



THE FAMILY KNOWLEDGE AND THE RECURRENCE OF SCHIZOPHRENIA PATIENTS

Arni Nur Rahmawati¹, Maryanto Maryanto, & Ita Apriliyani

Universitas Harapan Bangsa, Purwokerto, Jawa Tengah, Indonesia

ARTICLE HISTORY

Received: 08 July 2022

Accepted: 28 August 2022

CONTACT

Arni Nur Rahmawati
arninr@uhb.ac.id
Universitas Harapan Bangsa,
Purwokerto, Jawa Tengah,
Indonesia

ABSTRACT

Introduction: Schizophrenia is a type of high-level disorder that has behaviors such as aggressive and often screaming hysterically. This mental health often experiences recurrences after being hospitalized because it has entered the most severe type of disorder. Families whose family members have schizophrenia need to know about the treatment of schizophrenic patients. The purpose of the study was to describe between the level of family knowledge and the recurrence rate of schizophrenic patients at the Pekuncen 1 Health Center, Banyumas Regency.

Method: Descriptive study research design with cross-sectional time approach. The samples in this study were families of schizophrenic patients in the work area of the Pekuncen Health Center 1 Pekuncen District, Banyumas Regency totaling 60 people with a total sampling technique. The research instrument uses a questionnaire. Data analysis using spearman-rank test.

Results: The results showed that the family knowledge of schizophrenic patients in the category was sufficient (50%). The recurrence rate of schizophrenic patients is in the high category (60%). The results of the spearman rank correlation test obtained the results of a p-value of 0.0001 and a rho value of -0.453.

Conclusion: The conclusion is that there is a moderate and negative relationship between the level of family knowledge and the level of recurrence of schizophrenic patients at the Pekuncen 1 Health Center, Banyumas Regency.

Keywords: *knowledge; recurrence; schizophrenia*

Cite as:

Rahmawati, A. N., Maryanto, M., & Apriliyani, I. (2022). The Family Knowledge And The Recurrence Of Schizophrenic Patients. *Indonesian J. of Community Health Nurs.*, 7(2), 57-61. Doi: 10.20473/ijchn.v7i2.39505

INTRODUCTION

Mental health is a state of psychological emotional health, positive self-concept, emotional stability, and social seen from affective behavioral relationships and satisfactory interpersonal relationships (Videbeck, 2008). Mental health is still one of the significant health problems globally, including in Indonesia (Ministry of Health, 2016). One of them is mental disorders which are abnormal states either related to the physical or mental. The normality is divided into two groups, namely mental disorders (aneurysms) and mental illness (psychos) (Yosep, 2019).

Schizophrenia is a type of serious psychiatric disease or disorder or chronic mental disorder that can decrease the quality human life. People with Schizophrenia experience hallucinations, illogical thoughts, discourse that cause them to behave aggressively, and often scream hysterically. Although the symptoms in each sufferer can be different, but invisibly the behavior of people with Schizophrenia is different from that of normal people (Reza, 2015).

Currently, the number of people with mental disorders has increased related to various kinds of problems experienced, ranging from deteriorating economic conditions, family conditions or poor child parenting backgrounds to natural disasters that Hit.

Data World Health Organization (WHO) in 2013 there were 450 million people in the world experiencing mental disorders and one in four people experienced mental and mental health problems worldwide. Until now, it is still a big and worrying problem in the world regarding the problem of mental disorders. Who schizophrenia is a severe mental disorder that affects about 7 per thousand of the adult population, especially in the age group of 15-35 years. Despite the low incidence (3-10,000), the high prevalence occurs due to chronicity. Based on data submitted at the annual conference "The American Psychiatric Association" in Miami, Florida, United States, in May 1995 that the number of people with schizophrenia is quite high (Lifetime Prevalence Rates) reaching 1 per 1000 population, based on data in America every year 300,000 schizophrenic patients are experiencing acute episodes. The incidence of schizophrenia in America is estimated at as much as 2-5 per 10,000 inhabitants. About 25% of the beds are in psychiatric hospitals across negara tersebut ditempati oleh penderita schizophrenia. Among people with schizophrenia, 20%-50% have suicide attempts, and 10% of them die by suicide. The mortality rate of schizophrenics is 8 times higher than the mortality rate of the population in general, of all schizophrenics, treated 20%-40% have not shown satisfactory results (Anthony et al, 2014).

According to data from the 2018 Basic Health Research, the number of people with mental disorders in Indonesia from 2013 to 2018 continues to increase. The prevalence of severe mentally ill people (schizophrenia/psychosis) increased from 0.15% to 0.18%, while the prevalence of emotional mental disorders in the population aged 15 years and over increased from 6.1% in 2013 to 9.8% in 2018. The severe mental illness population in Central Java is ranked fifth out of 34 provinces in Indonesia, which is 2.3 permit and is included in the province with the highest number of psychosis nationally.

The target of severe ODGJ in Central Java Province in 2019 was 81,983 people and those who received health services according to standards were 68,090 or 83.1 persen (Profil The health of Central Java District / City in 2019). Meanwhile, for the Banyumas region, according to data in 2011, the prevalence of severe mental disorders is around 0.6 with a ratio of 1,540,000, namely 7,700 sufferers, while emotional mental disorders reach 19% with a population of 1,540,000 sufferers (Hendry, 2012). Based on the results of Purnamasari's research, it showed that respondents with less knowledge were more dominant, totaling 24 respondents with a presentation of 84%, the knowledge group was

sufficient with 19 respondents with a presentation of 38%, while good knowledge amounted to 7 respondents with a presentation of 14%, so that the results of the study showed that knowledge was less dominant compared to sufficient and good knowledge. One of the factors causing the recurrence of schizophrenic patients is the lack of family participation in caring for the affected family members. One of the causes is due to families who do not know how to deal with the behavior of sufferers at home. Families rarely follow the sufferer's nursing process because they rarely visit the sufferer in the hospital and health teams in hospitals also rarely involve families (Keliat, B.A 2011). Life in society considers that if one of his family members suffers from schizophrenia, this is a disgrace to the family. Therefore, often people with schizophrenia are hidden and even excluded, not taken to see a doctor because they feel ashamed (Purnamasari 2013). In the management of schizophrenia, continuity of treatment is one of the main factors for the success of therapy.

Families whose family members have schizophrenia need to know about the treatment of schizophrenic patients (Butar 2012). Family knowledge about schizophrenia suffered by family members is obtained through mental health education in the family. The mental health education by providing mental health guidance and counseling to families preventing diseases and recognizing the symptoms of mental disorders early and their treatment. According to Keliat, the content of health education provided by the family after being released from the hospital is: the family must know the type and macam obat, dosis, waktu administration or use of drugs, as a result of stopping drugs (Keliat, 2011).

Research conducted by (Rasmun et al., 2013) that the main causes of recurrence in schizophrenic patients are ineffective therapeutic regimens (62.7%), poor family attitudes towards schizophrenic patients (54.9%), and poor family behavior towards schizophrenic patients (60.8%). Another study conducted (Aini, 2015) stated that the recurrence of schizophrenic patients was caused by (1) the patient's life pressures, (2) lack of family roles due to lack of knowledge, (3) non-compliance and irregularity of taking medications and (4) limited medications and assistance of health workers. This is also in line with research (Kurnia et al., 2017) which revealed that the recurrence of schizophrenic patients is influenced by the main factor, namely adherence to taking medications. So it can be concluded that several factors that cause 4 relapses are also influenced by family factors. This is following

research (Amelia & Anwar, 2013), that in addition to age, gender, and occupation factors, the causes of subjects experiencing relapses are due to by family factors, such factors are most dominant so that the subject experiences a relapse after being hospitalized. Several things can trigger the recurrence of mental disorders, including not controlling to see a doctor regularly, stopping drugs without the approval of a doctor, lack of support from family and the community, and the presence of other factors that make sufferers stress (Farida Hartono & Yudi, 2012). The occurrence of recurrence in sufferers will certainly harm and endanger individuals, families, and communities. When signs of recurrence or relapse appear, the sufferer may behave defiantly such as going berserk, acting anarchically, or even worse will injure and even killing another person or himself.

The results of a preliminary study conducted at Puskesmas Pekuncen 1 on October 19, 2021, obtained data from the Puskesmas that the total number of patients with schizophrenia who experienced outpatient treatment from January to October there were 60 patients from 8 working area villages. Coverage of health services for people with mental disorders berat di Puskesmas Pekuncen 1 is 100% a total of 60 ODGJ with elaboration, Kranggan there are 9 people, Karangkemiri there are 17 people, Banjarnayar there are 15 people, Cikawung there are 4 people, Krajan there are 4 people, Cibangkong there are 6 people, Semedo there is 1 person, Petahunan there are 4 people (Puskesmas Pekuncen1, 2020). Based on the results of interviews in December 2021 – January 2022 that researchers conducted on 5 families with schizophrenic patients, 3 of them felt burdened with lack of knowledge not knowing what would be done to patients both in terms of psychological, economic, long treatment, while 2 of them stated that there was no burden in treating schizophrenic patients. The length of patients who have schizophrenia and the average length of treatment is more than 1 year and the patient is outpatient 1 time a month Based on the background and phenomena above, researchers are interested in knowing about "The Description of Family Knowledge and the Recurrence of Schizophrenic Patients at the Pekuncen 1 Health Center.

METHOD

This study used descriptive study research design with cross-sectional time approach. The population in this study was a family of schizophrenic patients in the work area of Puskesmas Pekuncen 1 Pekuncen

District, Banyumas Regency totaling 60 people. The samples in this study were families of schizophrenic patients in the work area of the Pekuncen Health Center 1 Pekuncen District, Banyumas Regency totaling 60 people with a total sampling technique. The free variable in this study is the level of family knowledge of schizophrenic patients. The bound variable in this study is the recurrence of schizophrenic patients. The research instrument uses a questionnaire.

RESULTS

Table 1. Frequency Distribution of Family Knowledge Level of Schizophrenic Patients in Pekuncen Health Center 1 Banyumas Regency (n: 60)

Level of Knowledge	f	%
1. Good	11	18.3
2. Enough	30	50
3. Less	19	31.7
Total	60	100

Based on table 1 shows that half of the respondents have a sufficient level of knowledge as many as 30 respondents (50%) and the fewest respondents with good knowledge levels (18.3%).

Table 2. Frequency Distribution of Recurrence Rate of Schizophrenic Patients in Puskesmas Pekuncen 1 Banyumas Regency (n: 60)

Recurrence	f	%
1. Low	24	40
2. High	36	60
Total	60	100

Based on table 2, shows that more than half of the respondents had a high recurrence rate of 36 respondents (60%).

DISCUSSION

Family exposure to the phenomenon of caring for patients with stroke, similar to taking care of other chronic disabling diseases, appears to create much tension for the caregiver and family of the patients. The primary caregivers are especially exposed to stress because their biological, social, and psychological needs exceed their own needs. According to a previous study, many families stated that due to the lack of social and financial support, educational programs, access to rehabilitation services, and their patients' physical and mental problems, they had many problems caring for the patient.

According to researchers, the caregivers of patients with stroke do not receive the necessary training in rehabilitation and the related issues. Thus

they refer to private centres for rehabilitation. However, the number of these institutions is low, and the cost of rehabilitation is very high. Therefore, most caregivers take care of their patients at home according to their knowledge and the knowledge of people surrounding them, which is not by proper rehabilitation and may lead to many complications in the patients (Lu et al., 2019).

A study on families of patients with stroke; which showed the families had a low level of knowledge about care in different areas, and there was the neglected rehabilitation, diet, and drug regimens. This will lead to complications or prolonged complications. In research, the results showed that people who received nutrition education and the family after hospitalization had a significant difference from the control group in knowledge and awareness of low-fat diet (Bierhals et al., 2019).

Family-based educational programs in inpatient drug regimens effectively improve the interaction between the patient and his/her family and ultimately observe it (McLennon et al., 2014). He noted that the use of simple and understandable means and methods for training, which would facilitate the understanding of the patient and family in the context of the drug regimen, as well as the presentation of practical and essential points, played a significant role in improving adherence to the drug regimen. It is expected that treatment staff improves the quality and continuity of care in partnership with family-based care (Woodford et al., 2018).

Interventions such as education, family therapy, and group therapy should reduce the burden on caregivers and improve both the quality of patient care and the physical and mental health of the caregiver as a hidden patient. The importance of caring empowerment is prioritized. Since care is a speciality and nurses are in a unique position to interact with people and family members, they can provide the knowledge, skills, and support required for maintaining the quality of care at home. In the care of a patient, his/her family needs a correct understanding of the disease, and the nurse's duty, along with patient care, is to help the family to increase safety and trust; this approach will improve the health and wellbeing of the family not been studied. According to the important role of nurses in protecting patients and family members and the significant impact of people's experiences on their lives, the nurses need to be aware of this situation to provide proper care (Deng et al., 2018).

This study aimed to review the experiences of stroke patients' caregivers to attain a deeper understating of caregivers' experiences and meet

their needs by providing nursing care. It can also be a scientific and practical development of nursing.

CONCLUSION

The level of knowledge of the families of schizophrenic patients at the Pekuncen 1 Health Center, Banyumas Regency, is in the sufficient category of 30 respondents (50%). The recurrence rate of schizophrenic patients at Puskesmas Pekuncen 1 Banyumas Regency in the high category was 36 respondents (60%).

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