Relevancy of the "Health Belief Model" on Behavior in Seeking Treatment among Families of Patients with Mental Disorders in the Work Area of the Public Health Center Taman Sidoarjo East Java

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ABSTRACT

Background: Mental health is a part that is related to health and wellness. One of the indicators in *Gerakan Masyarakat (GERMAS)* ["society movement"] stated that people with mental disorders should be treated and not abandoned. Nevertheless, nowadays it is still common to find people with mental disorders that do not receive proper medical care. **Aims**: The aim of this research is to measure cues to action and self-efficacy of the family behavior in seeking treatment for people with mental disorders within the work area of the Public Health Centre Taman Sidoarjo. **Method**: This research utilized the observational method with the cross-sectional study design and was analyzed with the Health Belief Model (HBM) theory approach. **Result**: The statistical analysis results using the Pearson Chi-Square test with a significance level of < 0.05 showed a p-value of 0.034 for perceived susceptibility and severity, a p-value of 0.180 for a perceived threat, p-value of 0.009 for perceived benefit, a p-value of 0.696 for perceived barriers, a p-value of 0.555 for self-efficacy, and p-value of 0.099 for cues to action. Based on these results, it can be concluded that perceived susceptibility, severity has a positive relationship with the family behavior in seeking treatment, which means the more perceived susceptibility, and severity increases, the more the family behavior in seeking treatment for people with mental disorders increases. **Conclusion**: Likewise, perceived benefit has a positive relationship with the family's behavior in seeking treatment. However, perceived threat, perceived barriers, self-efficacy, and cues to action have no relationship with the family behavior in seeking treatment for people with mental disorders.
Keywords: Cues to action, GERMAS, HBM, People with mental disorders, Self-efficacy.

INTRODUCTION

The World Health Organization (WHO) mentioned that health is a comprehensive condition of health, physical, mental, and social wellness, not merely just a condition of no disorders and disability (WHO, 2003). Mental health is a part that is related to health and wellness. The Laws of the Republic of Indonesia mentioned mental health in Law No. 18 of 2014 as an individual who is able to develop physically, mentally, spiritually, and socially thus the individual realizes their capabilities, can handle pressure or stress, can work productively, and can give a contribution to their community (Kementerian RI, 2014).

The population in the work area of the Public Health Centre Taman Sidoarjo according to the Sidoarjo Government Central Bureau of Statistics forecast (Inter-Censal Population Survey) for 2020 amounted to 153,650 people, with 43,169 households or 3.6 people/household on average. The estimated rate of population growth in the last 5 years is an average of 1.84%/year. The high population growth rate is likely caused by the increasing number of immigrants. This is due to the

Public Health Centre Taman area being an industrial area and very close to the urban area of Surabaya.

The average population density in the Public Health Centre Taman area is 7,684 people/km2. The population density is almost 2.44 times of the Sidoarjo District, namely 3,104 people/km2. The population of villages in the Taman Subdistrict varies greatly, for example Ketegan Village and Wonocolo Village are the most densely populated urban areas with population densities of 22,991 and 22,321 people/km2. These villages have quite a high industrial potential and are directly bordered by the city of Surabaya. Meanwhile, the rural or urban village with the lowest population density is Bohar Village with an average population of 2,823 people/km2, and is a village that has an area of 1.8 km2 with a population of 5,017 people.

The Public Health Centre Taman has several main programs such as: 1) Health Promotion and Community Based Health Efforts, 2) Environmental Health Efforts, 3) Efforts to Improve Nutrition, 4) Maternal and Child Health, 5) Family Planning, 6) Eradication of Infectious Diseases, 7) Treatment, 8) Dental and Oral Health Efforts.

Many other programs implemented by the Public Health Centre Taman refer to the Activity Program of the Public Health Centre Sidoarjo District, with the types of services as follows: 1) General Practice Polyclinic, 2) TB and Leprosy Polyclinic, 3) Dental Polyclinic, 4) 24-Hour Services or ER, 5) Pregnancy and Gynecology Practice Services, 6) Family Planning Polyclinic Services, 7) Integrated Management of Sick Toddlers Polyclinic Services, 8) Physical and Mental Health Polyclinic, 9) Immunization Services, 10) Elderly Polyclinic Services, 11) Supporting Examination Services (Laboratory, USG, ECG), 12) Nutrition Corner Services, 13) Labor and Gynecology Inpatient Services, 14) General Inpatient Services, 15) Refraction Services, 16) Medicine Room Services, 17) Sanitation Clinics.

In 2013 and 2014, the number of visits to general practitioners in the Public Health Centre Taman was low, and the number of people living with mental disorders found in the work area of the Public Health Centre Taman was far below the Basic Health Research 2013 target (the total of people with mental disorders 0.22% of the population). Achievement of services for people with mental disorders in 2014 amounted to 15.4% of the target of 100%. Whereas, one of the 12 Gerakan Masyarakat (GERMAS) ["society movement"] is a person with mental disorders and is being treated and not abandoned. However, there are still people with mental disorders who do not get good medical services. This is all due to the lack of public knowledge about the importance of people with mental disorders to get treatment and the social stigma about people with mental disorders (Puskesmas Taman, 2020).

As an effort to overcome the problems regarding people with mental disorders, the Public Health Centre Taman has formed care cadres for people with mental disorders to improve community mental health services and increase community involvement for attaining people with mental disorders who are independent and qualified as whole human beings. The success of care cadre formation for people with mental disorders was indicated by the increase in the number of people with mental disorders within the work area of the Public Health Centre Taman, which in 2014 was only 48 people, but in 2018 there were 206 people. In addition, there was an increase in the number of visits among people with mental disorders at the mental health polyclinic of the Public Health Centre Taman, namely as many as 40 visits in 2014 and 1,159 visits in 2018 (Puskesmas Taman, 2020).

The increase in visits could be influenced by cooperative family behaviour in seeking medical assistance at the mental health polyclinic of the Public Health Centre Taman. There are three factors that may influence family behaviour in seeking treatment for people with mental disorders. These three factors are predisposing factors, enabling factors, and reinforcing factors. Predisposing factors consist of self-stigma, education, knowledge, economy, values, beliefs, and culture; Enabling factors consist of alternative medicine and medical costs; Reinforcing factors consist of family support, support from health workers, and influential figures. This research analysed educational factors, self-stigma, trust, alternative medicine, medical costs, distance to health facilities, family support, and

support from health workers. The purpose of this research is to measure cues to action and self-efficacy of family behaviour in seeking treatment for people with mental disorders in the work area of the Public Health Centre Taman Sidoarjo.

METHODS

This study sutilized the observational method with the cross-sectional study design. The research location was in Taman Subdistrict, Sidoarjo District, covering 15 villages.

The population was 209 people with mental disorders, and the research sample was calculated using the Slovin formula with a total sample of 70 respondents. The sampling technique was simple random sampling with a lottery system. Error tolerance of 5% (0.05). The respondents consisted of families of patients with mental disorders. The time of the research was on May 20th, 2022 - June 3rd, 2022. Data collection was carried out simultaneously with the visit

of mental health cadres to each patient's house in each village. Each village had 2 cadres whose job was to visit and report to the public health centre. The data collection instrument was a questionnaire. The dependent variable of the research was the behaviour in seeking treatment of the family. Whilst the independent variables were perceived susceptibility and severity, perceived threats, perceived benefits, perceived barriers, self-efficacy, and cues to action. Calculation of the questionnaire score used scores as follows: Favourable Answers of Strongly Disagree (STS) = 1, Disagree (TS) = 2, Agree (S) = 3, Strongly Agree (SS) = 4; Unfavourable Answers of Strongly Disagree (STS) = 4, Disagree (TS) = 3, Agree (S) = 2, Strongly Agree (SS) = 1. After that, the score results would be categorized into: High if x > average Low if x ≤ average. Data analysis applied the Pearson Chi-Square test with a significance level of <0.05.

RESULTS AND DISCUSSION

Table 1. Characteristics of people with mental disorders in families and families in the work area of the Public Health Centre Taman Sidoarjo.

Characteristics of Families of People with Mental Disorders	Frequency	Percentage
Age		
17-25	1	1,4
26-35	8	11,4
36-45	18	25,7
46-55	10	14,3
56-65	20	28,6
> 65	13	18,6
Total	**70**	**100,0**
Treatment performed on family members		
Kyai only	23	32,9
Shaman only	17	24,3
Kyai and Shaman	7	10,0
Health Facility	23	32,3
Total	**70**	**100,0**

Source: Primary Data

HBM domains of perceived susceptibility and perceived severity, perceived threat, perceived benefit, perceived barriers, cues to action, and

self-efficacy with family behaviour in seeking treatment for people with mental disorders.

Table 2. Analysis of HBM domain with family behaviour in seeking treatment for patients with mental disorders.

HBM Domain	Family Treatment Seeking Behaviour				Total		P value	r count
	Good (N)	%	Insufficient (N)	%	N	%		
Perceived Susceptibility,Severity							0.034	0.253
High	15	65.2	8	34.8	23	100		
Low	18	38.3	29	61.7	47	100		
Perceived Threat							0.180	
High	10	37.0	17	63.0	27	100		
Low	23	53.5	20	46.5	43	100		
Perceived Benefit							0.009	0.314
High	16	69.6	7	30.4	23	100		
Low	17	36.2	30	47	47	100		
Perceived Barriers							0.696	
High	14	50.0	14	50.0	28	100		
Low	19	45.2	23	54.8	42	100		
Self-Efficacy							0.555	
High	12	52.2	11	47.8	23	100		
Low	21	44.7	26	55.3	47	100		
Cues to Action							0.099	
High	19	57.6	14	42.4	33	100		
Low	14	37.8	23	62.2	37	100		

Source: Primary Data

In regard to the relationship between perceived susceptibility, severity and family behaviour in seeking treatment for people with mental disorders in the work area of the Public Health Centre Taman Sidoarjo, the results of statistical analysis from the Pearson Chi-Square test with a significance level of <0.05 obtained a p-value of 0.034. The p-value is less than 0.05, which means that there is a relationship between perceived susceptibility, severity and family behaviour in seeking treatment for people with mental disorders. Based on the the Pearson Correlation test, an r count of 0.253 was found, which indicates that the variable of perceived susceptibility, severity toward the family behaviour variable in seeking treatment has a relationship with the degree of weak correlation and the form of the relationship was positive, signifying that the higher the perceived susceptibility, severity, the higher the family behaviour in seeking treatment for people with mental disorders and vice versa, the lower the perceived susceptibility, severity, the lower the family behaviour in seeking treatment for people with mental disorders.

The formation of a weak correlation degree can be caused by the p-value of perceived susceptibility of 0.067 and the p-value of perceived severity of 0.011, thus the combination of each of these variables has a relationship with a weak correlation between perceived susceptibility, severity and family behaviour in seeking treatment for people with mental disorders.

The relationship between perceived threat and family behaviour in seeking treatment for people with mental disorders in the work area of the Public Health Centre Taman Sidoarjo, based on the results of statistical analysis, obtained a p value of 0.180. The p value is greater than 0.05, which means that there is no relationship between perceived threat and family behaviour in seeking treatment for people with mental disorders. The absence of this relationship can be because changes in the behaviour of people with mental disorders in socializing is not a threat for families to immediately bring people with mental disorders to health facilities.

The relationship between perceived benefit and family behaviour in seeking treatment for people with mental disorders in the work area of the Public Health Centre Taman Sidoarjo, based on the results of statistical analysis, obtained a p-value of 0.009. The p-value is less than 0.05, which means that there is a relationship between perceived benefit

and family behaviour in seeking treatment for people with mental disorders. Based on the Pearson Relationship test, an r count of 0.314 was found which indicates that the perceived benefit variable on family behaviour variable in seeking treatment has a relationship with the degree of weak correlation and the form of the relationship was positive or the higher the perceived benefit, the higher the family behaviour in seeking treatment in people with mental disorders and vice versa.

Next, the analysis results of the relationship between perceived barriers and family behaviour in seeking treatment for people with mental disorders in the work area of the Public Health Centre Taman Sidoarjo are shown. Based on the statistical analysis results, a p-value of 0.696 was obtained. The p-value is greater than 0.05, which means that there is no relationship between perceived barriers and family behaviour in seeking treatment for people with mental disorders. The absence of this relationship can because families perceive that social stigma, costs, and distance are not obstacles in seeking treatment for people with mental disorders.

Related to the relationship between self-efficacy and family behaviour in seeking treatment for people with mental disorders in the work area of the Public Health Center Taman Sidoarjo, it is explained in the table above that the statistical analysis results show a p-value of 0.555. The p-value is greater than 0.05, which means that there is no relationship between self-efficacy and family behaviour in seeking treatment for people with mental disorders. The absence of this relationship can be because the family feels they are able to care for and to recognize signs of recurrence experienced by family members who suffered from mental disorders.

The analysis results of the relationship between cues to action and family behaviour in seeking treatment for people with mental disorders in the work area of the Public Health Centre Taman Sidoarjo show a p-value of 0.099. The p-value is greater than 0.05, indicating that there is no relationship between cues to action and family behaviour in seeking treatment for people with mental disorders. This can be because counseling provided by health workers is not something with the capability of triggering families to seek treatment for family members who suffered from mental disorders.

Relationship between Perceived Susceptibility, Severity and Family Behaviour in Seeking Treatment for People with Mental Disorders

The results show that there is a relationship between perceived susceptibility, severity and family behaviour in seeking treatment. This is in line with research conducted by (Ferdian, 2017) which suggested that there was a relationship between perceived susceptibility and perceived severity with HIV/AIDS transmission prevention behaviour with a significance value of 0.002 for perceived susceptibility and 0.012 for perceived severity respectively.

The existence of a relationship between perceived susceptibility, severity and family behaviour in seeking treatment can be caused by low family knowledge that is able to be seen from the level of family education which may affect one's understanding of information. Low education will affect the ability to absorb and digest the information provided. Understanding is the ability to grasp the meaning of a message and get the point (Nasriati and Oktobriani, 2019).

Relationship between Perceived Threat and Family Behaviour in Seeking Treatment for People with Mental Disorders

The results show that there is no relationship between perceived threat and family behaviour in seeking treatment. This is because the family is not aware of how a very significant change in behaviour among people with mental disorders could be a sign or symptom of a mental disorder. Therefore, due to this, the family does not immediately seek treatment for family members who suffer from mental disorders.

Based on research by (Purwanti, 2020) regarding family planning visits to the threat of the baby boom in the Covid-19 Era, it was found that knowledge was related to family planning visits with a significance value of 0.000. Thus, it can be interpreted that knowledge influences individual behaviour in acting to avoid threats. On the other hand, it is in line with (Lestari, 2019) which implied that

there was a relationship between knowledge and the behaviour of washing hands with soap with a significance value of 0.009.

Relationship between Perceived Benefit and Family Behaviour in Seeking Treatment for People with Mental Disorders

The results show that there is a relationship between perceived benefit and family behaviour in seeking treatment. This is in line with research conducted by (Prihantini, Yunitasari and Pradanie, 2018) which showed that there was a relationship between the perceived benefit of breast cancer patients with a significance value of 0.031. Family belief in the recovery and self-control of people with mental disorders is what families expect of the benefits that people with mental disorders get when being treated at health facilities.

In addition, family support is also needed in healing people with mental disorders. Based on research by (Oktaviana and Ratnawati, 2022), it was proven that the majority of families provided support in the form of emotional support (empathy and caring), instrumental (cost assistance, service assistance, time assistance), and monitoring of taking medication for family members who experienced mental disorders. Most families received support from health workers including regular visits to inject and administer drugs, as well as monitoring patient.

Apart from recovery, self-control is also what the family of people with mental disorders hopes for so that people with mental disorders can control themselves when they are in a state of relapse. Based on research of (Daryanto *et al.*, 2022) regarding self-control by hallucinatory patients, it was found that the patient's ability to control hallucinations is influenced by family knowledge about caring for family members who experienced hallucinations and the provision of good family support for patients.

Relationship between Perceived Barriers and Family Behaviour in Seeking Treatment for People with Mental Disorders

The results show that there is no relationship between perceived barriers and family behaviour in seeking treatment. This is evidenced by the existence of research on efforts to prevent DHF by (Attamimy and Qomaruddin, 2017) which found that there was no relationship between perceived barriers and efforts to prevent DHF in the community in the working area of the Sukorame Health Centre, Mojoroto Subdistrict, Kediri City with a significance value of 0.144.

The absence of a relationship between perceived barriers and family behaviour in seeking treatment can be because the treatment fee is covered by the Social Security Agency on Health and the distance between the health facility and patient's house is easy to travel. Proven by research of (Setiawan, 2018) which suggested that families of patients with mental disorders preferred to bring their family members to public health centres because the medicine was free of charge.

Furthermore, referrals to mental hospitals are issued by public health centres when patients with mental disorders have severe symptoms. Aside from the free treatment, public health centres also visit patients' homes to see the condition of mental patients firsthand. Visits by public health centres aid families of people with mental disorders thus they do not have to bring the family members who have mental disorders to the public health centres.

In addition to costs and distance to health facilities, community stigma is also not an obstacle for families in seeking treatment for family members who suffer from mental disorders. This research is not in line with research by (Anwar and Syahrul, 2019) which stated that social stigma greatly influenced the lives of leprosy patients both psychologically and mentally. A lot of leprosy patients felt ostracized, so they preferred to stay indoors. As a result, many leprosy patients did not receive optimal treatment thus the condition got worse until it caused permanent disability.

There is no relationship between stigma and perceived barriers because the surrounding community has received mental health education from the public health centre and mental health cadres. This is evidenced by (Daryanto *et al.*, 2022) which suggested that there was a relationship between the provision of education and reduced negative family

and community stigma against mental disorders with a significance value of 0.000. Therefore, it is beneficial for families and communities to increase knowledge about stigma and reduce the stigma of mental disorders.

Relationship between Self-Efficacy and Family Behaviour in Seeking Treatment for People with Mental Disorders

The results show that there is no relationship between self-efficacy and family behaviour in seeking treatment for people with mental disorders. This can be because of the active activities of psychiatric cadres in carrying out sweeps in their area so as to help families recognize symptoms or signs of mental disorders experienced by their family members and motivate families to continue to care for people with mental disorders.

This statement is proven by research of (Wasliah and Romadonika, 2022) which implied that there was a relationship between the role of Integrated Healthcare Centre cadres in providing complete basic immunization in the Griya Interbis Indah residential area. It suggests that the existence of cadres who are close to the community can be a motivator for families of people with mental disorders to be able to care for their family members who suffer from mental disorders.

According to the research results of (Kusumawaty, 2020), an increase in knowledge and ability to care for patients was related to many things. The first factor was the form of demonstration on how to care for people with mental disorders; second, was the factor of respondents who have seen and learned how to treat. In addition, various family ages and educational levels also determined success in treating people with mental disorders.

Relationship between Cues to Action and Family Behaviour in Seeking Treatment for People with Mental Disorders

The results show that there is no relationship between cues to action and family behaviour in seeking treatment for people with mental disorders. This is evidenced by research of (Zulkarni, Yosmar and Yuliagus, 2019) which proved that there was no relationship between cues to action and family behaviour in

self-medication, with a significance value of 0.847.

The absence of a relationship between cues to action on family behaviour in seeking treatment for people with mental disorders can be because families of people with mental disorders find it difficult to access information through gadgets, since most of the respondents were elderly, namely 56-65 years old with the last education of high school. Therefore, the role of health workers is needed to always provide educational information about mental disorders to families and the community so that they can increase their knowledge and attitudes in caring for and seeking treatment for people with mental disorders.

CONCLUSION

According to the research results, it can be concluded that perceived susceptibility, severity has a positive relationship with family behaviour in seeking treatment, which means that as perceived susceptibility, severity increases, the behaviour of families in seeking treatment for people with mental disorders increases. Likewise, perceived benefit has a positive relationship with family behaviour in seeking treatment. However, perceived threats, perceived barriers, self-efficacy, and cues to action have no relationship with family behaviour in seeking treatment for people with mental disorders.

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