



ORIGINAL RESEARCH PAPER

Nursing

RELATIONSHIP BETWEEN FAMILY ATTITUDES AND THE PERCEIVED STIGMA BY SKIZOFRENIA CLIENTS IN WEST SUMATRA MENTAL HOSPITAL

KEY WORDS: Stigma, Family Attitude

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ABSTRACT

Schizophrenic patients gain stigmatization in society and family. Stigma causes psychosocial problems within the patient. This research aimed to determine the relationship of family attitudes with the perceived stigma by people with mental disorders. This research used cross-sectional study design by using random sampling method with 173 respondents. The result of the research revealed that there was no meaningful relationship between intrusive attitude, low tolerance, negative attitude and the perceived stigma. However, it found that there was a significant relationship with p-value = 0.002 between family emotional attitude and the perceived stigma by schizophrenia patients. Therefore it is recommended for families who are caring for the patients with schizophrenia to be able to show positive emotional attitude through the good communication.

INTRODUCTION

Mental health will affect all aspects of individual's life in interacting with each other. The prevalence of mental disorders according to WHO, 1 out of 4 adults will experience mental health problems at one time in his life. The National Institute of Mental Health (NIMH) states that schizophrenia is 13% from the whole illnesses and it is estimated to grow up to 25% by 2030. This is a picture of future mental health problems. Over 29 million people in the world suffering from schizophrenia, and 90% live in developing countries (WHO, 2015). The prevalence of schizophrenia in West Sumatra is 1.9 per mile. This figure indicates that the prevalence of schizophrenia in West Sumatra is quite high. Families tend to show bad attitude towards the patient. Families are confronted with various problems in caring for schizophrenic clients, especially the expense experience. There are also families who give a negative stigma upon clients that result in isolation and do not involve clients in decision-making within the family. Families tend to be prejudice and limit the clients' space, assume that the clients are incompetent and unproductive. Families do not provide appropriate support even underestimate the ability of the clients. Families remain low-tolerance, disruptive, negative and emotional attitudes toward clients which make them do not have a sense of self-confidence.

The social burden experienced by the families including 38.5% are shunned by others, 34.4% often receive discrimination at work, 70.7% do not receive social support from the surrounding. The high emotional burden causes the families' attitudes in caring for schizophrenia clients often indicates an excessive emotional expression and hostile attitude, also talking in a high tone and expressing their outrage. This research aims to find out more about the relationship of family attitudes with the perceived stigma by schizophrenia patients.

RESEARCH METHODOLOGY

This research was a cross-sectional study. It meant that the independent and dependent variable was measured at the same time. The purpose was to determine the relationship of family attitudes with the perceived stigma by schizophrenia clients. The sample in this research was 173 schizophrenia clients. The number of samples was based on the calculation of Lemeshow formula and taken by using random sampling technique. This research took place in Mental Hospital Prof HB Saanin Padang West Sumatra. This research used the questionnaire as the instrument. This

questionnaire measured the attitude of the family by using the Level of Expressed Emotion scale that consisted of intrusiveness, low tolerance, negative attitude, and emotional that developed by (Cole and Kazarian, 1988). The instrument had range scale of 1 to 4, if it had a high score then the emotional attitude, intrusiveness, low tolerance, and family negative attitude will also high.

The instrument that was used regarding the stigma was the Devaluation-Discrimination Scale which developed by Links (1987) and Nicolas (1995). The instrument had range scale of 1 to 5. The perceived stigma would be high when the score value was high and vice versa. Criteria of respondents in this research were; willing to be respondents, clients were diagnosed with schizophrenia more than 6 months, able to read and write.

Bivariate analysis was used to determine the relationship of family attitudes with the perceived stigma by schizophrenic clients by using chi-square test ($p = <0.05$). Multivariate analysis by using logistic regression used a value of ($p = <0.25$). This research had passed ethical clearance in the medical faculty of Andalas University on September 27, 2017.

RESEARCH RESULT

Table 1
Frequency Distribution of Schizophrenia Client Characteristics by Age and Sex in Mental Hospital Prof HB Saanin Padang, 2017

n= 173

Variable	Category	f	%
Age	Early adulthood	87	67.1% %
	Late adulthood	58	32.9%
Sex	Male	135	78,0%
	Female	38	22,0%
Education	High	89	51.4%
	Low	84	48.6%

The table above shows that more than half (67.1%) of schizophrenic clients at Mental Hospital HB Saanin Padang were in early adulthood. More than half (78.0%) were male, and more than half were highly educated (51.4%).

Table 2 Frequency Distribution of Family Attitude toward Schizophrenia Clients in Mental Hospital Prof HB Saanin Padang, 2017

n = 173

Variable	Characteristic	f	%
Negative Attitude	High	74	42.8%
	Low	99	57.2%
Emotional	High	82	52.6%
	Low	91	47.4%
Low tolerance	High	70	40.5%
	Low	103	59.5%
Intrusiveness	High	86	49.7%
	Low	87	50.3 %
Total		173	100%

The table above shows that more than half (57.2%) had a low negative attitude. More than half (52.6%) showed high emotional attitudes. Most of the family attitudes (59.5%) indicated low tolerance, and more than half (50.3%) showed low attitude.

Table 3 Frequency Distribution of Perceived Stigma by Schizophrenia Clients in Mental Hospital Prof HB Saanin Padang, 2017

Variable	Characteristic	f	%
Perceived Stigma	High	81	46.8%
	Low	92	53.2%
Total		173	

Table 5 Analysis of the Relationship between Family Attitude of Schizophrenia Clients and the Perceived Stigma by Schizophrenic Clients in Mental Hospital Prof HB Saanin Padang, 2017 n = 173

Variable	Category	Perceived Stigma				Total		p-value	OR (CI 95%)
		High		Low		f	%		
		f	%	f	%				
Intrusiveness	High	44	51.2%	42	48.8%	86	100%	0.405	1.351 (2.458- 0.742)
	Low	38	43.7%	49	56.3%	87	100%		
Negative Attitude	High	37	50.0%	37	50.0%	74	100%	0.661	1.200 (2.194- 0.656)
	Low	45	45.5%	54	54.5%	99	100%		
Low tolerance attitude	High	33	47.1%	37	52.9%	70	100%	1.000	1.0.983 (1.805- 0.535)
	Low	49	47.6%	54	52.4%	103	100%		
Emotional attitude	High	48	58.5%	34	41.5%	82	100%	0.008	2.367 (4.361- 1.285)
	Low	34	37.4%	57	62.6%	91	100%		

In table 5, based on the results of the analysis, the trend of high stigma was found in high intrusiveness by 51.2% opposed to low intrusiveness by 43.7%. With the p-value = 0.405 (p> 0.05), it could be concluded that there was no significant relationship between intrusiveness and the perceived stigma.

Based on the results of the further analysis, the rate of high stigma was more common in high negative attitudes by 50.0% contrasted to low negative attitudes by 45.5%. Statistical test got p-value = 0.661 (p> 0,05). Hence, it could be inferred that there was no meaningful relationship between negative attitudes and the perceived stigma.

According to the analysis concerning low tolerance attitude, the existence of high stigma was found in low tolerance attitude at a high rate of 47.1% compared to the low attitude at 45.5%. The statistical test obtained the result of p-value = 1,000 (p> 0,05). Consequently, it could be concluded that there was an insignificant relationship between low tolerance attitude and the perceived stigma.

The following result, high stigma was found higher in high

The table above shows that more than half (53.3%) perceived low stigmatization.

Table 4 Analysis of the Relationship between Characteristic of Schizophrenia Clients and the Perceived Stigma by Schizophrenic Clients in Mental Hospital Prof HB Saanin Padang, 2017

n = 173

Variable	Category	Perceived Stigma				Total		p-value	OR (CI 95%)
		High		Low		f	%		
		f	%	f	%				
Age	Early Adulthood	61	52.6%	55	47.4%	91	100%	0.074	1.907 (0.993- 3.642)
	Late Adulthood	21	36.8%	36	63.2%	57	100%		
	Sex	Male	59	43.7%	76	56.3%	135		
Female	23	60.5%	15	39.5%	38	100%			
Education	High	46	51.7%	43	48.3%	89	100%	0.313	1.426 (2.598- 0.783)
	Low	36	42.9%	48	57.1%	84	100%		

Based on the results of the analysis, the perceived of high stigma was higher in early adulthood of 52.6%. Based on results of the further analysis, the occurrence of high stigma was found more in the female by 60.5%. Based on the analysis results regarding the education, the proportion of high stigma was found in higher education level at 51.7%

emotional attitudes at 58.5% contrasted to low emotional attitudes at 37.4%. According to the statistical test, the obtained result was p-value = 0.008 p<0.05. So it could be determined that there was a meaningful relationship between emotional attitudes with the perceived stigma.

Table 6 Starting Stages of Multivariate on the Relationship of Characteristics and Family Attitudes with the Perceived Stigma in Mental Hospital Prof HB Saanin Padang

VARIABLE	B	SE	df	sig	Exsp (B)	CI 95%
Age	0.85	0.397	1	0.043	2.237	4.875
Sex	0.400	0.449	1	0.373	1.492	3.594
Education Attitude	0.156	0.344	1	0.649	1.169	2.292
Intrusiveness	0.263	0.431	1	0.105	0.539	3.026
	- 617	0.381	1			1.138
Low Tolerance	-248	0.397	1	0.532	0.780	1.698
	1.086	0.386	1	0.005	2.961	6.316
Negative Attitude						
Emotional Attitude						

Table 7 Starting Modeling Stages of Multivariate on the Relationship of Characteristics and Family Attitudes with the Perceived Stigma in Mental Hospital Prof HB Saanin Padang

No	VARIABLE	Model 1	Model 2	model 3	Model 4	Model 5	Model 6
1	Age	0.043	0.034	0.042	0.044	0.060	0.075
2	Sex	0.373	0.373	0.374	0.346	-	-
3	Education	0.649	-	-	-	-	-
4	Intrusiveness	0.541	0.542	0.701	-	-	-
5	Negative Attitude	0.532	0.543	-	-	-	-
6	Low Tolerance	0.105	0.101	0.108	0.117	0.122	-
7	Emotional	0.005	0.005	0.006	0.004	0.001	0.002

The table above shows the variables that were included in the multivariate modeling stage. The tested variables were the variables with p-value <0.25. The table below is the final modeling of a multivariate analysis by using logistic regression.

Table 8 Final Modeling of Multivariate Analysis The Relationship of Characteristic, Age, and Family Attitudes with the Perceived Stigma

VARIABLE	B	SE	df	sig	Exsp (B)	CI 95%
Age	0.646	0.362	1	0.075	1.908	3.881
Emotional		0.335	1	0.002	2.795	5.386
<i>constant</i>	-970	0.388	1	0.012	0.379	

In table 8 can be seen that the emotional attitude of the family has the value of OR 2.795 with the smallest rate of p-value 0.002. These results revealed that high family emotional attitudes would encounter a high stigma of 2.8 times more compared to the respondents who had low family emotional attitudes.

DISCUSSION

This research analyzes the relationship between characteristic, age, sex, family attitudes, and education and the perceived stigma by schizophrenia clients. There were 173 respondents in this research. Based on the results of research, the most meaningful relationship was the emotional attitude of the family which was the dominant factor that related to the perceived stigma by the schizophrenia clients. Previous research has also identified that the family's emotional attitudes are the most influential factor toward the perceived stigma by the schizophrenia clients (Samsont, 2014; WT Young).

The results of this research revealed that more than half (52.6%) of family attitudes displayed low emotional attitudes, most (57.2%) of family attitudes indicated low negative attitudes, more than half (50.3%) of family attitudes showed low intrusiveness attitudes, and most of them had low tolerance attitudes (59.5%). But the percentage difference between high to low negative attitudes is only 1%. Therefore it can be inferred that the family has negative attitudes to the schizophrenia clients. The results of this research are different from Corbiere and Samson in the USA where the attitude of the family showed high emotional attitude, high low tolerance, high intrusiveness and high negative attitude. The high negative attitude towards schizophrenic clients is influenced by the difficulty of the family in giving the treatment. While in this research the differences in family attitudes toward skrizofrenia clients may be influenced by several factors such as cultural factors, religion, and level of knowledge. These factors allow the family to behave nicely to schizophrenic clients.

Families had negative attitudes toward schizophrenic clients. Previous research conducted by Italy (2014) shows that high emotional attitudes of the families and ill-treatment against schizophrenic clients result in the increasing of perceived stigma by

the clients, consequently, the clients prefer to hide their illness and refuse to do rehabilitation. This can lead to the occurrence of recurrences. Research that is conducted in China shows that high emotional attitudes of families will bring about low self-confidence of the clients, hence they will sense high stigmatization. This will affect the longing to socialize with others and they tend to conceal the disease.

The high emotional attitudes of the family to the schizophrenics and the high burden that is felt by families in caring for the schizophrenic is a worldwide problem recently. Based on the results of the research, the high emotional attitudes are caused by the financial burden for the treatment of clients, the psychological burden in facing the clients, and inadequate of family knowledge.

Based on the results of this research, the negative attitudes of the family showed a soaring percentage. This is due to the inadequate knowledge regarding the schizophrenia clients. How to deal with them when they come home from the mental hospital and also negative views of the families against people with mental disorders who are considered as a freak, a disgrace to the family and incompetent. Families tend to behave negatively about individual reactions. The evaluative response means a form of reaction which is manifested as an attitude and is based on the evaluation process in the individual that gives the stimulus in the form of a good-bad or positive-negative value, which then crystallizes as a potential reaction to the attitude object.

CONCLUSION

Based on the results of this research, the researchers concluded that the emotional attitudes of the family would result in higher perceived stigma. The perceived stigma would worsen the psychosocial problems thus increased the risk of recurrence.

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