

## Conference Paper

# The Knowledge Relationship And Family Attitude with Anxiety in Caring for Family Members People with Mental Disorders in Poly Jiwa Dadi Area Specialty Hospital Province of South Sulawesi

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**Abstract**

Mental disorders are patterns of a person's behavior related to distress symptoms or impairments in one or more important functions of a human being. The objective of this study is to assess the knowledge and family attitude towards anxiety in caring for family members who have mental disorders. This study used an Analytical Survey method with a Cross-Sectional Study approach. The research instruments used are knowledge, attitude and anxiety. The data analysis used is univariate analysis, employed to produce the frequency and percentage of each variable, and Bivariate analysis to examine the research hypothesis to determine the relationship of dependent and independent variables by using Fisher's Exact Test. The results of this study showed more respondents with mild anxiety of 52.5 % with a value of  $\rho = 0.005$  which means  $\rho < \alpha = 0.05$ . This study showed more positive attitude respondents with mild anxiety of 55.5 % with a value of  $\rho = 0.042$  which means  $\rho < \alpha = 0.05$ . It is recommended for further researchers to examine other variables that have not been studied with more samples.

**Keywords:** Knowledge, Attitude, Anxiety, mental disorders**OPEN ACCESS**

## 1. Introduction

American psychiatric association (1994) defines mental disorders is as clinically important syndromes or patterns of behavior, which occur in individuals and the syndrome is associated with distress (e.g. symptoms of painful pain) or disability (insecurity in one

part or several important functions) or accompanied by a meaningful increased risk of death, pain, insecurity or loss of liberty [13].

In 2013, the prevalence of severe mental disorders, such as schizophrenia, was 1.7% per 1000 inhabitants or about 400,000 people, while in 2018, the prevalence of severe mental disorders was 7%. So it was concluded that from the data, the number of people with mental disorders increased from 1.7% to 7%.

Based on data obtained in Makassar health profile obtained the number of people with mental disorders as many as 8,856 people, consisting of 3,346 people of the female gender and 5,510 people of the male gender (Dinkes Makassar, 2016). Data from Dadi Regional Special Hospital Medical Records Makassar that the number of patients with mental disorders treated in 2015 was 15,392 people, in 2016 as many as 15,160 people, in 2017 as many as 14,361 people and in 2018 as many as 13,292 people. Data obtained from Poli Jiwa Rumah Khusus Daerah Dadi Makassar one month ago was in July 2019 as many as 45 patients who had mental disorders[3].

The knowledge of mental health family is the beginning of an effort to provide a conducive climate for their family members. In addition to improving and maintaining the mental health of family members, it can also be a source of problems for family members experiencing mental instability as a result of lack of knowledge about their family's psychiatric problems [13].

In addition to family knowledge of mentally impaired family members, the attitude given by the family has a profound effect on the healing process and in providing care for family members who are mentally impaired. Attitudes in the form of family support that can be given to patients include emotional support that is by providing compassionate and positive attitude given to clients, informational support that is by providing advice and direction to clients to take medication. Good attitude and good care by families towards family members who experience mental illness will have a good impact on the lives and quality of life of family members who are mentally impaired, as well as vice versa [18].

Various studies show that one of the causes of mental disorders is families whose knowledge is lacking, therefore, families need to provide support to patients to increase motivation and responsibility to carry out care independently. Families need to have an attitude of accepting patients, giving positive responses to patients, appreciating patients as family members and fostering an attitude of responsibility to patients. Family support is essential to help patients re-socialize, create supportive environmental conditions, value patients personally and help with problem solving. The low role of the family is also triggered by the lack of support from the family as a mobilizer. Support is an

important factor in encouraging people to behave or act to achieve a goal. Therefore, it is expected that the family supports families who have family members who have mental disorders so that they can accompany family members to control to the doctor [16].

Families often feel anxiety in the face of family members suffering from mental disorders. The anxiety felt can be; there are feelings of anxiety, tension, fear, sleep disturbances, impaired intelligence, feelings of depression and other symptoms of anxiety that the family feels in the care of family members who have mental disorders [7].

Based on the data, researchers are interested in conducting research on the relationship of knowledge and attitude of families with anxiety in caring for family members who have mental disorders in Poli Jiwa Hospital Special Dadi Region South Sulawesi Province

## 2. Search Method

### 2.1. Research Design

This study uses the design of analytical surveys with a cross sectional study approach that is to look for the relationship between independent variables and consequences or cases (dependent variables) by taking momentary measurements [15].

### 2.2. Population and Sample

The population in the study was 45 patients and met the criteria set by the researchers. Inclusion Criteria are: Families who have family members who are mentally impaired and are on medication in Poli Jiwa, Family members who are able to read and write, Willing to fill out questionnaires. Exclusion Criteria are: Families who are not in place and traveling when research is conducted and families who are not cooperative. The sample consists of an affordable part of the population that can be used as a research subject through sampling using the Slovin formula [14].  $n = \frac{N}{1+N(d)^2}$

Description:  $n$  = Sample Size  $N$  = Population Size  $d$  = Level of Significance ( $p$ ) Thus, the number of samples taken in this study are:

$$n = \frac{N}{1 + N (d)^2}$$

$$n = \frac{45}{1 + 45(0.05)^2}$$

$$n = \frac{45}{1 + 0.1125}$$

$$n = \frac{45}{1.1125}$$

$$n = 40$$

Based on the above formula, the number of samples to be taken from the population is person. Sample sampling techniques in this study using purposive sampling techniques

### 2.3. Research Instruments

In this study, researchers used data instruments in the form of questionnaires: Knowledge Questionnaire: The questionnaire used is gutman scale, consisting of 15 questions, divided into 2 answer options with the highest score of 2 and the lowest score of 1. It says 2 if the answer is correct and it says 1 if the answer is incorrect. As evidenced by the formula:

$$\frac{(\text{jumlah pertanyaan} \times \text{skor terendah}) + (\text{jumlah pertanyaan} \times \text{skor tertinggi})}{2}$$

$$\frac{(11 \times 1) + (11 \times 2)}{2} = \frac{11 + 22}{2} = \frac{33}{2} = 16,5/17$$

So it is said to be good if  $\geq$  score is 17 and is said to be less good if the  $< 17$ .

**Attitude Questionnaire:** The questionnaire used is a likert scale consisting of 11 questions divided into 5 options of highly agreeable answers (1), agree (2), hesitant (3), disagree (4), and strongly disagree (5).

As evidenced by the formula:

$$\frac{(\text{jumlah pertanyaan} \times \text{skor terendah}) + (\text{jumlah pertanyaan} \times \text{skor tertinggi})}{2}$$

$$\frac{(11 \times 1) + (11 \times 5)}{2} = \frac{11 + 55}{2} = \frac{66}{2} = 33$$

So it is said to be positive if  $<$  score is 33 and it is said to be negative if the  $\geq 33$ .

**Anxiety Questionnaire:** The questionnaire used is a HARS scale consisting of 14 questions, divided into 5 answer options i.e. none (0), light (1), medium (2) heavy (3) and very heavy (4). Where the determination of degrees is based by summing up the score of 14 items is said not to be anxious if the score is  $< 14$ , mild anxiety 14-20, moderate anxiety 21-27, severe anxiety 28-41 and very severe anxiety  $> 42$ .

## 2.4. Data Analysis

**Univariate Analysis:** In this analysis is used a frequency distribution table of each variable that is considered tied to the purpose of the research. (Hastono, 2016). The form of univariate analysis depends on the type of data. For numeric data used mean or average values, median and standard deviations.

**Bivariate Analysis:** Data analysis is shown to answer the purpose of the research and test the research hypothesis to know the relationship of dependent variables by using Fisher’s Exact Test test with a value of meaning ( $\alpha = 0.05$ ). After the hypothesis test is done with the error level (alpha) used which is 5% or 0.05 then the hypothesis research is: if  $p \leq \alpha = 0.05$ , then  $H_a$  (Research hypothesis) is accepted which means there is a relationship between free variables and bound variables. Whereas if  $p \geq \alpha = 0.05$ ,  $H_0$  (research hypothesis) is rejected which means there is no relationship between bound variables (Hastono, 2016).

## 3. Results

TABLE 1: Frequency Distribution of Respondents Gender, Age and Education (N=40)

Variabel	Total n (%)
<b>Gender</b>	
Male	17 (42,5)
female	23 (57,5)
<b>Age</b>	
26-35Year	17 (42,5)
36-45 Year	10 (25)
46-55 Year	9 (22,5)
56-65 Year	4 (10)
<b>Education</b>	
No school	7 (17,5)
Primary school	11 (27,5)
Junior High school	6 (15)
Senior High school	10 (25)
College	6 (15)

Based on table 1 shows more than half of the total number of respondents of the female gender (57.5 %). The highest age of respondents was 26-35 years old (42.5 %) with a low age of 56-65 years (10 %). The highest education of respondents was elementary school (27.5%)

TABLE 2: Relationship of Family Knowledge With Anxiety In Caring for Mentally Impaired Family Members In Poli Jiwa Hospital Special Region Dadi South Sulawesi Province (N=40)

Knowledge	Anxiety		p-value
	Light (%)	Moderate (%)	
Good	21 (52,5)	7 (17,5)	0.005
Not Good	3 (7,5)	9 (22,5)	

Based on Table 2 obtained that there is a relationship between family knowledge and anxiety in caring for mentally impaired family members with a value of  $< \alpha$  0.05. Well-knowledgeable families (70%) and respondents with poor knowledge (7.5%)

TABLE 3: Relationship of Family Attitudes With Anxiety In Caring for Mentally Impaired Family Members In Poli Jiwa Hospital Special Region Dadi South Sulawesi Province (N= 40)

Attitude	Anxiety		p-value
	Light (%)	Moderate (%)	
Positive	22 (55)	10 (25)	0.042
Negative	2 (5)	6 (15)	

Based on table 3 found that there is a relationship between family attitudes and anxiety in caring for family members who have mental disorders with a value of  $\rho$  value = 0.042. Highest Respondent with a positive attitude (80%) and the lowest had mild anxiety as much as 2 respondents (5%)

## 4. Discussion

### 4.1. Family Knowledge Relationship With Anxiety In Caring for Mentally Impaired Family Members

The level of family knowledge of patients in Poli Jiwa Rumah Khusus Daerah Dadi South Sulawesi Province obtained that from 40 respondents who have good knowledge and have mild anxiety, the majority are well knowledgeable because most respondents are educated in high school and higher education so that their ability and understanding is classified as good and easy to think in getting information. But not many respondents with elementary school education or even not schools have good knowledge, that's because knowledge is not only obtained from formal education but also obtained from non-formal education as obtained from electronic media.

Based on this study also obtained respondents who have poor knowledge with mild anxiety, this is because respondents get information on how to treat through electronic media. factors that influence knowledge are the level of education, information, experience, culture and socioeconomic[11].

This research is also in line with research conducted on the relationship of knowledge and family attitudes towards the care of family members who have mental disorders in Puskesmas Bantimurung Maros Regency with a value of 0.151 compared to  $\alpha = 0.05$  then  $p \text{ value} < \alpha 0.05$  then  $H_a$  is accepted. Which is where there is a connection of knowledge and attitude of families towards the care of mentally impaired family members in The Bantimurung Health Center of Maros Regency.

According to the researchers' assumption that there is a link between family knowledge and anxiety in caring for family members who have mental disorders. A good knowledge of mental disorders will make family anxiety low in caring for mentally impaired family members. This is because the family has a good insight and understanding of mental disorders so as to make the family not feel too much anxiety in caring for family members who have mental disorders.

#### **4.2. Family Attitudes With Anxiety In Caring for Mentally Impaired Family Members**

The attitude of the patient's family at Poli Jiwa Hospital Special Region of South Sulawesi Province obtained that from 40 respondents with families who have a positive attitude with mild anxiety, this is because the respondents in this study were mostly educated in high school and higher education so that their ability and understanding is classified as good and easy to think in getting information.

According to attitude-forming factors are strong experiences, influences of others that are considered important, cultural influences, mass media, educational institutions, religious institutions, and the influence of emotional factors [2]. Based on this study also obtained respondents who have a positive attitude with moderate anxiety, this is because the majority of respondents are between 26 - 35 years old so do not have enough experience, where attitudes will be formed if they have a lot of experience.

According to previous researchers, attitude-forming factors are strong experiences, influences of others considered important, cultural influences, mass media, educational institutions, religious institutions, and the influence of emotional factors.

Based on this study, respondents also found that negative attitudes with moderate anxiety, this is because the respondent felt ashamed and did not accept the absence of one of his family members who had a mental disorder. Factors that affect anxiety are the environment, suppressed emotions, and physical causes.

This research is also in line with the research conducted, about the relationship of knowledge and family attitudes towards the care of family members who have mental

disorders in Puskesmas Bantimurung Maros Regency with a value of  $\rho$  value = 0.012 compared to  $\alpha = 0.05$  then  $p$  value  $< \alpha$  0.05 then  $H_a$  is accepted. Which is where there is a connection of knowledge and attitude of families towards the care of mentally impaired family members in The Bantimurung Health Center of Maros Regency.

According to the researchers' assumption there is a link between family attitudes and family perceived anxiety in caring for mentally impaired family members. Families with mentally impaired family members certainly feel anxiety because for some people who have a mentally impaired family is a bad thing, so the family feels ashamed, feels unappreciated, no longer accepted by the community. This is seen from the results of the study that researchers conducted by sharing questionnaires with families with the results of more than half of families who were made respondents had a positive attitude to family members who had mental disorders thus making family anxiety low. From the results of the questionnaire the researchers gave to the family that no family answered experienced very severe anxiety from the 14 question items that were questionnaires. This is because the good and positive attitude that families give to mentally impaired members makes caring families feel less anxiety.

## 5. Conclusion

Based on the results of research conducted on, the following conclusions can be drawn: Family knowledge shows that most respondents have good knowledge, The family attitude shows that most respondents have a positive attitude, Family anxiety indicates that most respondents have mild anxiety, There is a relationship between family knowledge and anxiety in caring for family members who have mental disorders at the Mental Clinic in Dadi Regional Hospital, South Sulawesi Province and There is a relationship between family attitudes and anxiety in caring for family members who have mental disorders at the Mental Clinic in Dadi Regional Hospital, South Sulawesi Province.

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