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## PROCEEDING BOOK

### *THE 4<sup>th</sup> INTERNATIONAL CONFERENCE ON HEALTH SCIENCE 2017*

### **“The Optimalization of Adolescent Health in The Era of SDGs”**

**INNA GARUDA HOTEL YOGYAKARTA,  
INDONESIA  
November 5<sup>th</sup>, 2017**



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“The Optimalization of Adolescent Health in The Era of SDGs”

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## THE RELATIONSHIP BETWEEN FAMILY BURDEN WITH FREQUENCY OF RECURRENCE PATIENT WITH PARANOID SCHIZOPHRENIA

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### ABSTRACT

The family's ability to treat impaired patients indirectly will be a burden to the family, causing a recurrence in paranoid schizophrenic patients. This study is aimed to relate family burden in treating patients with schizophrenia paranoid frequency of recurrence in Amino Gondohutomo psychiatric hospital of Semarang. This research is a descriptive analysis with cross sectional approach. with 84 samples by purposive sampling. The statistical test used *Chi-Square*. The result shows that there is no relationship between family burden and patient recurrence with paranoid schizophrenia (p-value = 0.001 <0.05). the correlation coefficient of 0.352 indicates that the higher the family burden the higher the recurrence arises. The study recommends that there should be an effort to reduce the burden of the family in caring for mental patients to prevent recurrence.

**Keywords** : Family Burden, Recurrence, Paranoid schizophrenia

### INTRODUCTION

The number of schizophrenic patients is increasing every year. World Health Organization released data that about 1.1% or about 51 million people worldwide experience schizophrenia.<sup>1]</sup> 50% of the rate comes from new patients and coupled with patients who experience relapse. The recurrence of schizophrenic patients who had been hospitalized showed an average number of 50-80% had recurrence.<sup>2]</sup> Recurrence and long-term illness of schizophrenic patients have an impact on family burden in biological, psychological, social and economic aspects.<sup>3]</sup>

The prevalence of schizophrenia patients in Indonesia is 0.17%, with a population of 252 million in 2013 estimated that the number of schizophrenic patients is 428,400 souls. Central Java in 2013 has a number of schizophrenic patients including paranoid schizophrenia type 0.23% of the total population of 34,000,000 inhabitants. This figure is higher than the national percentage number with the number 78,200 sufferers.<sup>4]</sup> Some districts in Central Java have shown such high numbers; Sragen 0.74%, Wonogiri 0.61%, and Purworejo 0.6%.<sup>5]</sup>

In Semarang, according to the Semarang City's 2007 health status profile, it shows that the number of schizophrenic patients is 0.29% of the total population of Semarang city 1.45 million people. The number of schizophrenic patients in Semarang is still below the national rate. Grow 0.29% which means 4096 is not a small number, and the data can still increase because the data obtained from patients who visit or known to the puskesmas. While schizophrenia patients are still many who have not been recorded in the Health Office of Semarang City because families prefer to take care of themselves at home, bring to smart people, and bring patients directly to Mental Hospital.<sup>6]</sup>

In 2012 the percentage of paranoid schizophrenia patients showed the greatest number of schizophrenia in Central Java; 37.6% (3,959) paranoid schizophrenia, 35.9% schizophrenia not classified, 17.6% schizophrenia kataton and 8.8% schizophrenia hebefrenik and residual. Aligned also in RSJ Semarang Patient schizophrenia patients

had 37.3% of the greatest number in 2012 followed by schizophrenia not classified as 33.7%, 19.3% catartics and 9.7% hebephrenic.<sup>7]</sup>

Paranoid schizophrenia has distinctive signs and symptoms when compared with other types of schizophrenia. The main characteristic that must be met in paranoid schizophrenia is the frequent occurrence of auditory and / or delusional hallucinations. Other characteristics that are not so prominent are dull affects, irregular behavior, kataton and irregular speech.<sup>8]</sup> The characteristic of paranoid schizophrenia if not understood in the advanced treatment plan may result in relapse for the patient. Schizophrenic patients in general who experience recurrence show no small data. Research in southern Africa in 2008: Patients with schizophrenia experienced a recurrence of one or more times 50-92%. Patients in the treatment experienced a recurrence of 40% and patients who did not continue treatment within a year had a recurrence of 65%. Patients who did not continue treatment within two years experienced 80% recurrence.<sup>9]</sup> While paranoid schizophrenic patients ranked highest in relapse / recurrent patients at Amino gondohutomo Semarang Mental Hospital: average per month of paranoid schizophrenia (43%) / 78 patients, unspecified schizophrenia (32%) / 58 patients, catatonic schizophrenia (15 %) / 28 patients and, schizophrenia hebefrenik (9%) / 17 patients.<sup>7]</sup>

Some factors causing recurrence of the results of literature study researchers in patients with schizophrenia can be classified into two things namely; patient factors and environmental factors. Factors originating from schizophrenic patients are; depression mood, medication adherence and drug side effects. Factors sourced from the environment are: family support, family emotional expression, stigma, and family burden.<sup>9]</sup>

The value of family burdens on the load scale indicates that families face a medium burden in caring for family members suffering from schizophrenia. The burden is financial, family disruption, family recreation, family interaction, effects on physical health and mental health effects. The highest burden experienced because of disruption of family activities. Sick members do not attend routine activities such as; work, school / college and also help in the household. Caregiver had to spend a lot of time taking care of sick members, expenses, routine uninterrupted work and also ignoring the needs of other family members.<sup>10]</sup>

The psychological burden of families with schizophrenic patients also affects the physical aspects of the family.<sup>6]</sup> Reported that families with psychiatric patients often experience physical wear due to thinking about the strange behavior of patients. Family worries when patients rampage or get a bad treatment from the community, also become a psychological burden felt by them. It can be said that, the patient as a physical and psychic stressor for family and other family members. Considering the complexity of family burden and the impact of family stressors, there needs to be serious attention to the family so that the family becomes a continuation unit of the patient care process at home and there is no recurrence.

The recurrence of paranoid schizophrenic patients shows a high rate compared with other types. Recurrence provides some negative impacts or burdens on the family such as biological, psychological, social, and spiritual burdens. The burden of the family increases with the inappropriate assessment and attitude of the family and the surrounding community in paranoid schizophrenic patients. Large family burdens need to get the attention of nurses in an effort to optimize family roles and prevention of recurrence. Based on this background, researchers are interested in taking the title: Family burden relation with the frequency of recurrence of patients with paranoid schizophrenia at Amino Gondohutomo Hospital Semarang "

## **METHOD**

This study aims to determine the relationship of family burden to the frequency of recurrence of paranoid schizophrenic patients in RSJ Semarang. This research is descriptive analytic research with cross sectional approach. The sample of the study was

84 patients with purposive sampling technique. The results of the analysis using Chi-Square test.

## RESULTS

Characteristics of Respondents a. Family Family of schizophrenic patients majority male (58,3%) with senior high school education level (40,5%) married status (90,4%). While the family age caring for patients with schizophrenia averaged 44.86 years with the lowest age of 21 years and the highest 62 years.

Schizophrenic patients consisted of 50% male and 50% female with education level 41,7% junior, 31% senior high school, 22,6% elementary school and 4.8% not school. 71.4% of patients are unmarried, 15.5% married and 13.1% widow / widower. The average age of 31 years, the youngest age of 16 years and the oldest age is 47 years. The results of Chi-Square test analysis showed a significance value of 0.001 (P value <0.05). These results indicate that Ho is rejected which means there is a relationship between the family burden and the frequency of recurrence of paranoid schizophrenic patients.

Discussion a. Characteristics of the family Family of schizophrenic patients Amino Gondo Hutomo Semarang Hospital consists of 58.3% male and 41.7 female. This result is in accordance with the opinion of Sarafino (2006) that men mostly use logic-centered coping functions when faced with difficult situations compared to women who tend to use emotion-centered coping functions so that the role of sex has a major influence on coping efforts between men and women in solving a problem.<sup>11]</sup> Thompson's (2007) opinion also supports the results of this study that lower male sex feel the burden of families in caring for mental disorders than women. Based on the results of the study and some of the literature, researchers argue that gender affects how to treat patients with schizophrenia.<sup>12]</sup> The results of the analysis show that the majority of families of paranoid schizophrenic patients have a recent high school education of 34 people (40.5%). The results of this study are in line with the opinion of Notoadmojo (2010) which states that knowledge relates to everything that is known to be gained through the process of learning, education, culture, and other life experiences.<sup>13]</sup> Based on the results of the research and the opinion, the researcher believes that the family with the last high school education, at least able to recognize the problem of family members who are sick, so that the sick patients will get the maximum care and get a fast and precise service.

The results showed that the majority of families of schizophrenic patients paranoid married status is 76 people (90%). The results of this study in accordance with research Adams (2008) in the United States which states that families who are married as caregiver significantly higher bear the burden compared with couples who are not as caregiver. The results showed that the average family of paranoid skiofrenia patients was 44.86 years old with the youngest age of 21 years and the oldest age of 62 years.<sup>14]</sup> The median age is Depkes (2007) categorized in adult stage.<sup>5]</sup> The results of this study are in line with the opinion of Suryabudhi (2003) that age is one of the factors that influence the behavior of one's health, the longer the life the more experience, the wider the knowledge, the deeper the expertise and the better the wisdom in decision making.<sup>15]</sup> Likewise the family, the longer the life (old), it will be better also in taking action in caring for patients mental disorders. These results are also supported by Hurlock (2002) that the more age, level of experience, maturity and strength of individuals will be more mature in thinking and working.<sup>16]</sup> Even in terms of public confidence, a more mature individual, more trustworthy than a person who has not been high maturity. The results of this study are also in line with the research Sutejo (2009) which states that the stage of adult age to contribute to the task of complex development. In today's stage, individuals have a high degree of independence responsibilities related to socioeconomics, the source of support, and the ability to overcome problems in the face of life stress compared to other stages of life.<sup>17]</sup> If associated with family duties in caring for family members of mental disorders, it will

threaten the task of individual development in meeting the achievement of social status.

Patients consist of 50% male and 50% female. The results of this study in accordance with the opinion Kusumawardani (2015) that men tend to be more at risk of symptoms of schizophrenia than women.<sup>18]</sup> Women tend to be affected by hormone estrogen that is protective against symptoms of schizophrenia. The results of the analysis of patient education characteristics showed that the majority of paranoid schizophrenic patients had a junior high school education of 35 patients (41.7%), these results were consistent with the results of Suerni, Keliat, and Helena (2013) studies that the majority of schizophrenic students' recent education was junior.<sup>19]</sup> The results of this study are similar to the opinion of Notoadmojo (2010) which states that education is one of the learning process to improve knowledge and life experience.<sup>13]</sup> These results are in the opinion of Townsend (2007) which states that education is a socio-cultural factor associated with the occurrence of mental disorders.<sup>12]</sup>

The results of this study are associated with some opinions, the researchers conclude that the higher the individual education the more knowledge and life experience gained, so that will affect the ability of patients receive information in the process of life. The results of the analysis of patient's marital status characteristics showed that the majority of paranoid schizophrenic patients were unmarried (71.4%). The results of this study are consistent with the results of Suerni, Keliat, and Helena (2013) studies that the majority of schizophrenic patients are not married so that the sense of loneliness and solitude in living can be a stressor for schizophrenic patients.<sup>19]</sup>

The results show that the average of paranoid schizophrenic adults is 31 years old which is the productive age. The results of this study are in line with the opinion of Kusumawardhani (2015) that the symptoms of schizophrenia appear in productive ages (18-45 years).<sup>18]</sup> The results of this study are also in line with research Suerni, Keliat, and Helena (2013) which states that the majority of patients who have mental disorders are in adulthood.<sup>19]</sup> This result is in the opinion of Stuart (2009) who argued that adulthood is the socio-cultural aspects of mental disorders with the highest frequency compared to other ages.<sup>20]</sup> In adulthood, individuals are faced with complex developmental tasks with more independence responsibilities than previous stages of age related to socioeconomics, sources of support, and problem-solving skills in the face of life stress.

The results showed that there was a correlation between treating the load and the frequency of recurrence of paranoid schizophrenic patients with  $p = 0.001$ . These results indicate that patients who experience recurrence frequency less than 2 times, indicating the burden of the majority family is in the light to moderate load, whereas in patients who experience recurrence frequency more than 2 times, the majority of family burden is in heavy load. . The results of this study are in line with Chandra's (2004) study that family treatment of schizophrenia patients, if not accompanied by knowledge and correct attitude will result in recurrence of schizophrenic patients.<sup>21]</sup> The results of this study are in line with Sulistyowati (2012) study entitled "Relation of family health tasks with recurrence of schizophrenia" indicating that there is a correlation between the ability of family caring for schizophrenic patients with recurrence of schizophrenia ( $p = 0,015$ ).<sup>22]</sup> The ability is shown by giving the family of drugs in accordance with the dosage recommended by health workers. Families are aware that schizophrenic patients have dependence on others. the cognitive condition of the schizophrenic patient suffering from the disorder motivates the family to always monitor the treatment the patient should consume, so that the patient does not experience a drug break and does not fall into a recurrence condition.

The results of this study supported the results of Evangeline (2004) research that the subjective burden felt by the family due to schizophrenia patients, among others, is the emergence of problems related to the behavior shown by schizophrenia patients, relationships among family members, the task of caring for schizophrenia patients, financial problems with difficulties and incompatibility in the subject's life with schizophrenic patients. The results of this study are supported by the study of phenomenology conducted by Ngadiran, Hamid, and Helena (2010) that the burden felt by



the family in treating psychiatric patients is not only subjective burden but psychological burden and financial burden as well.<sup>23]</sup> Research conducted by Rekningsih, Helena, and Susanti (2013) on the study of the phenomenology of family experience in caring for post-baby patient showed that the family had emotional burden and physical fatigue in caring for the patient.<sup>24]</sup> Based on the results of the study and some of the literature, the researcher believes that the burden the schizophrenic family feels in the form of subjective burden, psychological burden, financial burden, emotional burden, and physical fatigue.

## CONCLUSION

The majority of family characteristics of male sex, recent high school education, married status. The average family age is 44.86 years. While the characteristics of male sex patients the same as women, the majority of education last junior, unmarried status. There is a relationship between family burden and the frequency of recurrence of paranoid schizophrenic patients.

## SUGGESTION

The study recommends that there should be an effort to reduce the burden of the family in caring for mental patients to prevent recurrence.

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