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Article

Relationship between Sociodemographic and Psychopathology in Communities in Wanci Village, Wakatobi Regency

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Abstracts

Introductions: Mental disorders are a group of symptoms that co-occur in individuals at a particular time. Symptoms of mental disorders can include physical, biological, psychological, and cognitive symptoms. Mental disorders are considered a silent epidemic in rural areas. This condition is caused by the lack of access to health service centers, especially in the 3T areas (Tertinggal, Terdepan dan Terluar) or fall behind, frontier, and outermost. Wakatobi Regency is one of the regencies in Southeast Sulawesi Province, which has 142 islands and is included in the 3T area. **Objective:** This study aims to determine the sociodemographic description and its relationship with psychopathology in Wanci Village, Wakatobi Regency residents. **Methods:** This research is included in the cross-sectional survey using an accidental sampling technique. Respondents amounted to 46 people who have fulfilled the requirements. The research instrument used was the Self Reporting Questionnaire-20 (SRQ-20). **Results:** A total of 46 samples included in the inclusion criteria found that 22 respondents (47.8%) had SRQ-20 values ≥6 or experienced mental-emotional disorders. In bivariate analysis using chi-square tests, significant results were obtained (P<0.05) for age (P=0.029) and spouse (P=0.035). **Conclusion:** In this study, it was found that there was a statistically significant relationship between age and spouse variables on psychopathology.

Keywords: SRQ-20, Emotional Mental Disorder, Rural Area

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Introductions

Mental disorders are a group of symptoms that co-occur in individuals at a particular time, including physical/biological, psychological/emotional, and cognitive disturbances. Studies have found that the trend of mental disorders is increasing globally, with the main symptoms being depression and anxiety [1]. This could happen because mental illness is still considered a silent epidemic, especially in rural areas. Structural and systemic conditions, which include health infrastructure, the number of health workers, and access to health services, can contribute to health services, especially mental health.

Research conducted by the World Health Organization (WHO) showed increased prevalence rates of mental illness, especially depression and anxiety disorders. The research shows that the total estimation of people with depressive disorders in 2015 increased by 18.4% compared to 2005, while those with anxiety disorders increased by 14.9% [2]. Based on data from the Ministry of Health of the Republic of Indonesia in 2018, it shows that 9.8% of Indonesia's population over the age of 15, experience mental and emotional disorders, of which 6.1% experience depression. This percentage has increased by 3.8% since 2013. Data from the Basic Health Research (RISKESDAS) in 2018 shows that Southeast Sulawesi is in 14th position out of 34 provinces with a percentage of mental emotional disorders of 11% [3]. Wakatobi District is one of districts in Southeast Sulawesi Province which is still classified as the 3T area category, which stands for Tertinggal, Terdepan, dan Terluar or fall behind, frontier, and outermost [4].

Southeast Sulawesi Province consists of approximately 591 islands, and 142 of them are part of the Wakatobi Regency. Based on the Decree of the Ministry of Villages, Development of Disadvantaged Regions, and Transmigration, it was stated that six districts out of 17 regencies/cities in Southeast Sulawesi fall into the 3T area category. Wakatobi Regency is one of the districts included in the 3T category. The determination of this category is based on the availability of infrastructure facilities, including the health sector and the poverty rate, which is still relatively high at around 17% in 2017 [5].

WHO has developed several psychiatric screening instruments, however, some of these instruments require time and trained personnel. The Self Reporting Questionnaire/SRQ-20 is a screening instrument for mental disorders developed by WHO to facilitate the screening process that can be used in 3T areas with limited resources [6,7].

As there is still not enough information regarding mental health in Wakatobi and there are still high rates of mental and emotional disorders in Southeast Sulawesi Province, the researchers are interested in looking at the sociodemographic picture of mental emotional disorders in Wanci Village located in Wakatobi by using the SRQ-20 questionnaire.

Aims

This study aims to determine the sociodemographic description and its relationship with psychopathology (mental-emotional disorders) in residents in Wanci Village, Wakatobi Regency, using The Self Reporting Questionnaire/SRQ-20.

Methods

This research is an observational study with a cross-sectional design to determine the relationship between sociodemography and psychopathology. This research is located in Wanci Village, Wakatobi Regency with the time of conducting research from May 16 to May 20, 2022.

The population of this study were all residents located in Wanci Village, while the sample of this study were residents who have met the inclusion criteria and were determined by the minimum sample size formula. The sampling technique used was accidental sampling technique. Researchers took all samples according to the inclusion and exclusion criteria. The inclusion

criteria of this study were: people living in Wanci Village, respondents who were present during the data collection process, and respondents aged ≥18 years. Exclusion criteria from this study were: respondents who were illiterate, respondents who were in an aggressive and uncooperative condition, and respondents who were not willing to take part in this study.

The minimum sample size required in this study was calculated using the sample size formula for a cross-sectional study, with α=0.05 and the prevalence of mental emotional disorders was 11%.3 The subjects obtained from this sample calculation were 39 people with a dropout calculation of 10%, then a minimum total sample size of 43 respondents is required. In this study, there were 46 research respondents who met the inclusion criteria.

The data collection process in this study used the Self Reporting Questionnare-20 (SRQ-20) questionnaire. This questionnaire consists of 20 questions consisting of "yes" and "no" answers. The SRQ-20 is a screening questionnaire for psychiatric disorders developed by WHO (World Health Organization) for research purposes. Currently the SRQ-20 questionnaire has been adopted and used by various countries as a basic screening tool to assess the presence of mental-emotional disorders, as has been done by Riskesdas in Indonesia [3]. This questionnaire already has good validity and reliability with a sensitivity value of 88%, specificity of 81%, positive predictive value (PPV) 60%, and negative predictive value (NPV) 92%. Respondents who answered at least 6 questions with the answer "yes" were declared to have a mental emotional disorder [8].

In this study, the low education group included those who had not attended school until junior high school graduation, while the higher education group included high school graduates and undergraduates. The occupational groups in this study were divided into working (farmers, fishermen, traders, laborers, and other temporary workers) and not working (students, housewives, and retirees). The data analysis technique used in this study is the frequency distribution and for bivariate analysis techniques using chi-square tests. Classified data will be displayed both in table and narrative forms. The limitation of the SRQ-20 questionnaire is that it can only assess an individual's emotional mental status in the last 30 days and cannot be used to specifically diagnose mental disorders.

Results

The general characteristics of the respondents can be seen in **Table 1**. The number of respondents who participated in the study were 46 respondents consisting of 22 (47.8%) male and 24 (52.2%) female. In this study, the age group ≥45 was 60.9%, while the age group <45 was 39.1%. The majority of respondents in this study were married was 71.7%, while those who were not married was 28.3%. In this study it was found that respondents with higher education was 63.0%, while for low education was 37.0%. In the occupational group dominated by workers which is 69.6%.

Table 1. General Characteristics of Respondents

Characteristics	Total	
	N (46)	%
Gender		
Male	22	47.8
Female	24	52.2
Age Group		
≥45	28	60.9
<45	18	39.1
Marital status		
There is a Couple	33	71.7
No partner	13	28.3
Education		
Low education	17	37.0
higher education	29	63.0
Work		
Work	32	69.6
Doesn't work	14	30.4

This study shows that out of 46 respondents, 22 respondents (47.8%) experienced mental emotional disorders (SRQ-20 ≥6) and 24 respondents (52.2%) did not experience mental emotional disorders (SRQ-20 <6) (Table 2). The group that experienced emotional mental disorders in the gender variable included 10 male respondents (21.7%) and 12 female respondents (26.1%), while in the age group there were 17 respondents (37.0%) aged ≥45 years and 5 of respondents (10.9%) who were <45 years old. Respondents who had a partner made up 41.3% (19 respondents) of the group that experienced emotional mental disorder, this number is higher compared to proportion of respondents who did not have a partner with a total of 3 respondents (6.5%). In the education level variable, 10 respondents were found (21.7%) with low education and 12 respondents (26.1%) with higher education, while in the employment variable, 15 respondents (32.6%) were working and 7 respondents (15.6%) were not working. Based on the results of the chi-square tests analysis in Table 3, there was no statistically significant relationship between gender, education level, and occupation of psychopathologists (SRQ-20) with a P value of each P = 0.758 (P>0.05) on the gender variable, P = 0.253 (P>0.05) on the education variable, and P = 0.845 (P>0.05) on the occupational variable. In the age and partner variables, there was a significant relationship to psychopathology with P values respectively P = 0.029 (P <0.05) in the age variable and P = 0.035 (P <0.05) in the partner variable.

Table 2. Prevalence of Emotional Mental Disorders

Emotional Mental Disorders	Total	
	N	%
Yes	22	47.8
No	24	52.2
Total	46	100

Table 3. Sociodemographic Bivariate Analysis with Psychopathology (SRQ-20)

Characteristics	SRQ-20		N (46)		*P-value*
	≥6	<6	F	%	
Gender					0.758
Man	10 (21.7%)	12 (26.1%)	22	47.8	
Woman	12 (26.1%)	12 (26.1%)	24	52.2	
Age					**0.029***
≥45	17 (37.0%)	11 (23.9%)	28	60.9	
<45	5 (10.9%)	13 (28.3%)	18	39.1	
Partner					**0.035***
There is	19 (41.3%)	14 (30.4%)	33	71.7	
There isn't any	3 (6.5%)	10 (21.7%)	13	28.3	
Education					
Low education	10 (21.7%)	7 (15.2%)	17	37.0	0.253
higher education	12 (26.1%)	17 (37.0)	29	63.0	

Work	15 (32.6%)	17 (37.0%)	32	69.6
Doesn't work	7 (15.2%)	7 (15.2%)	14	30.4
Total	22	24	46	100

Description: SRQ-20 (Self Reporting Questionnaire-20)
An analysis using chi-square
* Has a significant influence (p-value <0.05)

Discussions

This study found that emotional and mental symptoms were found more in female respondents than male respondents, with a percentage of 28.3% and 19.6%, respectively. This study had no statistically significant relationship between gender and psychopathology (P = 0.758). This is also by research conducted by Puspitosari and Wardaningsih (2020), which showed that there was no significant relationship between gender and psychopathology (P = > 0.05) [9]. This differed from research conducted by Tampubolon and Hanandita (2014), which showed that female respondents are 2-3 times more prone to depression than male respondents [10,11]. This could be due to reproductive problems such as hormonal imbalances in the reproductive cycle, gender weaknesses, unpleasant life experiences such as acts of domestic violence, and emotional and mental state.

This study found that 37% of respondents aged ≥45 years were more likely to suffer mental and emotional disorders. In this study, it was found that there was a statistically significant relationship between age and psychopathology with a value of P = 0.029 (P <0.05). These results are from research conducted by Riskesdas in 2018 [12]. This study found that 6.5% of the 45–64-year-old group experienced mental emotional disorders, while this percentage increased to 8.9% at the age of 65-75 years. The mental condition that can arise in the age group ≥45 years is empty nest syndrome, in which children are married and separated from their parents, causing feelings of loneliness for parents [13].

This study found that 26.1% of respondents with a higher education level tended to experience mental and emotional disorders. This study had no statistically significant relationship between education and psychopathology (P = 0.253). This is different from research conducted by Puspitosari and Wardaningsih (2020), which showed a meaningful relationship (P <0.05). This study demonstrated that respondents with low levels of education tended to experience emotional and mental disorders [9]. Similar results were also obtained from research conducted by Manners et al. (2016), which showed that education level is related to mental health; the higher a person's educational level, the higher level of education correlates with a higher level of mental disorders [14].

In this study, it was found that around 41.3% of respondents who had partners tended to experience mental and emotional disorders. It was found that there was a statistically significant relationship with a value of P = 0.035 (P <0.05). This is by research conducted by Davidson (2016); in this study, it was found that marriages with unhealthy patterns and characteristics, such as acts of domestic violence and conflicts between family members, can lead to emotional mental disorders in the future [15]. Research conducted by Sly (2021) shows that one of the causes of conflict between family members is infidelity. Impaired self-esteem, guilt, and depression are frequently seen in both victims and perpetrators of infidelity [16]. A population-based descriptive study conducted among urban and rural populations aged 13-40 found a statistically significant association between depression and marriage at a

young age [17].

In this study, it was found that around 32.6% of respondents who worked and 15.6% of respondents who did not work experienced mental-emotional disorders. There was no statistically significant relationship between work and psychopathology (P=0.845). This is by research conducted by Puspitosari and Wardaningsih (2020), which showed that there was no meaningful relationship between work and psychopathology (P = > 0.05) [9]. However, this was different from research conducted by Wilson and Finch (2021), which showed that there is a relationship between mental disorders and work (P = <0.05) [18]. People who don't work tend to be more prone to stress. Research from Kaur (2020) also shows a significant relationship between anxiety, depression, stress, and unemployment [19]. A study conducted in Brazil states that individuals who do not work have a lower level of self-confidence (M=4.95) compared to those who have a job (M=6.59) [20]. This result was observed in males but not in females. Being unemployed in younger persons was also significantly correlated with mental health disorders (p<0.00) [21].

Conclusions

This study showed no relationship between gender, educational level, and occupation to the presence of emotional or mental disorders based on the SRQ-20 questionnaire. Age and the presence of a partner are related to reports of mental-emotional disorders where older age (more than 45 years) and a spouse increase the risk of mental-emotional disorders in the people of Wanci Village, Wakatobi.

Conflict of Interest

There is no conflict of interest in either the preparation or publication of this research.

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