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Family Support Relationship with The Rate of Schizophrenia Patients in *Puskesmas Rongkop District Gunungkidul Yogyakarta*

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ABSTRACT

Background: According to the result of Basic Health Research 2013 in Gunungkidul Regency, the prevalence of the serious mental disorders is 2.05 per mil, with the average in the Province of Yogyakarta of 2.70 per mil, where Gunungkidul Regency is categorized high. Visits of schizophrenics in the work area of Public Health Center/*Pusat Kesehatan Masyarakat (Puskesmas)* Rongkop rank to 8, and this shows the number of people with serious mental disorders is high. Most cases of mental disorders are found in the Petir Village, which is 37 people, spread in all hamlets. This public health concern needs family and community support so that the patients can re-socialize with their community. **Objectives:** This research was aimed to determine the relationship between family support and recurrence of schizophrenia, the level of family support for schizophrenia and the recurrence rate of schizophrenia in the work area of *Puskesmas Rongkop Gunungkidul Yogyakarta*. **Methods:** Population in this research includes families who have experienced schizophrenia in the work area of *Puskesmas Rongkop* located in Petir Village, Rongkop, Gunungkidul. The samples were taken by including 37 respondents of total sampling. The analysis of hypothesis testing of collected data was made by using the Spearman Rho correlation test aided by SPSS 16.00 program. **Results:** Family support for patients with schizophrenia in the work area of *Puskesmas Rongkop Gunungkidul Yogyakarta* is 35.13% in the medium category. The recurrence rate of schizophrenia in the work area of *Puskesmas Rongkop Gunungkidul Yogyakarta* is 62.16% in the low category. There is a positive and significant correlation between family support and recurrence of schizophrenia in the work area of *Puskesmas Rongkop Gunungkidul Yogyakarta* with correlation coefficient 0.649 with 1% significance level. **Conclusions:** Family support for patients with schizophrenia in the work area of *Puskesmas Rongkop Gunungkidul Yogyakarta* is in the medium category. The recurrence rate of schizophrenia in the work area of *Puskesmas Rongkop Gunungkidul Yogyakarta* is in a low category. There is a positive and significant correlation between family support relationship with recurrence of schizophrenia in the work area of *Puskesmas Rongkop Gunungkidul Yogyakarta*.

Keywords: *support, recurrence, schizophrenia*

INTRODUCTION

Mental disorder is one of the public health problems in Indonesia. Mental disorders can affect all ages. The nature of the disease is usually acute and can be chronic or prolonged for a long time. In most of society, there is a stigma that mental disorder is a disease that is difficult to cure, embarrassing and a disgrace for their family. Mental disorders pose a burden to families, and communities as well as governments, because the patient's productivity

decreases and ultimately this creates a huge cost burden for patients and families. From the government's point of view, these disruptions cost a great deal of health care. This is happening due to the lack of mental health services available for every person and the absence of proactive services for people with mental disorders¹. Stigma from the public that is attached to people with mental disorders makes it difficult for patients to be accepted back again into their community, thus making the burden on patients

and families, which ultimately can cause a great pressure for patients. Patients need support from family and society so that the patient can re-socialize with society¹. Moreover, the patients can receive ill treatment from the society, even though they should get protection from all parties². Enhanced services of mental health to improve the optimal level of mental health should be conducted comprehensively by the government, patient, family, and society continuously³.

According to the World Health Organization (WHO), mental health problems around the world have become a very serious problem. The WHO estimates there are about 450 million people in the world who experience mental health disorders⁴. According to the results of the Basic Health Research 2013, the mental health problems in Indonesia are 6.0% for Emotional Mental Illness (depression and anxieties) and 1.7% for Serious Mental Illness (schizophrenia and psychosis). In the Special Region of Yogyakarta, Emotional Mental Disorders stand on the national top ranking with up to 8.1%, and for Serious Mental Disorders, the Special Region of Yogyakarta along with Aceh have the highest number that is equal to 2.7%. According to the result of the Basic Health Research 2013 in Gunungkidul Regency, the prevalence of the serious mental disorders is 2.05 per mil, with the average of 2.70 per mil in Yogyakarta Province, where Gunungkidul Regency reaches the high category⁵. According to the monthly report of 10 major diseases, schizophrenia ranks 8th, and this is seen in the large number of people with serious mental disorders in the work area of *Puskesmas Rongkop*⁶. The distribution of mental disorders cases in Rongkop District in Petir Village is 37 people, while the least is in Bohol Village with as much as 5 people.

Medical specialists play an important role in the enhancement of the level of mental health in primary care because they have the ability with the following special characteristics or competences among others⁷:

1. *Primary care management* aims to deal with the first contact with patients who do not have a typical problem with a variety of health conditions and can become a coordinator of other professions.
2. *Person-centered care* is an approach used with the patient and the problems encountered, so there is an effective patient-doctor relationship but still maintains patient autonomy.
3. *Specific problem-solving skills* involve the ability to provide a specific decision based on incidence and prevalence of the disease in the community.
4. *Community orientation* is the ability to unite the individual and public health needs in order to create a balance with existing resources in the community.

Based on related research, the following similar studies were identified, for example:

1. Marchira conducted a study on the effect of brief interactive psychoeducation interventions for patients with schizophrenia on caregiver knowledge, treatment regularity, medication adherence, and recurrence for early psychotic phase disorders in Yogyakarta. Carla's study was an experimental research with pre-test and

post-test group control design, while this study used cross-sectional. The independent variable in Carla's study was the effect of brief interactive psychoeducation interventions on schizophrenia. Independent variable used in this study was family support. The dependent variables in Carla's study were caregiver knowledge, control regularity, medication adherence, and recurrence in patients with early-stage psychotic disorders. In this study, we used the recurrence rate of schizophrenic patients for dependent variable⁸.

2. Purwanta conducted a cross-sectional descriptive analytic study about the effect of social support on schizophrenia recurrence at dr. Sardjito Hospital in Yogyakarta. The results showed that satisfaction with social support had an effect on the prevalence of recurrence of schizophrenia⁹.
3. Aji conducted an observational study on the role of health services in preventing recurrence in patients with schizophrenia in Dr. Soeroyo Mental Hospital Magelang. The results of the study showed the more difficult or inadequate health services received by the respondents, the greater the likelihood for frequent recurrence or the better the services available, the greater the chances of preventing a recurrence¹⁰.
4. Wuryaningsih conducted research and phenomenological studies of family experiences to prevent recurrence of violent behavior of patients after mental hospitalization. Research method in that study was qualitative approach descriptive phenomenology. The difference between my research with her research is Wuryaningsih conducted research with qualitative methods while this research used the quantitative methods. There was similarity of this research in the main topic that we chose to explore, because both types of researches aimed to know the role of the family in preventing the recurrence of mental disorder¹¹.
5. Erlina and Pramono have conducted research on the factors that contribute to the experience of schizophrenia in patients in Prof. HB Saanin Mental Hospital in Padang, West Sumatra. Similarly, in this study the findings showed a significant relationship between socioeconomic, gender, occupation and family support with the incidence of schizophrenia¹².

Based on the above description, further research needs to be done to determine family support levels for patients with schizophrenia, the recurrence rate of schizophrenia and the relationship between family supports with recurrence of schizophrenia in the work area of *Puskesmas Rongkop Gunungkidul Yogyakarta*.

The purpose of this study was to determine the relationship between family support and recurrence of schizophrenia in the work area of *Puskesmas Rongkop Gunungkidul Yogyakarta*.

RESEARCH METHODS

This study was an observational study with a cross-sectional study design to determine whether family support had an effect on preventing recurrence in schizophrenic patients or not. The population of the study was the family of schizophrenic patients in the work area of *Puskesmas*

Rongkop in Petir Village, Rongkop Sub-district, Gunungkidul Regency, who had been diagnosed by a mental specialist in the General Hospital of Gunungkidul Regency and Ghrasia Pakem Mental Hospital Yogyakarta. The sample was taken by total sampling as much as 37 respondents based on the number of schizophrenic patients in Petir Village with 37 patients and by visiting their family home.

Inclusion criteria in this study were client families who had family members suffering from recurrent schizophrenia, family clients living in the same house with clients, at the age between 25-60 years old, and families who followed clients during their illness.

The exclusion criteria of this study were client families who have family members who suffer from schizophrenia that never recurs, client families who do not live with clients, at the age less than 25 years or more than 60 years and families who do not follow the clients during their illness. The location of this research is in Petir Village, Rongkop District, Gunungkidul Regency.

This study used a research instrument in the form of a questionnaire to collect data on family support and recurrence rates of schizophrenics. The questionnaire was prepared by the researchers themselves. Tests of questionnaires in this study used trial techniques or user tryouts. The users' try out is a technique to test validity and reliability with only one data retrieval method and the trial results are used directly to test the hypothesis.

In this study there were two variables: the independent variable was family support, and dependent variable was the recurrence rate of schizophrenia.

This research consisted of four stages. The first stage was the pre-research stage, preliminary study and literature study. Second, the preparation phase, included the preparation of research proposal, completing the administration and licensing research. Third, the analytical phase, used descriptive analysis and Spearman Rho correlation test, and fourth stage was the stage for preparation of reports.

RESULTS

Puskesmas Rongkop is one of 30 *Puskesmas* in Gunungkidul Regency, located in Karangwuni Village, Rongkop District. *Puskesmas* Rongkop has 42.41 km² with 8 villages and 100 sub-village (*padukuhan*).

Polling test in this study used trial or trial try out. The instrument method of validity test for the family support level indicated that of the 20 submitted items, 6 items (items 7, 8, 10, 16, 17 and 19) were invalid because they have r less than r table or significance value (p) > 0.05. Meanwhile the other 14 items are valid because they have a positive count r and larger than r table or significance value (p) < 0.05. Reliability test results for the variables of family support rate obtained Cronbach alpha (α) = 0.718. Since the value of Cronbach alpha (α) is greater than or equal to (\geq) 0.70 then the instrument proposed in this study is reliable.

The subjects of the study were the families of schizophrenic patients, with a total sample of 37 respondents. Based on gender, most respondents were women, with 27 people (72.98%) and the rest were men, equal to 10 people (27.02%). Most respondents were age group > 40 years old which was 19 people (51.35%) and the youngest respondents were in the 21-30 y.o. group that was 7 people (18.92%). Distribution of respondents by education level showed a majority of high school education level of 51.35%, and at the least elementary education with as much as 13.51%. Distribution of respondents by work showed nearly half (48.65%) of respondents have jobs as farmers, and the smallest number are retired with 5.41%.

Support that we found from this research was in the form of assistance provided by the family in support of the mental-emotional patients of schizophrenia and treatment of taking medication and regularity in their visits to the Puskesmas with family members who suffer from schizophrenia in the work area of *Puskesmas* Rongkop Gunungkidul, with results showing 8.10% in very high category, 24.33% in high category, 35.13% in medium category, 32.43% in low category. So, it can be concluded family support to people with schizophrenia in the work area of *Puskesmas* Rongkop Gunungkidul generally fall into the medium category.

For the rate of recurrence of schizophrenia, 5.41% were in the high category, 32.44% were in the medium category and 62.16% in a low category. So, it can be concluded that the recurrence rate of schizophrenia in the work area of *Puskesmas* Rongkop Gunungkidul is generally in the low percentage.

With the correlation coefficient value of 0.649 with a significance level of 0.01 or 1%, it can be stated that there is a significant relationship between family support with recurrence of schizophrenia in the work area of *Puskesmas* Rongkop Gunungkidul. The higher the level of family support, the lower the rate of schizophrenic recurrence.

DISCUSSIONS

From the results of the analysis it can be seen that family support to schizophrenic patients in the area of *Puskesmas* Rongkop Gunungkidul Yogyakarta is at 35.13%, falling into the medium category. Family support in the form of assistance provided by the family in support of mental-emotional patients with schizophrenia and treatment of taking medication and regularity in their visits to the *Puskesmas* with family members suffering from schizophrenia have been done fairly well.

Most families have treated their family members who are schizophrenic patients by providing holistic therapy such as physical needs (food, rest, physical exercise, and medication in the form of drug control and visits to health services or *Puskesmas*), mental-emotional and social guidance (how to get along with others, and social skills training), as well as creating a supportive family and social environment.

Based on the level of education, it can be seen that

respondents with senior high school graduate's education level are the majority of respondents. With the majority reaching sufficient levels of education this will certainly positively affect the family support provided to people with schizophrenia, so it will reduce the recurrence rate of patients.

The majority of respondents are people in the age group >40 years old, who, of course, have more attention and support to family members who suffer from schizophrenia so that will reduce the patient recurrence rate.

Most respondents are farmers. Working as a farmer certainly has more free time to give attention and support to family members who suffer from schizophrenia so that also will reduce the recurrence rate of the patient. Sufficient family support to family members who suffer from schizophrenia also involves counseling or explanations submitted by health workers either in the field or even at the time of treatment. As mentioned above, research has shown that there is a significant relationship between socioeconomic, gender, occupation and family line with the incidence of schizophrenia¹².

The recurrence rate of schizophrenia in the work area of *Puskesmas* Rongkop Gunungkidul Yogyakarta is generally 62.16%, which falls into the low category, because the clients did not relapse within one year.

There is a significant relationship between family support and schizophrenic relapse in the work area of *Puskesmas* Rongkop Gunungkidul Yogyakarta. The higher the level of family support, the lower the rate of schizophrenia recurrence, and vice versa. The availability of support that includes emotional support, instrumental support, and information support positively affects attitudes toward health care, helps the psychological adjustment to illness, prevents pressure, and even improves survival outcomes¹³. Studies showed that satisfaction with social support has an effect on the prevalence of schizophrenia relapse⁹.

CONCLUSIONS

Family support for people with schizophrenia in the work area of *Puskesmas* Rongkop Gunungkidul Yogyakarta is in the medium category. The recurrence rate of schizophrenia in the work area of *Puskesmas* Rongkop Gunungkidul Public Health Center Yogyakarta is in the low category. There is a positive and significant relationship between family support and schizophrenia relapse in the work area of *Puskesmas* Rongkop Gunungkidul Yogyakarta.

Suggestions

Families with schizophrenic patients should increase knowledge and support to patients as one attempt to prevent relapse. We hope that this research can be a basis for evaluation, decision making and policy related to the program of prevention of recurrence of people with schizophrenia in the work area of *Puskesmas* Rongkop Gunungkidul. The purpose of this research is to provide accurate data on factors related to the prevention of recurrence in schizophrenic patients with different variables.

We recommend that the staff at *Puskesmas* can work with a medical specialist in managing people with schizophrenia because the medical specialist can focus more on better managing patients with the ability they have through proper training.

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Ethical Approval and Informed Consent

This research has been approved by The Medical and Health Research Ethics Committee (MHREC) from the Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada with reference number KE/FK/0135/EC/2017.

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Availability of Data and Material

Data and material can be accessed via corresponding author.

Conflict of Interest

None.

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