive social economic classes will have adequate levels of family support. Most of the family work is not fixed, the family only works when there is a need for energy alone so to meet the daily needs alone is less much less to meet the treatment of patients. The family prefers to wait for health workers to visit instead of having to control the Puskesmas. Because when the patient is taken to the Puskesmas there will be additional costs for additional transportation of other family members to deliver the patient.

Family income is one manifestation of instrumental support that will be used in seeking mental health services in caring for family members of mental disorders (Friedman, 2010). This is in line with the results of research conducted by Farkhah (2017). This indicates that one of the factors that affect the healing of the patients is the family's economic condition. Family action is very important when the patient mental disorders back home ie the family must bring patients mental disorders for control in the hospital or doctor psychologically on a regular basis, this is to prevent the occurrence of repeated treatment for patients.

Based on research data for family support factors, the family almost half answered that other family members did not ask each other about the development of people with mental disorders. Other family members prefer to meet their personal needs and care less about the sufferer as if the sufferer does not need to be appreciated which is important not to make trouble either with family members or with others. The family considers that the patient can no longer be empowered so that only healthy family members need to be prioritized.

The family is the closest person to the patient and is the primary nurse after the patient returns from the hospital. The success of hospital nurses can be useless if not continued at home which will then lead clients to be treated again (relapse) (Yosep, 2009).

Based on research data most families only meet their daily needs such as eating, drinking and so forth. Families provide more family support in the form of instrumental support only while for other family support can not be fulfilled such as information support, appreciation, and emotional. Families rarely reward or praise the sufferer. Less family support will have an adverse impact on patient development. If the expected family can become the hope of not being able to perform its function properly, then it is likely to make the problem for the patient so that will experience a relapse. Vice versa, if the family can provide support include emotional support so that people do not

feel alone in the face of the problem. Information support, instrumental, and assessment where the family as collectors and informers for patients about the disease, the solution, how to communicate then the recurrence of patients can be minimized.

In general if a person has a strong support system then the susceptibility to mental disorder is smaller and the possibility for higher selection (Kaplan, 2010). The mental support system is shaped by the family in which the family is responsible for patient care and helps the patient's health recovery process. In this case family support can help patients to prevent relapse by reminding the regularity of taking medicine, control, accepting the patient's condition and guiding him (Joseph, 2014). Based on the results of research obtained from respondents almost half of respondents provide less emotional support. With answers that most respondents choose never or sometimes just comfort each other between family members when arise in the saturation of caring for people with mental disorders. Emotional support gives the patient a feeling of comfort, feeling loved even when experiencing a problem, help in the form of spirit, empathy, trust, attention so that the individual who receives it feels valuable. In this emotional support the family provides a resting place and encourages the patient to be treated at home or mental hospital. The type of support is emotional or maintains a state of emotion or expression. Including this emotional support is the expression of empathy, caring, and caring for the individual. Giving the individual a sense of comfort, assurance of belonging, and feeling loved while experiencing problems, help in the form of spirit, personal warmth, love, and emotion. If stress diminishes a person's feelings for things they have and loved then support can replace them so they can reinforce those feelings. If left uncontrolled and uncontrolled it will result in loss of self-esteem. (Saputra, 2010).

In addition there is a negative perception of the family about mental disorders. This is supported by the results of research conducted by Suhita (2016) that the family has a negative perception of 51.1%. As a result of negative family perceptions in people with schizophrenia will have an impact on the patient itself, one of them is the reluctance of care giver to seek treatment for people with schizophrenia, which in turn will make the recovery of patients can not be maximized, and eventually the occurrence of schizophrenia relapse will occur repeatedly. repeated. According to psychiatric experts, said many things can increase the recurrence of people with schizophrenia, one of the most powerful is inadequate treatment (Suhita, 2016).

C. The influence of family burden on the ability of the family to care for people with mental disorders at Puskesmas Teja Pamekasan

Based on the results of this study shows that from 87 respondents most of the family burden is low but the ability to care for people with mental disorders less as much as 46 families (52.9%), and Logistic Regression test results obtained that the value $p = 0.313$. So H_1 olak reject and H_0 accepted which means there is no influence of family burden on the ability of families care for people with mental disorders.

The results of this study are not in line with the results of previous studies. Research conducted by Metkono (2014). This study aims to determine the knowledge, and care burden of giver treat patients relapse of schizophrenia with hallucinations symptoms where the results show there is a relationship with the value $p = 0.042$. In a study conducted by Suhita (2016) in accordance with current research but about the level of stress care giver obtained almost half of them experience low levels of stress.

This happens because people with mental disorders are mostly experiencing problems more than 5 years. So the family has accepted the condition of the patient and resigned to what has happened. According to Mary (2010) psychological well-being is the condition of a person who is not only free from pressure or mental problems, but has the ability to accept oneself as well as the lives of others who in this case are schizophrenic (self-acceptance) .

Family burden is the emotional impact that the family perceives in caring for sick family members, plus the lack of information about the disease so that it can affect the family's behavior toward the family members who are sick. The burden and suffering of family and ignorance in caring for family members will give birth to an emotional and krtis attitude, away from the warm attitude needed by the sufferer so that the healing process becomes longer (Stuart & Laraia, 2013).

CONCLUSION

Based on research data for family load factor, most respondents feel stressed and confused while caring for people with mental disorder at the time of patient is relapse. The family assumes that when the patient is recurring the family feels that they are experiencing severe problems and that it is a stressor for the family. Families do not know what to do to deal with relapsing sufferers. Usually the family let the patient in the room but with supervision. This is in line with research conducted by Suhita (2016) where the influence of stressors on the family with persepsi no effect of $p = 0.0146$. The stressor conditions in the family will make the system in the family such as facing a challenge or threat, and this will make care giver will also act to face the threat. Negative stigma condition of the community, the length of family members suffering from schizophrenia can cause a burden for the family one of them on the care giver itself, one of which is the stress experienced by care giver. The duration of schizophrenia can lead to stress on care giver, this may be due to schizophrenic behavior that may be withdrawn or aggressive, the deterioration of the quality of time of the family itself as it has to face many family members who are mentally disturbed, as it should be like a "normal" family, as well as due to a decline in care giver activity because the time is widely used in the treatment of schizophrenic patients. The stress of care giver will ultimately have an impact on the perception of care giver itself about the condition of a family member suffering from schizophrenia. Perceptions that arise one of them about the chances of recovery from schizophrenia itself, fear of the safety of both patients and other family members. Negative perception will certainly result in the willingness of care giver in assisting the healing process of schizophrenic (Suhita, 2016).

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