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Original Research

THE COMMUNITY ATTITUDES AND BEHAVIOR TOWARDS PEOPLE LIVING WITH MENTAL ILLNESS: A DESCRIPTIVE STUDY

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ABSTRACT

Introduction: Mental health is still a significant problem in the world, because health is not only seen as free from disease but also includes all aspects of human life, physical, emotional, social and spiritual. The purpose of this study is to describe the attitudes and behavior of individuals in patients with mental disorders in the community.
Method: This study used a quantitative descriptive design. The population in this study were people in three RWs in one urban village of Surakarta with a total of 4,465 people. The sample used in this study was 99 respondents using a simple random sampling. The analysis used is univariate analysis with a central tendency. The instrument used individual characteristics, attitudes and behavior towards mental patients
Results: Based on the results of research on 99 respondents, it was found that the characteristics of the majority of respondents were female (64,6%), age 36-45 years (38,4%), being high school education level (53,5%) and the majority working as laborers (23,2%). The attitude of respondents to patients with mental disorders is negative or less supportive (52,52%), while the behavior of respondents to patients with mental disorders is considered less good (79,8%).
Conclusions: The community still had negative attitude and poor behavior toward people living with mental illness. This result indicated the need for intervention and promotion about mental illness in the community setting.

Keyword: attitude; behavior; community; individual; mental illness

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1. INTRODUCTION

Mental illness is still a significant problem in the world. Global statistics show that mental illness is one of the three most common diseases in the world because there are about 12% to 15% of the global population suffering from mental illness, this is higher than heart disease and disability, and even twice as high as cancer (Muhlisin & Pratiwi, 2017). According to World Health Organization (WHO) data in 2016 (in the Ministry of Health, 2016), there are about 35 million people affected by depression, 60 million people affected by bipolar, 21 million affected by schizophrenia, and 47.5 million affected by dementia. Indonesia with various biological, psychological, and social factors with a diverse population, the number of people with mental disorders continues to increase every year and has an impact on increasing the burden on the state and decreasing human productivity for the long term in the future.

Based on the 2018 Basic Health Research (Riskesdas) in Indonesia, it shows that 300,000 people or 7 per 1,000 population experience mental disorders, in Central Java alone there are around 9% of the population experiencing mental disorders (Kementerian Kesehatan Rakyat Indonesia, 2018), while at the Pajang Health Center in Surakarta in 2019 there were 107 people with mental disorders in the area with a description in Pajang village there are 50 people with mental disorders, in Sondakan village there are 38 people with mental disorders, in

Laweyan village there is 1 person with mental disorders and in Karangasem village there are 18 people living with mental illness.

According to the Law of the Republic of Indonesia No. 18 of 2014, Mental Health is a condition that allows an individual to develop physically, mentally, spiritually and socially so that the individual is aware of his own abilities, can cope with pressure, can work productively, and is able to contribute to his community (Ministry of Health, 2014). The high number of people living with mental illness creates a stigma in society. According to Michaels et al., (2017), stigma is a form of aberration of judgment and negative behavior that occurs because patients with mental disorders do not have a skill or ability to interact and pose dangers that may be caused.

An individual or society has a unique social process, namely a perception and an attitude that is shown, this process comes from the experiences and different values of each individual so that they make them think. Individual stigma in people living with mental illness is one of them, each individual has different attitudes and perceptions in viewing people living with mental illness individually and their families. In society, people living with mental illness still experience different views and are ostracized from the community, making it difficult for their recovery process and their welfare (Fitryasari et al., 2018; Tristiana et al., 2018). As a result of this stigma, people living with mental illness suffers from health and socio-cultural consequences such as: inadequate handling, drop-out of drug use, shackles and a different understanding of mental disorders (Lestari & Wardhani, 2014).

Prior study found that the stigma created by the community towards people living with mental illness indirectly caused families or communities around them to be reluctant to provide appropriate treatment for people living with mental illness. So that, it often results in people living with mental illness not treated properly (Asti et al., 2016). The causes of the emergence of stigma are divided due to several things including beliefs originating from religion and culture which have an influence on the emergence of stigma against people living with mental illness, minimal knowledge about mental health has an effect on the emergence of stigma, misinformation related to mental health received by individuals from their environment also affects stigma on people living with mental illness and minimal experience with people living with mental illness also lead to the emergence of stigma from society. The higher the stigma experienced, the more disrupted the recovery process for people living with mental illness will be, which can take the form of neglecting people living with mental illness without medical treatment and even causing shackles to be carried out by family members of people living with mental illness themselves (Herdiyanto et al., 2017). This study aimed to describe the attitudes and behavior of an individual in patients with mental disorders who live in the community.

2. MATERIALS AND METHODS

2.1 Design

This research was quantitative descriptive research with cross-sectional approach. A descriptive research aims to describe important events that occur in the present systematically and emphasize factual rather than inference (Nursalam, 2015).

2.2 Population and sampling

The population is the whole thing whose characteristics allow it to be studied (Surahman et al., 2016). The population in a study is the appropriate subject and meets the criteria set by the researcher (Nursalam, 2015). That way, the population in this study is the community in 3 district, totaling 4,465 residents (Population Recapitulation Data in 2015). The inclusion criteria in this study was the sample live around people living with mental illness.

The sample in this study amounted to 99 respondents which was chosen by a simple random sampling. A technique that does not provide equal opportunities or opportunities for each element or member of the population to be selected as a sample (Sugiyono, 2015).

2.3 Variable

Variable is an understanding of the size or characteristics that exist in members of a group that are not owned or different from other groups (Notoatmodjo, 2014). Thus the variables studied in this study are individual attitudes and behavior toward people living with mental illness.

2.4 Instrument

Research instruments are commonly referred to as data collection tools that are arranged to obtain appropriate results (Notoatmodjo, 2014). The data collection instrument used in this study was a questionnaire, which was divided into three. The first questionnaire contains data on individual characteristics that contain gender, age, education level and job.

The second questionnaire is about individual attitudes toward people living with mental illness. The individual attitudes toward people living with mental illness was obtained by giving 11 questions with answers using a Likert scale then processed to find out the T score of the questionnaire. The attitude of the respondents could be said to be positive or supportive if the T score obtained from the questionnaire was greater than the average.

The third questionnaire is about individual behavior toward people living with mental illness. The respondent's behavior toward people living with mental illness were obtained by giving 9 questions with a Likert scale answers. The data then processed to find out the standard deviation (SD)

Table 1. Frequency Distribution of Respondents Characteristics

Characteristics of Respondents		Total	Percentage (%)
Gender	Man	35	35,4
	Woman	64	64,6
Age (years)	17-25	15	15,2
	26-35	36	36,4
	36-45	38	38,4
	46-55	10	10,1
Education	Elementary School	5	5,2
	Middle School	26	26,3
	High School	53	53,5
	College	15	15,2
Profession	Unemployed / not working	10	10,1
	Farmer	4	4,0
	Laborer	23	23,2
	Trader	19	19,2
	Self-employed	17	17,2
	Civil servant	9	9,1
	Other jobs	17	17,2

Table 2. Individual attitudes and behavior toward people living with mental illness

Variable	n	%	Lowest Score	Highest Score	Average	SD
Individual Attitude			13,50	68,09	50,0	
Possitive/Supportive Attitude	47	47,48				
Negative/unsupportive Attitude	52	52,52				
			12	33	23,27	5,105
Individual Behavior						
Good	9	9,09				
Enough	11	11,1				
Poor	79	79,8				

which is added to the average question from the questionnaire. The respondent's behavior interpreted to be good when the score is greater than the average score added standard deviation. The average good behavior is obtained when the results are less than equal to and more than equal to the average added standard deviation. The poor behavior obtained when the score is lower than the average plus standard deviation.

2.5 Analysis

Univariate analysis aims to define each variable studied in the form of a frequency distribution (Syahdrajat, 2015). Univariate analysis in this study was conducted to describe the individual characteristics of patients with mental disorders in the community. These characteristics include gender, age, education level and occupation which are shown in the form of a frequency distribution table containing proportions and percentages with a central tendency analysis, namely mode.

2.6 Ethical Clearance

According to (Surahman et al., 2016) health research ethics in its application is carried out with three main principles, namely beneficience, respecting human dignity, and getting justice. The researcher collected data by providing an explanation of the research prior to informed consent. the researcher gave freedom to prospective respondents to participate or refuse to become respondents and the confidentiality of the respondents was maintained by writing their initials on the questionnaire.

3 RESULTS

3.1 The Respondents' Characteristics

Table 1 shows that the majority of respondents are female with a total of 64 (64.6%), male respondents is 35 (5.4%), aged 36-45 years as many as 38 people (38.4%), had high school level of education as many as 53 people (53.5%). As for the characteristics of respondents based on occupation, the majority work as laborers as many as 23 people or 23.2%, unemployed / not yet working as many as 10 people or 10.1%, working as farmers there are 4 people or 4.0%, traders as many as 19 people or 19 .2%, entrepreneurs 17 people or 17.2%, civil servants there are 9 people or 9.1% and other jobs there are 17 people or 17.2%

3.2 Individual attitudes and behavior toward people living with mental illness.

Table 2 shows that 47 respondents (47.47%) had positive or supportive attitude toward people living with mental illness while 52 others (52.52%) had negative or unsupportive toward people living with mental illness. The lowest score of individual attitudes was 13.50, the highest score was 68.09 and the average score was 50.0.

The individual behavior toward people living with mental illness showed there were 9 people

(9.09%) had good behavior, 11 people (11.1%) had enough behavior, and 79 people (79.8%) had poor behavior. The lowest score of behavior was 12, the highest score 33, the average 23.27 and the standard deviation is 5.105.

4 DISCUSSION

This study found that more than fifty percent of individuals have negative or less supportive attitudes toward people living with mental illness, namely 52 (52.52%). Previous studies found that majority of people had negative attitude toward people living with mental illness (Despande et al., 2020; Jarso et al., 2022; Puspitasari et al., 2020; Saragih et al., 2013). This study result was similar to the prior studies.

In this study, majority of respondents were female, age 36-45 years, had senior high school education, and as workers. They had negative attitude toward people living with mental illness. The majority of education level of respondents were senior high school and they had negative attitude toward people living with mental illness. Prior study found that a large proportions of high education students had negative attitude toward mental illness (Tapan Barman et al., 2021). Females tend to have negative attitude than males (Bolam, 2014). The older age the were associated with more negative ***attitudes*** towards people living with mental illness (Yuan et al., 2016)**.** Workers do not have detailed experience about responding to and treating people living with mental illness properly, because minimal experience with people living with mental illness also creates stigma (Herdiyanto et al., 2017).

Attitude is a response that is still closed from a person to a stimulus or object. Knowledge and exposure to information obtained by a person in everyday life from education and workplace can develop a person's attitude (Notoatmodjo, 2014). According to Azwar (2013) there were several factors that influence the attitudes development, including: personal experience, the influence of other people who are considered important, cultural influences, mass media, emotional influences, religious education and educational institutions. The results further show that socio-demographic variables such as the urban-rural dichotomy and previous encounters with people living with mental illness have a significant correlation with Omanis' attitudes towards mentally ill people (Alkaabi et al., 2019).

Most individuals have poor behavior toward people living with mental illness. This result can be due to a lack of individual understanding of people living with mental illness, it can be seen from the characteristics of respondents from education that there are still respondents with the last elementary education, because the higher the level of education is able to make people think more rationally than people with low education (Notoatmodjo, 2014).

Another factor that can influence behavior is the attitude toward people living with mental illness. In this study more than fifty percent of the total respondents had a negative or less supportive attitude.

The results of this study are in accordance with Lawrence W. Green's theory (in Notoatmodjo, 2014) that behavior is influenced by three main factors, one of which is predisposing factors, namely the factors behind behavior based on rational thinking and motivation for a person's behavior. Predisposing factors include knowledge, attitudes, values, beliefs, etc. The results of this study are supported by previous research by Nxumalo & Mchunu (2017) that families with mental disorders reported experiencing stigma from society in the form of isolation, blame and exploitation, community neglect, and labeling. and stereotypes. In addition, in a study (Sya'diah et al., 2014) in Community Stigma Against Mentally Sick People (A Study in Trucuk Village, Trucuk District, Bojonegoro Regency in 2014) that some people have a negative stigma, because they feel afraid or restless and do not willing to care about the condition of mentally ill people as if those with mental disorders were classified as other human beings with lower dignity, who could be made fun of, based on the research, only a small proportion had a positive stigma.

According to Notoatmodjo (2014) at this time the capture power and mindset of a person towards an object will increase with age so that the knowledge obtained is getting better. Based on this theory, at the age of 36-45 years, an individual has a stable emotional level so that he is able to treat people with mental disorders well. A person's level of education is influential in responding to something that comes from outside. Someone who has a high level of education will give a more rational response and also in motivating intrinsically will have the potential than those with lower or moderate education (Notoatmodjo, 2014). This is in accordance with research from (Kartika Herdiyanto et al., 2017) where the lack of knowledge about mental health has an influence on the emergence of stigma against people with mental disorders. According to research by Pratiwi & Nurlaily in 2010 (in Pratiwi, A., Mceldowney et al., 2014) found that families who have family members with mental disorders tend to isolate these family members because they are considered useless and worried that at any time they could relapse. Such society is due to the lack of public knowledge about mental illness due to the lack of information obtained. Based on these theories and research, education is very important to increase an individual's knowledge in responding to a matter.

5 CONCLUSSION

The community still had negative attitude and poor behavior toward people living with mental illness. This result indicated the need for intervention and promotion about mental illness in the community setting.

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