

THE INFLUENCE OF PSYCHOEDUCATION PERCEPTIONS, KNOWLEDGE, AND SUPPORT ON CAREGIVER BEHAVIOR IN CARING FOR PEOPLE WITH MENTAL ILLNESS IN THE AREA OF THE MANGKUBUMI HEALTH CENTER, TASIKMALAYA CITY

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ABSTRACT

Mental illness are a major health problem, because cases of mental illness at the Mangkubumi Community Health Center have increased, namely in 2019 reaching 54 cases, in 2020 reaching 63 cases, and in 2021 reaching 72 cases. Mental Illness experience a self-care deficit in fulfilling basic needs, therefore families are required to have the ability to care for Mental Illness. Caregiver behavior can be influenced by psychoeducation, knowledge and family support. This research aims to determine the influence of psychoeducational perceptions, knowledge and support on caregiver behavior in caring for Mental illness. This type of research includes analytics with a correlational descriptive approach. The sample was 67 people obtained using consistent sampling technique. Data was collected through questionnaires and analyzed using the chi square test. The research results showed that psychoeducation was good (50.7%), caregiver knowledge was high (53.7%), family support was supportive (50.7%) and caregiver behavior was good (50.7%). Psychoeducation, knowledge and family support have a positive and significant effect on behavior in caring for Mental illness. The most dominant factor influencing caregiver behavior in caring for PWD is the psychoeducation factor (OR: 15.544 after being controlled by family support and knowledge factors). Therefore, people who have family members with Mental illness should be able to increase their knowledge through active participation in psychoeducation. Families are advised to play an active role in providing care for Mental illness clients.

Keywords: mental illness, psychoeducation, knowledge

INTRODUCTION

Mental health problems have become an unresolved health problem in society, both at the global and national levels. According to data from the World Health Organization (WHO), there were mental health problems in the world in 2018, namely around 35 million people were affected by depression, 60 million people were affected by bipolar disorder, 21 million were affected by schizophrenia, and 47.5 million were affected by dementia. This has increased in 2019, namely there are 264 million people experiencing depression, 45 million people suffering from bipolar disorder, 50 million people experiencing dementia, and 20 million people experiencing schizophrenia (WHO, 2019).

Mental illness in Indonesia have become one of the main health problems, in people with mental illness (Mental illness) there is a change in behavior in carrying out human functions, in addition to the increase in the prevalence of mental illness. Riskesdas results report that the prevalence of households with family members experiencing schizophrenia or psychosis reached 9.8% or around 282,654 people (Riskesdas, 2018). This can be seen as an increase compared to 2013 Riskesdas data of 6%. The prevalence of mental illness for West Java Province is 5.0% or around 55,133 people, this makes the province the 12th largest in all of Indonesia (Ministry of Health of the Republic of Indonesia, 2019).

Mental illness according to Law of the Republic of Indonesia Number 18 of 2014 are people who experience illness in thoughts, behavior and feelings which manifest in the form of a set of symptoms and/or significant changes in behavior, and can cause suffering and obstacles in carrying out their functions. Mental illness according to the American Psychiatric Association (APA) are psychological syndromes or patterns, clinical behavioral patterns, that

occur in individuals and these syndromes are associated with distress or disability (APA, 1994 in Prabowo, 2014). Direja said that Mental illness experience a self-care deficit in fulfilling basic needs such as eating, drinking, social activities and so on. So the family has an important role in caring for Mental illness to fulfill their basic needs (Direja, 2017).

The family as the people closest to Mental illness have the ability to overcome problems, preventing mal-adaptive behavior from turning into adaptive. Families can utilize the environment around the client as a means of therapy. Environmental therapy is able to increase client interaction with family and the surrounding environment, increase client knowledge, increase client creativity and be able to prevent relapse (Ermalinda, 2015).

The ability of caregivers in families can be realized at least if the family has good knowledge about mental illness, gets support from other family members and gets psychoeducation from health workers, so that caring for family members with Mental illness is not considered a burden on the family but is more humanitarian because the person has the disorder. The soul also has the right to live and be worthy (Stuart & Laraia, 2015). This is also stated in Law Number 36 of 2009 in Article 148 paragraph (1) that people with mental illness have the same rights as citizens.

Families who have insufficient and inappropriate knowledge and understanding in treating Mental illness result in negative attitudes towards patients. Such conditions can result in behavior that tends to have an impact on the ability to treat and even leave Mental illness patients alone (Marfuah and Noviyanti, 2016).

The results of the research found that there was a relationship between family knowledge and behavior to prevent recurrence of mental illness at the Borobudur Community Health Center, so the conclusion was that there was a relationship between knowledge and behavior to prevent recurrence of mental illness. Family knowledge in care is a description of the roles and functions that can be carried out in the family (Indrayani, 2012).

Other family member factors are very necessary in the treatment of Mental illness. The presence of mental illness can cause a shift in family functions and values. Therefore, other family members can provide financial assistance and support in the form of treatment costs, dealing with patient behavior, and facing stigma from society towards family members who experience mental illness. Thus, other family support can influence the caregiver's ability to care for family members who experience mental illness.

Family support in the treatment of Mental illness is also considered important. The research results found that family support for people with mental illness in treatment both informationally, assessment, instrumental and emotional in the Kartasura District area shows good support. The family provides support, attention and affection by caring for, carrying out treatment and control, both taking medication and going to the hospital (Hartanto, 2014).

METHODS (13PT, CALIBRI, BOLD, UPPERCASE)

A paradigm is a set of concepts that are related to each other logically and form a framework of thought that functions to understand, interpret and explain the reality and/or problems faced. Understanding the concept of variables is relevant for the development of research and science. Paradigms are basic views regarding the subject matter of science. Paradigms define and help find things that must be researched and studied, questions that must be raised, ways to formulate questions, and rules that must be followed in interpreting answers. A paradigm is part of the broadest consensus in the scientific world which functions to differentiate one particular scientific community from other communities. Paradigms are

related to definitions, theories, methods, relationships between model variables, and other variables included in them.

A research is carried out with the aim of answering a research problem using certain analysis and data. With this research, it will be known to what extent concepts, theories, questions and hypotheses can be used. Paradigms are used as a useful analytical tool to understand the level of relationship between a teaching and society's behavior.

RESULTS AND DISCUSSION (13PT, CALIBRI, BOLD, UPPERCASE)

The research was carried out in the Mangkubumi Community Health Center, Tasikmalaya City. The data collected was then analyzed as described in the research results as follows:

1. Respondent Characteristics

Table and figure

Tabel 1.1

Characteristics of Respondents in the Mangkubumi Community Health Center Area, Tasikmalaya City

Characteristics	N	(%)
Age		
Mature	40	59.70
Alderly	27	40.29
Amount	67	100
Education		
SD	19	28.38
SMP	21	31.34
SMA	25	37.31
PT	2	2.98
Amount	67	100
Gender		
Male	22	32.83
Female	45	67.16
Amount	67	100

The data in table 4.1 shows that the characteristics of the respondents based on age, the majority are adults, namely 40 people (59.70%), most of whom have a high school education.

2. Psychoeducation, knowledge, support for Caregivers of People with Mental Illness (Mental illness)

Table 1.2

Frequency Distribution of Caregiver Psychoeducation, knowledge, family support and behavior of treating Mental illness in the Mangkubumi Community Health Center, Tasikmalaya City

Variabel	N	(%)
Psychoeducation		
Good	42	62.7

Not Enough	25	37.3
Amount	67	100
Knowledge		
Tall	39	58.2
Low	28	41.8
Amount	67	100
Family Support		
Support	44	65.7
Does Not Support	23	34.3
Jumlah	67	100

3. Caregiver behavior in caring for people with mental illness (MENTAL ILLNESS)

Table 1.3

Caregiver behavior in caring for people with mental illness (Mental illness) in the Mangkubumi Community Health Center, Tasikmalaya City.

Behavior	N	(%)
Good	43	64.2
Not Enough	24	35.8
Amount	67	100

The behavior of family care (caregivers) in caring for Mental illness in the Mangkubumi Community Health Center, Tasikmalaya City, was 64.2% (43 respondents), including good.

4. The partial influence of psychoeducational perceptions, knowledge and family support on caregiver behavior in caring for people with mental illness (Mental illness).

Table 1.4

The influence of psychoeducational perceptions, knowledge and partial family support on caregiver behavior in caring for people with mental illness (Mental illness) in the Mangkubumi Community Health Center.

Variabel	Care Behaviour						P value	OR	CI (95%)
	Good		Not Enough		Amount				
	n	%	n	%	n	%			
psychoeducation									
Good	39	92.9	3	7.1	42	100	0,000	68.250	13.943-334.068
Not Enough	4	16.0	21	84.0	25	100			
Amount	43	64.2	24	35.8	67	100			
Knowledge									
Tall	36	92.3	3	7.7	39	100	0,000	36,00	8.397-154.341
Low	7	25.0	21	75.0	28	100			
Amount	43	64.2	24	35.8	67	100			
Family Suport									
Supoort	39	88.6	5	11.4	44	100	0,000	37.050	

							8.915-
Does Not Suport	4	17.4	19	82.6	23	100	153.979
Amount	43	64.2	24	35.8	67	100	

- a. The influence of psychoeducational perceptions on family care giver behavior in caregivers of Mental illness

The data in table 4.4 shows that of the respondents who had a good perception of psychoeducation, 39 people (92.3%) had good behavior in caring for MENTAL ILLNESS. Meanwhile, of the respondents who had a perception that psychoeducation was lacking, 21 people (84.0%) had poor behavior in treating Mental illness. The statistical test results obtained a p value of 0.000. This means that there is an influence between psychoeducation and the behavior of family caregivers in caring for Mental illness. Respondents who have a good perception of psychoeducation are 68.25 times more likely to carry out good Mental illness treatment compared to respondents who have a less good perception.

- b. The influence of knowledge on family care giver behavior in Mental illness caregivers

The data in table 4.4 shows that of the respondents who had good knowledge, 36 people (92.3%) had good behavior in caring for MENTAL ILLNESS. Meanwhile, of the respondents who had low knowledge, 21 people (75.0%) had poor behavior in treating Mental illness. The statistical test results obtained a p value of 0.000. This means that there is an influence between knowledge and the behavior of the care giver's family in caring for Mental illness. Respondents who have knowledge are 36.0 times more likely to carry out good Mental illness treatment compared to respondents who have low knowledge.

- c. The influence of family support on family care giver behavior in Mental illness caregivers

The data in table 4.4 shows that of the respondents who received support from their families, 39 people (88.6%) had good behavior in caring for MENTAL ILLNESS. Meanwhile, 19 people (82.6%) of respondents who did not receive support from their families had poor behavior in treating Mental illness. The statistical test results obtained a p value of 0.000. This means that there is an influence between family support and the behavior of the family caregiver in caring for Mental illness. Respondents who received support from their families were 37,050 times more likely to carry out good Mental illness treatment compared to respondents who did not receive support from their families.

- d. Logistic Regression Test

To predict Mental illness treatment behavior based on the variables studied, it is necessary to carry out a multivariate analysis. Multivariate analysis aims to obtain the most dominant variables related to Mental illness care behavior in the Mangkuumi Community Health Center working area, namely by using a simple logistic regression test. After going through the previous test stage, variables were obtained as multivariate candidates, namely variables that had a p-value <0.25

CONCLUSION (13PT, CALIBRI, BOLD, UPPERCASE)

Based on the results of research and discussion regarding the influence of psychoeducational perceptions, knowledge and support on caregiver behavior in caring for people with mental illness (MENTAL ILLNESS), it can be concluded as follows:

1. Caregiver perceptions of psychoeducation are mostly good (62.7%), caregiver knowledge is mostly high (58.2%), family support for caregivers is mostly supportive (62.77%).
2. The behavior of caregivers in caring for people with mental illness (Mental illness) is partly good (64.2%).
3. Psychoeducation, knowledge and family support have a positive and significant effect on caregiver behavior in caring for people with mental illness (Mental illness) in the Mangkubumi Community Health Center, Tasikmalaya City, in 2022.
4. The most dominant factor influencing caregiver behavior in caring for people with mental illness (Mental illness) in the Mangkubumi Community Health Center area, Tasikmalaya City in 2022 is the psychoeducation factor after being controlled by family support and knowledge factors.

Limitations and future direction (13pt, Calibri, Bold)

It would be best to carry out further research for researchers who are interested in the same topic by examining in more depth the characteristics and abilities of health workers (psychoeducators), examining the planning, implementation and evaluation of psychoeducational activities as well as the output obtained from the results of the psychoeducational program.

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