

Family's Knowledge of Schizophrenia at Poli Clinic of Central Mental Hospital in North Sumatra Province

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ABSTRACT

Families in the care of clients with Schizophrenia disorder act as the primary support system that provides direct care to any (healthy - sick) client. Most families ask health workers for help if they can no longer afford to care for them. Therefore, family-focused nursing care not only restores the client's condition but aims to develop and improve the family's ability to overcome the family's health problems. This research aims to determine the family's knowledge of outpatient Schizophrenia in the central asylum area of North Sumatra Province year 2011. The study used a descriptive design. This study's population is the entire family of schizophrenic patients who are on the road medicine at Poli Clinic of Central Mental Hospital in North Sumatra Province. The sampling in this study was to use accidental sampling techniques as many as 25 respondents. Data collection techniques using questionnaires. Data that has been obtained manually with step editing, coding, tabulating, scoring, and data analysis. As a result of the well-knowledgeable study of 5 people (20%), respondents were enough as many as nine people (36%), fewer respondents as many as 11 people (44%). Based on the results of this study can be concluded that the family's knowledge of Schizophrenia is knowledgeable less. So it is expected to the family to enhance further and deepen understanding about Schizophrenia.

Keywords: Knowledge, Family, Schizophrenic Mental Disorders

INTRODUCTION

Schizophrenia is one of the mental disorders that is not yet known the exact cause. Schizophrenia has been present in human history since ancient times but remains a mystery to experts. Schizophrenia has always been an unrelentingly interesting study material - it has led to research from various disciplines and various sects. There have been various efforts to understand and overcome Schizophrenia in its history, from scientific means to trying ways - to smell superstitious (Setiadi, 2006).

According to Yip (2005), in research conducted in China on families whose family members have mental disorders, data obtained that 90% of the family's participation in treatment, rehab, parenting patterns, and sufferers can restore the client's condition to a normal state and prevent a recurrence. The Indonesian Schizophrenia Foundation (YSI) said in a press release, citing the results of a World Health Organization (WHO) study of Schizophrenia as much as 1% of the world's total population. Of those large numbers, not all of them get proper treatment (Kusumaningrum, 2001). According to Sosrosuhardjo (2000), in Setiadi (2006), Schizophrenia usually arises at the age of about 18 - 45 years, but some are 11 - 12 years old. Schizophrenia is a considerable mental disorder experienced in Indonesia, where about 99% of patients in Asylum in Indonesia are people with Schizophrenia. Psychiatrist Dharma Mulia Clinic Surabaya

schizophrenia is the heaviest mental illness experienced by humans, up to an estimated 2.5 million people or 1% more than Indonesia's total population has Schizophrenia (Dharmadi, 2000).

According to data obtained by researchers from the Regional Mental Hospital of North Sumatra Province, patients hospitalized with mental disorders from January to December 2007 totaled 1,901 people consisting of 1,475 male-male and 426 female patients. Outpatients from January to December 2007 totaled 14,387, consisting of 9,833 male-male and 4,554 female patients. This is due to various problems, both biological factors, psychological factors, and psychosocial factors. Almost all patients in the Regional Asylum of North Sumatra Province were diagnosed with Schizophrenia.

According to Bailon and Maglaya, the 1989 families were two or more of the two individuals who joined because of blood relations, marital relationships, or rapture and brande lived in a household, interacted with each other, and in their respective roles – each creating and maintaining culture (Mubarak, 2006)

Many families do not yet understand what Schizophrenia is, the inconscionation of it resulting in taking actions that are considered effective and accessible by putting family members into the Asylum, while in the families of patients who are treated, the usual schizophrenic path is controlled with strong will and family support (Suryantha, 2001).

Family participation in the care of clients with Schizophrenia disorders, the family is the primary support system that provides direct care to every (healthy - sick) client. Most families ask health workers for help if they can no longer afford to care for them. Therefore, family-focused nursing care not only restores the client's condition but aims to develop and improve the family's ability to overcome the family's health problems (Suprajitno, 2004).

After the client returns home, the client is recommended to perform follow-up

care at a health center in his area with a mental health integration program. Community nurses who handle clients can be considered client homes as "treatment rooms." Nurses, clients, and families work together to help adapt clients within families and communities. Nurses can contract with families about scheduled home visits and aftercare in puskesmas (keliat, 1992).

Based on the initial survey on March 28, 2011, in 5 heads of families in the Regional Mental Hospital of North Sumatra province surveyed through interviews, where researchers found three heads of families have not understood about the understanding, causes, signs and symptoms, prevention, and management of Schizophrenia and two charges of families know about the experience, causes, signs and symptoms, prevention, and control of Schizophrenia in hospital in North Sumatra Province. The authors were interested in researching the family's knowledge of Schizophrenia treated at the polyclinic in the Provincial Mental Hospital of North Sumatra.

METHODOLOGY

The study used a descriptive design. This study's population is the entire family of schizophrenic patients who are on the road medicine at Poli Klinik Jiwa Hospital in North Sumatra Province. The sampling in this study was to use accidental sampling techniques as many as 25 respondents. Data collection techniques using questionnaires. Data that has been obtained manually with step editing, coding, tabulating, scoring, and data analysis.

RESULTS

The study results from 11th to 15th Agustus 2011 showed that the family's knowledge of Schizophrenia treated on the road in the Mental Hospital of North Sumatra Province conducted in August 2011 obtained through data collection by sharing questionnaires with 25 respondents, namely schizophrenic families.

Table 1: Frequency Distribution of Family Knowledge Demographic Data about Schizophrenia at Poly Clinics in Asylums North Sumatra Province

No	Data Demographic	Data	Frequency	Percentage (%)
1.	Age	20 – 40	6	24%
		41 – 60	17	68%
		>60	2	8%
Total			25	100%
2.	Gender	Male	10	40%
		Female	15	60%
Total			25	100%
3.	Education	elementary school	11	44%
		junior high school	7	28%
		high school	5	20%
		College	2	8%
Total			25	100%
4	Job	Not Working	6	24%
		Farmers	3	12%
		Pedicab Man	3	12%
		Self-employed	8	32%
		Civil Servants	5	20%
Total			25	100%

DISCUSSION

From the results of family knowledge research on Schizophrenia in polyclinics in the Central Mental Hospital of North Sumatra Province year 2011 on 11 to August 15, 2011, then It can be discussed as follows: After a family study of Schizophrenia with a sample of 25 respondents, the majority of respondents had less knowledge of 11 people (44%). From the study results, researchers obtained the respondent's knowledge of Schizophrenia, the majority of people with knowledge of Schizophrenia, 11 people (44 %), where respondents were not able to answer some questionnaires correctly about Schizophrenia. Respondents only knew that the main cause of Schizophrenia was the hereditary factor, the absence of family or people closest to death, having a dangerous disease.

While Stuart and Sundeen (2007), the cause of depression is a hereditary factor, a self-directed feeling of anger, the separation of an individual's traumatic with a significant object that causes a person to feel a deep join or loss that can lead to the depressive syndrome. In addition to having negative self-concepts and low self-esteem that can affect a person's belief system and judgment of something stressor. For example, long-lasting sadness or unhappiness that causes a stress response for a person with a dangerous disease

experiences persecution during his or her life.

This is usually because most respondents have an elementary school education of 11 people (44%), where the level of elementary school education is not enough to make the respondent have knowledge in a good category, higher education level is required. This is following what theory (2006), stating that less education will hinder the development of one's attitude towards newly introduced values. On the contrary, the higher one's education, the easier it is to receive information to possess a lot of knowledge.

According to Greg Wilkinson (1998), complaints arising in Schizophrenia are starting at the age of 20 - 35 years with sadness, disappointment, and loss of a loved one's ability to reach the age of 41 – 60 years of patients have to stop working. This is because most respondents have a job as self-employed as many as eight people (32 %), and with that work, the respondent does not care much about his health condition. Also, with the lack of income that can be earned.

According to Notoatmodjo (2003), work is not a source of pleasure but more a way of making a challenging, repetitive, and challenging living. After family research on Schizophrenia was conducted in schizophrenia patients, 25 respondents

found that most respondents had less knowledge of 11 people (44%).

According to the results of theellitian, researchers obtained respondents' knowledge of Schizophrenia in the majority of schizophrenia patients with less than 11 people (44%), where respondents were not able to answer some questionnaires correctly about the cause of mental disorders (Schizophrenia) occurring due to the condition in the brain. Respondents did not know that the cause of mental disorders (Schizophrenia) occurred due to a disorder in the brain in patients to foster cooperation with the patient's family to help the patient. Still, the respondent only reminded the treatment is the most important in schizophrenia patients.

According to Stuart and Sunden (1998), home management in Schizophrenia patients fosters cooperation with families aimed at helping patients. Although Schizophrenia has severe brain disorders if the family provides information regarding the intervention services available. Thus speeding up the healing process and relieving stress, choose the physical creation that can be done. For example, exercise, relax / rest, swim, and maintain the ideal badab weight because most respondents have a job as self-employed as many as eight people (32%). So respondents found it difficult to get information about Schizophrenia. Where Schizophrenia is a disorder such as biological factors, psychological factors, and psychosocial factors. According to Notoatmodjo (2003), knowledge of Schizophrenia can also be influenced by work. This work does not support respondents' knowledge well because respondents are less interacting with social life and social development. It causes the respondent's knowledge to be in the knowledge of Less.

After research into the patient's family about Schizophrenia, most respondents had less knowledge of 11 people (44%) because the majority of respondents were elementary school educated as many as 11 people (44%). A

low education will disturb the development of one's attitude towards the values introduced; in contrast, the higher one's education, the more knowledge they have.

Also, most respondents have a job as self-employed as many as eight people (32%). This job does not support respondents to have good knowledge because respondents Less interact with social life and social development to cause the respondent's knowledge to be in the knowledge of Less.

According to the results of the study conducted by disseminating questionnaires to respondents, the researchers acquired the knowledge that the majority of knowledge less than 11 people (44%), Which causes the knowledge of the respondent to be in knowledge less.

CONCLUSION

Based on the results of research that have been conducted on August 11th to 15th, 2011, from the effects of research that has been conducted on 25 respondents regarding family knowledge about Schizophrenia in Poly Clinic in The Mental Hospital of North Sumatra Province Year 2011 is as family knowledge about Schizophrenia treated on the road in The Mental Hospital of North Sumatra Province year 2011 is less than 11 people (44%).

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