Indonesian Journal of Global Health Research
Volume 6 Number 5, October 2024
e-ISSN 2715-1972; p-ISSN 2714-9749
http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR

ANALYSIS OF FACTORS RELATED TO FAMILY ASSISTANCE OF PEOPLE WITH SCHIZOPHRENIA

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ABSTRACT
Schizophrenia is a complex chronic mental health. The role of family is very important in fulfilling basic needs, the cost of maintaining the, treatment and prevention a recurrence. In the onion, often still found the stigma and discrimination, and poor family assistance in patients, that is allegedly affected by low support officers to educate.Objective: Research objectives and analyze factors associated with assistance schizophrenic Method: kind of research with a quantitative approach cross sectional. The population research even all patients with schizophrenia and a 590, sample is 247 respondents. Simple random sampling techniques of sampling, analisis Data using univariate, bivariate and multivariate analysis using logistic regression tests. Results: is a knowledge of the known with p-value 0,016 (<0,05 & OR 2.248), p-value attitude 0,040 (<0,05 OR 2.04), the role of health workers p-value 0,004 (< 0,05 & OR 2.612), access to information p-value 0,028 (<0,05 & OR 2.110), the family motivation p-value 0,009 (<0,05 & OR 2.404). The dominant factor associated with the role of family assistance schizophrenic health workers with p-value 0,002 & OR 2.793. Conclusions Advice to improved access and coordination services, promoting access to mental health services, facilitate coordination between health workers, help family in navigating the health care system.

Keywords: family assistance; medical personnel; schizophrenia

First Received	Revised	Accepted
22 April 2024	28 April 2024	30 April 2024
Final Proof Received		**Published**
07 June 2024		01 August 2024

How to cite (in APA style)
Doris, D., Budiati, E., Rahayu, D., & Adyas, A. (2024). Analysis of Factors Related to Family Assistance of People with Schizophrenia. Indonesian Journal of Global Health Research, 6(4), 2361-2368. https://doi.org/10.37287/ijghr.v6i4.3473.

INTRODUCTION

The results of a preliminary pre-survey through interviews with mental health officers of the Tulang Bawang District Health Office explained that in the implementation of assistance in the treatment process schizophrenia patients are faced with several challenges, apart from the implementation of mental health education, there are still several weaknesses and obstacles such as limited funds. There is no coordination and collaboration of community leaders, village heads, Bhayangkara Community Security and Order Builders (babinkamtipmas), Village Development Officers (babinsa) with other organizations in supporting health workers to educate the community, another important thing is also the attitude of the community. Directly or indirectly, education that has not been optimally carried out, resulting in low family knowledge, less supportive attitudes, and low family motivation in playing a role in accompanying patients during healing. So often there are still many in the environment of Tulang Bawang Regency, schizophrenics are left alone by families with various backgrounds.

The results of the preliminary pre-survey, the officer explained that the treatment process of schizophrenia patients really needs family assistance. Currently, family assistance is still a

major challenge in increasing the active involvement of families as caregivers. Family care deficits are thought to be influenced by a variety of factors. The Department realizes that the implementation of mental health education, still relying on health workers, limited funds and limited coordination and passivity of community leaders, results in poor family knowledge, less supportive attitudes, and low family motivation in accompanying patients during healing. So often there are still many in the environment of Tulang Bawang Regency, schizophrenics are left alone or sometimes there is still shackling carried out by the family, especially due to social conflict problems and dangerous labeling in the community. Tujuan This study is analyzing factors related to the assistance of schizophrenic patients.

METHOD

The research design in this study used a cross sectional approach, simultaneously examining risk factors in the form of family knowledge, family attitudes, family motivation, the role of health workers and access to information with the effect of family assistance in schizophrenic patients. The type of research used is quantitative. The study population was schizophrenia/acute psychotics at the health center in Tulang Bawang which amounted to 590 patients. The sample of this study was families with family members with schizophrenia who met the inclusion criteria. A total of 247 people with simple random sampling technique. Research instruments are questionnaires that have been tested and must use validity and reality tests. In the knowledge measurement instrument, from valid question items, a result of 0.824 is obtained which means greater than the condition of 0.60 on Cronbach's alpha value is declared reliable. In the family attitude measurement instrument, from valid statement items, a result of 0.969 is obtained which means greater than the provision of 0.60 on Cronbach's alpha value is declared reliable. In the instrument of measuring the role of health workers, from valid question items, a result of 0.667 was obtained which means greater than the provision of 0.60 on Cronbach's alpha value declared reliable. In the family assistance measurement instrument, from valid question items, a result of 0.692 was obtained which means greater than the provision of 0.60 on Cronbach's alpha value declared reliable. Data collection using primary data and secondary data to be analyzed using logistic regression.

RESULTS

Table 1.
Frequency Distribution of Family Assistance for Schizophrenics (n=247)

Family Assistance	F	%
Good	51	20.6
Not Good	196	79.4

Based on the table above, it is known that from 247 respondents, as many as 51 respondents (20.6%) have good family assistance, and most of the 196 respondents (79.4%) have poor family assistance.

Table 2, it is known that at the age of respondents, out of 247 respondents, most of the age of respondents was in the range of 20-45 years, as many as 129 respondents (52.2%). Then on gender, of the 247 respondents, most of them were women as many as 145 (58.7%). Then, the respondents' educational background, of the 247 respondents, most of the 162 respondents (65.5%) had low education status (junior high school or elementary school graduates). And the work of respondents, from 247 respondents, most respondents did not work or IRT as many as 106 respondents (42.9%), farmers as many as 66 respondents (26.7%), self-employed as many as 25 respondents (10.1%), and workers as many as 31 respondents (12.6%).

Table 2.
Distribution of respondents' frequency based on age, gender, education and occupation (n=247)

	Family Assistance				
	Not Good		Good		
Information	f	%	f	%	Total
Age of Respondents					
20-45 Years	103	52.5	26	51.0	129
46- > 65 years old	93	47.4	25	49.0	118
Gender					
Woman	115	58.7	30	58.8	145
Law Law	81	41.3	21	41.2	102
Work					
Not working/IRT	87	44.4	19	37.3	106
Buruh	27	13.8	4	7.8	31
Farmer	51	26.0	15	29.4	66
Merchant	4	2.0	4	7.8	8
Wiraswasta	19	9.7	6	11.8	25
State Officer	3	1.5	2	3.9	5
Driver	1	0.5	1	2.0	2
Penjahit	1	0.5	-	-	1
Honor	2	1.0	-	-	2
Fishermen	1	0.5	-	-	1
Education					
Low (Elementary or Junior High)	134	68.4	28	54.9	162
Sedang (SMA/SLTA)	54	27.6	19	37.3	73
College (College)	8	4.1	4	7.8	12

Table 3.
Distribution of frequency of knowledge, family attitudes, role of health workers, access to information and family motivation (n=247)

	Family Assistance				
	Not Good		Good		
Variable	f	%	f	%	Total
Knowledge					
Good	62	31.6	26	51.0	88
Not Good	134	68.4	25	49.0	159
Family Attitude					
Good	53	27.0	22	43.1	75
Not Good	143	73.0	29	56.9	172
The Role of Health Workers					
Good	59	30.1	27	52.9	86
Not Good	137	69.9	24	47.1	161
Total	196	100	51	100	247
Access Information					
Good	83	42.3	31	60.8	114
Not Good	113	57.7	20	39.2	133
Family Motivation					
Good	56	28.6	25	49.0	81
Not Good	140	71.4	26	51.0	166

Based on the table above, it is known that in the knowledge variable, out of 247 respondents, there were 88 respondents who had good knowledge, and 159 respondents had poor knowledge. In family attitudes, of the 247 respondents, most of them, 172 respondents had unfavorable attitudes, and 75 respondents had good attitudes. In the role of health workers, based on the results of interviews known, from 247 respondents, there were 161 respondents stated that the role of health workers was not good, and 86 respondents stated that the role of

officers was good. In access to information, there were 133 respondents stated that access to information was not good, and as many as 114 respondents had access to good information. Then family motivation, of the 247 respondents, most of the 166 had poor family motivation and only 81 respondents showed good family motivation. Analysis of the relationship between independent and dependent variables using *the chi square test* (kai squared) with the results of the analysis presented in the form of a table below:

Table 4.
Knowledge relationship with family assistance for schizophrenics (n=247)

Variable	Family Assistance				Sum		*p-value*	OR (95% CI)
	Good		Not Good					
	f	%	f	%	f	%		
Knowledge								
Good	26	29.5	62	70.5	88	100,0	0,016	2.248
Not Good	25	15.7	134	84.3	159	100,0		(1.202-4.204)

Based on the results of the analysis of the relationship between knowledge and family assistance of people with schizophrenia, it is known that of 88 respondents who have good knowledge, there are 26 respondents (29.5%) who have good family assistance patterns, and of 159 respondents who have poor knowledge, as many as 25 respondents (15.7%) have good family assistance patterns. The results of the *chi square* test obtained *a p-value* of 0.016 (<0.05) in the *continuity correction column*, it was concluded that ha was accepted, meaning that there is a knowledge relationship with family assistance for scafhrenia sufferers in Tulang Bawang Regency in 2023.

Table 5.
The relationship between family attitudes and family assistance for schizophrenics

Variable	Family Assistance				Sum		*p-value*	OR (95% CI)
	Good		Not Good					
	f	%	F	%	f	%		
Family attitude								
Good	22	29.3	53	70.7	75	100,0	0.040	2.047
Not Good	29	16.9	143	83.1	172	100,0		(1.082-3.872)

Based on the results of the analysis of the relationship between family attitudes and family assistance for people with schizophrenia, it is known that of 75 respondents who have good attitudes, there are 22 respondents (29.3%) who have good family assistance patterns, and of 172 respondents who have unfavorable attitudes, as many as 29 respondents (16.9%) have good family assistance patterns The results of the *chi square* test obtained *a p-value of* 0.040 (<0.05) in the *continuity correction column*, it was concluded that ha was accepted, meaning that there is a relationship between family attitudes and family assistance for schzophrenia sufferers in Tulang Bawang Regency in 2023.

Table 6.
The relationship between the role of health workers and the assistance of families

Variable	Family Assistance				Sum		*p-value*	OR (95% CI)
	Good		Not Good					
	f	%	F	%	f	%		
Role of the officer								2.612
Good	27	31.4	59	68.6	86	100,0	0.004	(1.393-
Not Good	24	14.9	137	85.1	161	100,0		4.899)

Based on the results of the analysis of the relationship between the role of health workers and family assistance for people with schizophrenia, it is known that from 86 respondents stated the role of health workers is good, there are 27 respondents (31.4%) who have good family assistance patterns, and of 161 respondents who stated the role of health workers is not good,

as many as 24 respondents (14.9%) have good family assistance patterns. The results of the *chi square* test obtained *a p-value* of 0.004 (<0.05) in the *continuity correction column* then concluded that ha accepted, meaning that there is a relationship between the role of health workers and family assistance for schzophrenia sufferers in Tulang Bawang Regency in 2023.

Table 7.
The relationship between access to information and assistance for families of schizophrenics

Access information	Family assistance				Sum		*p-value*	OR (95% CI)
	Good		Not Good					
	f	%	f	%	f	%		
Good	31	27.2	83	72.8	114	100,0	0.028	2.110
Not Good	20	15.0	113	85.0	133	100,0		(1.124-3.960)

Based on the results of the analysis of the relationship between access to information and family assistance for people with schizophrenia, it is known that out of 114 respondents who have good access to information, there are 31 respondents (27.2%) who have good family assistance patterns, and of 133 respondents who have poor access to information, as many as 20 respondents (15.0%) have good family assistance patterns. The results of the *chi square* test obtained *a p-value of* 0.028 (<0.05) in the *continuity correction column*, it was concluded that ha was accepted, meaning that there is a relationship between access to information and family assistance for scafhrenia sufferers in Tulang Bawang Regency in 2023.

Table 8.
The relationship between family motivation and family assistance for schizophrenics

Family motivation	Family assistance				Sum		*p-value*	OR (95% CI)	
	Good		Not Good						
	f	%	f	%	f	%			
Good	25	30.9	56	69.1	81	100,0	0.009	2.404	(1.280-
Not Good	26	15.7	140	84.3	166	100,0		4.515)	

Based on the results of the analysis of the relationship between family motivation and family assistance for people with schizophrenia, it is known that out of 81 respondents who have good family motivation, there are 25 respondents (30.9%) who have good family assistance patterns, and of 166 respondents who have poor family motivations, as many as 26 respondents (15.7%) have good family assistance patterns. The results of the *chi square* test obtained *a p-value of* 0.009 (<0.05) in the *continuity correction column* then concluded that ha was accepted, meaning that there is a relationship between family motivation and family assistance for schapphreneia sufferers in Tulang Bawang Regency in 2023.

Table 9.
Bivariate selection based on knowledge, family attitudes, role of health workers, access to information and family motivation

Variable	*p-value*	Selection
Knowledge	0,016	Candidate
Family attidude	0,040	Candidate
The role of health workers	0,004	Candidate
Access information	0,028	Candidate

Table 9, that the bivariate results show all independent variables to be candidates for multivariate analysis because they have a *p-value* of <0.25 (*omnimbus tet* part of the *block*). Table 10, the role variable of health workers is the variable most related to family assistance. Decision making, the variable of the role of health workers as the dominant variable, seen from the largest value of Exp (B) / OR which is 2,793 so that it is concluded that the role of health workers is most dominantly related to the assistance of families of schizophrenics in Tulang Bawang Regency.

Tabel 10.
Final Multivariate Modeling

Final Modeling	*p-value*	OR	95% Coefisien Interval (C.I)	
			Lower	Upper
Knowledge	0,008	2.435	1.263	4.694
The role health workers	0,002*	2,793	1.450	5.379
Family motivation	0,007	2.486	1.287	4.800

DISCUSSION

Knowledge based on proper understanding will foster new behaviors that are expected, especially independence in treating mental disorders, especially related to compliance in the treatment of schizophrenia patients. Family knowledge about when to control, where to control, how to get medicine, give drugs according to the dose and follow the recommendations of nurses and other health workers (Netha Damayantie, 2019 in Ningrum, 2022) research is in line with the research of Nurdianasari, Hendrawati, Widianti (2020), on family attitudes towards the treatment of people with schizophrenia in Kertajaya Village, Cibatu District, Garut Regency. According to his research, family attitudes have a p-value of 0.032 which means there is a relationship between family attitudes and the treatment of people with schizophrenia. According to him, a bad attitude will affect obstacles in family behavior to support and accompany patients, not only that, it will also have a great opportunity to cause stigma, because it considers that family members who experience mental disorders will be viewed badly in society.

It is important to help families understand the illness faced by their loved one and how best to support them. Health workers, are expected to be able to explain the patient's treatment plan. In this case, the officer needs to explain in detail about the treatment plan that will be given to the patient. This includes the type of medication used, its side effects, and how to take it correctly. Officers are also expected to be able to educate families on how to treat patients at home safely and effectively. This includes how to recognize signs of recurrence, how to cope, and how to provide emotional support to patients. In providing support and education, health workers provide support and education to schizophrenia patients and their families. This includes information about the disease, treatment, and how to manage symptoms. Health workers can also help patients and their families to cope with the stigma associated with schizophrenia. And in the collaboration stage, health workers often collaborate with other professionals, such as social workers and nutritionists, to provide comprehensive care for schizophrenia patients. This collaboration helps ensure that patients receive all the care they need to achieve optimal recovery.

CONCLUSION

Support and the role of health workers who are considered not optimal are one aspect that contributes to the emergence of stigma and discrimination that still occurs in society in families and schizophrenia patients. Good support and role from health workers are not only needed in the diagnosis and treatment process, but officers are expected to be able to be parties who can generate community involvement and increase community empathy for the existence of schizophrenia patients around them. Of course, the results of this study are inseparable from several things that need to be considered and improved, how the phenomenon in the field explains that it still needs to be developed and improved collaboration and communication carried out by officers.

REFERENCES

Ardiansyah, Tribakti, Suprapto, dkk. (2023). Buku kesehatan mental. Diterbitkan oleh CV Global Eksekutif Teknologi. Padang Sumatera Barat

Ayu, P. S. D. (2021). Hubungan Dukungan Sosial Dengan Resiliensi Keluarga Penderita Skizofrenia: Literature (Doctoral dissertation, UNIVERSITAS dr. SOEBANDI).

Ayuningtyas, Misniarti, Rayhani. (2018). Analisis Situasi kesehatan Mental Pada Masyarakat Di Indonesia dan Strategi Penanggulangannya. Jurnal Ilmu kesehatan Masyarakat. Fakultas Kesehatan Masyarakat Universitas Indonesia.

Adiputra, Sudarma, Trisnadewi Wayan, Oktaviani Wiwik. (2021). Metodologi penelitian kesehatan. Penerbit Yayasan Kita Menulis.

Adventus, Merta Jaya, Mahendra Dony, (2019). Buku Ajar Promosi Kesehatan. Universitas Kristen Indonesia, Jakarta

Avelina, Y., & Angelina, S. (2021). Hubungan Pengetahuan Keluarga Tentang Gangguan Jiwa Dengan Kemampuan Merawat Orang Dengan Gangguan Jiwa Di Wilayah Kerja Puskesmas Bola. Universitas Nusa Nipa, Jurnal penerbit jurnal keperawatan dan kesehatan masyarakat volume 7 nomor 2.

Atmojo, B. S. R., Widiyanto, & Arsyad, A (2023). Analisis peran tenaga kesehatan dan dukungan keluarga dalam pemulihan pasien orang dengan gangguan jiwa di puskesmas. Universitas Semarang. DOI : https://doi.org/10.26714/jkj.11.1.2023.137-144

Alfriadi, R. (2020). Gambaran Tingkat Pengetahuan dan Persepsi Masyarakat Tentang Orang Dengan Skizofrenia (ODS) di Kecamatan Cangkringan (Doctoral dissertation, universitas islam indonesia). http://hdl.handle.net/123456789/20406

Arifin, Syamsul, Rahman Fauzie, Wulandari Anggun. (2016). Buku ajar dasar manajemen kesehatan. Universitas Lambung Mangkurat.

Bahari, Widodo. (2022). Program pendampingan pada keluarga dalam merawat orang dengan gangguan jiwa. Poltekkes Kemenkes Malang

CAMI Community Attitudes toward the Mentally Kuesioner. https://www.scribd.com/embeds/547760733/content.

Dwi Susilowati, 2016. Promosi kesehatan. Jakarta Selatan. Penerbit Pusdik SDM kesehatan

Dewi, O.IP., & Nurchayati, N.(2021). Peran Dukungan Sosial Keluarga Dalam Proses Penyembuhan Orang Dengan Gangguan Jiwa (ODGJ). Universitas Negeri Surabaya. https://ejournal.unesa.ac.id/index.php/character/article/view/38498

Daulay, W., & Simamora, A.N. (2020). Hubungan motivasi keluarga dengan kepatuhan minum obat orang dengan gangguan jiwa di Kelurahan Medan Sunggal. Jurnal Psychomutiara, 3(2), 17-21. DOI: https://doi.org/10.51544/psikologi.v3i2.1534

Eni, K.Y., & Herdiyanto, Y.K. (2018). Dukungan sosial keluarga terhadap pemulihan orang dengan skizofrenia dii Bali. Jurnal Psikologi Udayana, 5(2), 268-281. https://garuda.kemdikbud.go.id/documents/detail/1586073

Effendi, Husni, Sari Hasmila. (2020). Motivasi keluarga merawat skizofrenia di Puskesmas Ulee Kareng. Bandar Aceh. Universitas Syiah Kuala Banda Aceh.

Fitrikasari, Kartikasari. (2022). Buku ajar skizofrenia. Penerbit UNDIP Press Semarang.

Fitriani, V. Y., Salam, A. Y., & Addiarto, W. (2023). Hubungan Peran Kader Kesehatan Jiwa Dengan Kualitas Hidup Keluarga Yang Merawat Pasien Skizofrenia. Jurnal Ilmu Kesehatan Mandira Cendikia, 2(7), 173-181.

Hartanto, Eko, Agung. (2018). Model peran keluarga dalam perawatan diri pasien skizofrenia. Universitas Airlangga.

Hetty Ismaniar, Muhammad Dedi Widodo, Leon Candra. (2021). Organisasi Manajemen Kesehatan. Penerbit Widina.

Islamiati, R., Widianti.,E Suhendar.IWidianti, Suhendar.I. (2018). Sikap masyarakat terhadap orang dengan gangguan jiwa di desa kersamanah Kabupaten Garut. jurnal Keperawatan bsi, 6(2), 195-205

Kartikasari, R., Haryanto, E., & Safitri, D. D. (2022). Motivasi Dan Kepatuhan Berobat Pada Keluarga Penderita Skizofrenia di Wilayah Kerja Puskesmas Tamansari Kota Bandung. Jurnal Ilmiah JKA (Jurnal Kesehatan Aeromedika), 8(2), 55-59. https://doi.org/10.58550/jka.v8i2.154

Kementerian kesehatan Republik Indonesia. (2020). Pedoman penyelenggaran kesehatan jiwa di Fasilitas Kesehatan Tingkat Pertama. Direktorat Pencegahan dan Pengendalian Masalah Kesehatan Jiwa dan NAPZA.

Kurniawan D. (2020). Keperawatan jiwa keluarga:terapi psikoedukasi keluarga ODGJ.CV. Literasi Nusantara Abadi.

Lazuardin, Nurrachmi. (2023). Seni Visual Digital Sebagai Media Edukasi Kesehatan Mental (Analisis Tekstual Edukasi Kesehatan Mental Padaakun Instagram @Studiodjiwa). Universitas Veteran Jawa Timur

Liang, L., Zheng, Y., Ge, Q., & Zhang, F. (2022). Exploration and strategy analysis of mental health education for students in sports majors in the era of artificial intelligence. Frontiers in Psychology, 12, 762725. https://doi.org/10.3389/fpsyg.2021.762725

Peraturan Menteri kesehatan Republik Indonesia Nomor 54 Tahun 2017. Penanggulangan pemasungan pada orang dengan gangguan jiwa.

Peran Keluarga dalam Merawat Orang dengan Gangguan Jiwa (ODGJ). Dedikasi Sains dan Teknologi (DST), 2(1), 79-82. DOI : https://doi.org/10.47709/dst.v2i1.1491

Ridfah, A., Cahyani, Y. D., Hasim, R., Yaman, S. W., & Anwar, S. A. (2022). Promosi Kesehatan:

Undang-undang Republik Indonesia Nomor 18 Tahun 2014. Tentang kesehatan jiwa.

Ulya, Z., Sulistyono, A., & Novianto, W. T. (2018). Implementasi Aspek Promotif Upaya Kesehatan Jiwa Di Malang. Jurnal Kebijakan Kesehatan Indonesia: JKKI, 7(04).