

## ORIGINAL ARTICLE

# Health Education in Reducing Community Stigma among Persons with Mental Disorders

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## ABSTRACT

**Introduction:** The increase in the number of Orang dengan Gangguan Jiwa (ODGJ) or People with Mental Disorders based on the 2018 Riskeudas results requires greater attention to ODGJ. Especially in the treatment of ODGJ to achieve healing. The high stigma of society towards ODGJ and their families makes it difficult for ODGJ to achieve healing. The high stigma is caused by a lack of public knowledge about mental health. The study aimed to determine the effect of health education on the community about stigma in ODGJ families in the Dharma Rini Community Health Center, Temanggung. **Methods:** Thetype of research is Pre Experimental one group pre and post-test design. The population in this study was the Dharma Rini Health Center area with the highest number of ODGJ, namely in RW 2, Giyanti Village, Temanggung Regency. About 107 respondents of sample was obtained using the cluster random sampling technique. Data analysis using the Wilcoxon test. **Results:** The study showed that 91.6% (98 respondents) gave low stigma to ODGJ families. **Conclusion:** There is an effect of health education on community stigma in ODGJ families, with a P-Value of 0.000 (<0.05). It is hoped that nurses can improve health education to eliminate negative stigma on ODGJ and their families.

**Keywords:** Health Counseling, Community Stigma, ODGJ Families

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## INTRODUCTION

Mental disorders are serious health problems that need attention. The increasing number of people with mental disorders requires the right strategy so that it can be handled appropriately. Not only hospital care, but long-term care for mental disorders is obtained from the environment where the patient lives. In this case, the family and community have an important role in achieving healing for people with mental disorders (1).

Efforts from mental health carried out by the government by issuing Minister of Health Regulation no. 54 of 2017 concerning overcoming shackles for people with mental disorders requires coordination from all parties. Due to the lack of understanding of the family and community, there have been several stigmas related to mental disorder patients. These are mainly caused by a lack of access to health treatments, causing families to implement restrictions for those with mental illnesses. The family's fear of ODGJ who commit violence and

the attitude of the community that tends to isolate ODGJ also forces the family to use shackles. This is especially the case in rural areas where access to health services is more difficult (2).

People with Mental Disorders (ODGJ) still experience stigma (labelling, stereotypes, exclusion, discrimination) making it difficult for their recovery process and their welfare. The stigma in the community is that ODGJ patient are different and as a result isolates them(3). Stereotypes that are often regarded against ODGJ are trash, killer/maniac, lustful, gloomy, laughing without cause, speaking dishonestly (when meeting a doctor). As a result of this stigma, ODGJ suffers health and socio-cultural consequences, such as inadequate care, drop-out of drug use, shackles, and a different understanding of mental disorders (4).

The negative stigma from society towards ODGJ also causes ODGJ to experience fear that forces them to act violently(5). According to previous research, even medical personnel, therapists, families and communities also commit acts of violence against ODGJ because of the negative stigma attached to them. This violent behaviour in general include throwing harsh words, injuring their ideas, speaking harshly, hostile/panicked

attitudes (6).

The impact of stigma is felt not just by ODGJ, but also by ODGJ's families. People often believe that mental illnesses may be passed down through families or are genetic diseases, causing some families to feel embarrassed and even to hide family members who have mental illnesses. The psychological burden is faced by the family as a result of which family assistance in the recovery process is hampered.

Meanwhile, the role of the family is very much needed in efforts to heal ODGJ. If the family faces negative stigma, the family cannot provide optimal support for ODGJ. As a result, it becomes difficult for ODGJ to get support because the family feels isolated and bears a heavy psychological burden. People's perception of mental illness as a curse results in discrimination against them leading to the risk of recurrence in ODGJ (7).

Other research states that families can also experience emotional stress when caring for people with mental disorders, so the importance of the role of mental nurses in providing psychoeducation for families is also needed. The formation of mental cadres can also help ODGJ families in handling the situation. This is also by forming a discussion group between ODGJ families where they can discuss their problems with each other. According to previous research, this also has a positive effect on ODGJ families in helping the healing process of ODGJ (8). Due to less knowledge about ODGJ, people are unable to treat ODGJ properly. Increasing public awareness through health education for community organisations is one of the most effective approaches to improve people's attitudes related to ODGJ (9).

Health education is an action or effort that aims to communicate messages related to health to the general public, groups, or individuals, with the aim that the community, group, or person would receive knowledge about better health (10). This knowledge has the potential to influence conduct. In other words, the presence of health education is expected to influence changes in the target's health behaviour (11). Success in providing health education by a counselor requires appropriate technical steps and strategies so that the health education process can run well and can be implemented by the counselee (12).

Previous studies have indicated the impact of health education on changes in community knowledge and attitudes (13). Counseling, promotion and psychoeducation in primary services such as puskesmas, to the community and individuals are needed to increase public knowledge about mental health. In this manner public attitudes become positive towards people with mental disorders and their families, especially (14). Then another study stated that the low level of knowledge resulted in a high negative stigma towards ODGJ which

made it difficult for ODGJ to achieve healing (15).

## MATERIALS AND METHODS

This research method is an experimental method with one group pre and post-test research design, the study is without a control group, measurements were made before and after being given treatment (16). In this study, the population was taken number of ODGJ in the Dharma Rini Health Center area, namely Giyanti RW2 Village, Temanggung Regency, Central Java. The population is the total number of community characteristics determined in the study, which can be in the form of people, institutions or other organization (17). The sample is part of some characteristics possessed by the population used for research which is considered representative of the research. Sampling by purposive sampling, obtained a size of 107 individuals (18).

Inclusion criteria are characteristics of research subjects from a target population to be studied (19). In this study, the inclusion criteria were as follows: Communities in the Dharma Rini Community Health Center, people living near people with mental disorders, clients in a conscious state, clients who are willing to become respondents, clients who can read and write, male and female gender, Age 20-60 years. Exclusion criteria are members of the population that cannot be taken as samples (20). Eliminating or removing subjects who meet the inclusion criteria from the study because of several reasons the exclusion criteria in this study were the client refusing to be a respondent, the client could not read and write, the client with mental disorders, the client was still at an early age. Data normality test and Wilcoxon test were conducted to determine whether there was an effect of counselling on the stigma of ODGJ families.

This research obtained ethical clearance (No: 345/KEPK-FKM/UNIMUS/2020) from the Faculty of Nursing and Health Science (fikkes), Universitas Muhammadiyah Semarang (Unimus).

## RESULTS

Most respondents were aged 36-45 years as many as 45 respondents (42.1%) and a small proportion aged 25-35 years as many as 25 respondents (23.4%). Male respondents were 39 respondents (36.4%) and female respondents were 68 respondents (63.6%). The education level of the respondents is mostly high school with 27 respondents (25.2%) and a small proportion with elementary school education as many as 16 respondents (25.0%) (Table I).

Table III shows that before the intervention of Health Counseling, community stigma was very high after the intervention of Health Counseling, community stigma decreased to a considerable level.

**Table I: Frequency Distribution of Respondents According to Age, Gender, Educations Characteristics (n=107)**

Variables	Frequency	%
Age		
25 - 35 years	25	23.4
36 - 45 years old	45	42.1
46 - 55 years old	37	34.6
Gender		
Male	39	36.4
Female	68	63.6
Education		
No school	22	20.6
SD	16	15.0
middle school	23	21.5
high school	27	25.2
College	19	17.8

**Table II: Central Data Tendency (n=107)**

Variables	Mean	Median	Mode	Standard Deviation	Min	Max
????	81.25	80.00	70	7.88	70	100
???	39.07	39.00	39	4.51	28	49

Source: Processed Primary Data 2020

**Table III: Frequency Distribution of Community Stigma Before and after Health Counseling (n=107)**

Community Stigma	Before n (%)	After n (%)
Low	0 (0)	98 (91.6)
Medium	10 (9.3)	9 (8.1)
High	97 (90.7)	0 (0)

Source: Processed Primary Data 2020

Table IV shows that the P-value is 0.000 (<0.005) so it is proven that there is an effect of health education on reducing stigma in ODGJ families.

## DISCUSSION

### Community Stigma Before Health Education

The results showed that most of the public's stigma before health education was in the high category by 97 respondents (90.7%). The results of this study are by the results of Japar research (2017) (21) which states that the stigma about ODGJ before health counseling is mostly included in the category of high negative stigma.

According to another study (22) stigma, discrimination and lack of understanding to recognize mental disorders are still major obstacles to the treatment of this disease. Most people still think mental disorders are problems outside of health. Stigma and attitudes that are still

**Table IV: Wilcoxon Test Results the Effect of Public Health Counseling on Stigma in ODGJ Families**

Society Stigma	N	Mean Rank	P Value
Pre-post			
Negative Ranks	107	54.00	0.000
Positive Ranks	0	.00	
Ties	0		
Total	107		

Source: Processed Primary Data 2020

wrong in a society in assessing people with mental disorders are caused by a lack of information about the causes of people experiencing mental disorders. Lack of information makes the stigma prominent and shows poor attitude of the community in assessing ODGJ (23). The information obtained will affect a person's level of knowledge. If someone gets a lot of information, they tend to have broader knowledge (20).

In addition to information, age and education can also affect the community's stigma about ODGJ. According to a study (24) age affects the perception and mindset of a person. The older an individual, the grasping power increases, and positive mindset will develop. So that the knowledge gained is getting better. This viewpoint differs from the findings of the study, which revealed that the majority of respondents were between the ages of 36 and 45, but had a strong negative perception of ODGJ.

A study(21)explained that education is generally seen as the main factor in various ways, including the level of knowledge. The lower the education level of a person, the more difficult it is to receive information, so the knowledge possessed is less. But the present results showed different observations. Based on the research results, most of the respondents have a high school education but have a high negative stigma about ODGJ, this is because people still believe in the myths that have developed about ODGJ.

### Community Stigma after Health Education

The results showed that most of the public's stigma before health education was in the high category by 97 respondents (90.7%). The results of this study are following another research result which stated that there was a decrease in stigma about ODGJ after being given health education (21).

According to another study which states that health education is an effort or activity to create public behaviour that is conducive to health (24). That is, people are aware of or know how to maintain health and avoid or prevent things that are detrimental to health so that it is hoped that someone can implement or practice what they know. According to the findings of the study, there was an increase in awareness following health counseling, which could affect the public's perception of ODGJ.

The goal of delivering health education is to influence individual, family, and community behaviour (26). In accordance with the research conducted (27) which states that there is a relationship between the level of counseling and the attitude of the community towards patients with mental disorders. One of the processes that contribute to the formation of these attitudes is counseling because when undergoing counseling someone learns, recognizes the concepts about a matter

and in the end that understanding will shape a person's attitude towards an object or something.

### **Effect of Health Counseling to the Community about Stigma in ODGJ Families in the Dharma Rini Community Health Center, Temanggung**

The Wilcoxon test results obtained a P-Value of 0.000 (<0.05), which means that there is an effect of health education on the community about stigma in ODGJ families in the Dharma Rini Community Health Center, Temanggung. The results of this study are following the results of research conducted earlier (21) shows that there is a significant effect of providing health education on changes in stigma about ODGJ.

Although knowledge it is crucial in eliminating stigma, respondents' views about persons with mental illnesses are influenced by a variety of factors, one of which is culture, because the society in which we live and grow up has a significant impact on the formation of our opinions(28). Culture has instilled a line of influence in our attitudes towards various issues. Culture provides a style of experience to persons who are part of community groups, it has shaped the attitudes of community members (29).

So far, many myths affect society with negative stigmas about people with mental disorders. Mental disorders that are more likely to be stigmatized are types of mental disorders that show abnormalities or deviations in their behavior patterns(30). A more burdensome stigma is a mental disorder that affects a person's physical appearance than a mental disorder that does not affect a person's physical appearance(31).

### **CONCLUSION**

The age characteristics in this study are mostly 36-45 years old. The gender of the respondents is mostly female and most of the respondents' education is high school education. Community Stigma in ODGJ families before Health education was mostly in the high stigma category of 90.7%. Community stigma in ODGJ families after health counseling was mostly in the low category of 91.6%. There was an effect of counseling to the community about stigma on ODGJ families in the Dharma Rini Community Health Center Temanggung with a significant value of 0.000 (<0.05). Further studies on the nature of stigma across cultural settings is required to recognize the social factors influencing the nature of stigma and the effect and success of health counseling intervention. Decreasing mental illness-related stigma and the burden of mental illness in the society in this manner require an intensive global effort.

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