Man In India, 97 (11) : 233-244 © Serials Publications

FACTORS AFFECTING OF HEROPNAM OF MENTAL DISORDERS IN DADI REGIONAL HOSPITAL IN SOUTH SULAWESI PROVINCE

Andi Agustang* and Shermina Oruh**

Abstract: Heropnam or relaps is the incidence of clients with mental disorders who go back into hospital care. The average number of heropnam clients recorded in Dadi Regional Hospital, has increases from 34.64% (2010) to 68.39% (2014). The purpose of this study is to analyze the effects of family participation, the influence of adherence to medication regimens, and the influence of social stigma of heropnam and the effort to prevent heropnam. This research is quantitative method with a sample of 88 people. The result showed that the factors of family participation, medication regimen adherence, and the presence of societal stigma influenced of heropnam. The discussion explores the maintenance of each component of reproduction in the structure of the living environment requires three actions that are integrated (the trinity of humanistic actions).

Keywords: Heropnam, family participation, medication regimen adherence, societal stigma.

INTRODUCTION

Naturally, everyone has the potential to experience a mental disorder. According to the World Health Organization (WHO), one out of four people in the world have a mental disorder problem, and it is estimated that in 2020 mental disorders especially anxiety and depression will become the second cause of death after heart disease. According to the National Institute of Mental Health (NIMH) in 2011, mental disorder had reached 13% of total diseases and is predicted to grow to 25% in the 2030. The events will contribute the increasing prevalence of mental disorders from year to year in various countries (Hidayati, 2012). Mental disorders are a collection of symptoms of thought disorders, emotional disorders and behavior disorders that pain cause and disruption in the day-to-day functioning of the sufferer. Those who suffer from mental disorders experience distress, i.e.an uncomfortable feeling, lack of peace, pain and disability or inability to do the work of the day (Thong, 2011: 11). However, the real conditions faced today show that mental health is not considered a primary problem compared to other health problems. Mental disorders, although not directly the cause of death, nevertheless can cause great suffering for the individual and a heavy burden for the family. The burden can be a mental burdens but also a material burden, because sufferers become chronic and no longer productive.

Health Research (Riskesdas) in 2007 that was carried out by the Research and Development of the Indonesian Health Ministry, noted that the emotional/mental disorders in the province of South Sulawesi was 13,75% (higher than the national average of 11.6%), and Riskesdas 2013 showed 9.3% (higher than the national

* Associate Professor, Sociology, Universitas Negeri Makassar. *Email: andiagust63@gmail.com,*

** Doctoral Student, Sociology, Universitas Negeri Makassar. *Email: soruh@yahoo.fr*

average of 6.0%). According to data from the RSKD Dadi, it was noted that the number of people with mental disorders who were hospitalized in the last five years tended to increase from 92.56% in 2010 to 96.63% in 2014. The increase in the number of hospitalized patients in RSKD Dadi, among other reasons was because of high patient heropnam. Heropnam usually occurs when families just hand over treatment to psychiatric hospitals and antipsychotic drugs without supporting the treatment with direct care as the family.

In research published in The Hong Kong Medical Diary, naturalistic study has found a relapse rate in patients with schizophrenia of 70%-82% in the five years after the patient entered the hospital at the first time. Research in Hong Kong found that 93% of patient schizophrenia have the potential to relapse at the rate of 21%, 33% and 40% in the first, second and third years respectively (Amelia and Zainul, 2013). The average number of heropnam clients recorded in RKSD Dadi increased from 34.64% in 2010 to 68.39% in 2014. After patients receive medical and psychological treatment and allowed to return, it is expected that the family will continue treatment at home (social treatment). Researchers want to know how heropnam occurs from a sociological viewpoint. Researchers assumed that there are social spaces that have not run optimally, there are social functions in the structure of the living environment that are not adequate. Therefore, this study wanted to analyze the effects of the participation of the family in the process of cultural reproduction in the cultural sphere, adherence to drug regimens in the reproduction process of socialization in the personal sphere, and social stigma in the reproduction process of social integration in the societal sphere of heropnam.

Cultural Reproduction in the Cultural Structures and Heropnam Mental Disorders

In the long period, the client is in treatment in hospital. It has made the assumption that hospital is his house, is his environment, and the people who he meet every day in the hospital is his family. Since the client stay at hospital, the client receives a new culture based diagnoses were obtained from the disease diagnosis. The culture configuration is get from all of providers in hospitals such as doctors, nurses, psychologists also exerts included culture in the system of services provided. Like give them learning about the activities of daily living to be independently among other things, feeding, cleaning themselves, dressing, communicate, socialize and take medication regularly. When the client returns at home, a culture that has absorbed and become a habit of diving since in hospital does not exist. His own nuclear family who had not lived together with the client like a stranger. The situation indicate that the client does not feel “welcome” or do not feel “at home”. Become “culture shock” on the client and family included communities. Finally, the client felt a failure in the process of cultural reproduction action. Family knowledge is

low makes the participation of the family too low or not optimal in dealing with clients at home.

Social Integration in the Societal Structure and Heropnam Mental Disorders

The process of interaction and communication that does not necessarily take place normally and smoothly because both clients and family and community should be mutually learns. Reunion to live with both the family living at home and the community around the house with family members who long inhabited the hospital can affect the interaction and interrelation between them. Social integration functions the client can become increasingly inadequate in the presence of adverse environmental view of society think that the disease is genetic and family disgrace. Stigma in the community to make the client socially isolated. The functions of social integration measures are inadequate to meet the needs coordination life into clients experiencing anomie (disturbance of interpersonal relationships). Collective identities that were originally built through interaction and communication within the group to be shaken even nearly lost because of the stigma of suffering mental disorders. People still get frightened if there is a client with mental disorders in a community because they think clients mental disorders uncontrolled and harm to other people. The adverse effects of stigmatization referred lose self-esteem, the split of family relationships, social isolation, shamed: that ultimately led to the search behavior as a result of the persistence of social stigma.

Socialization in the Personal Structure and Heropnam Mental Disorders

Socialization is a social process in which one learns to live and implement a system of values and norms prevailing system of the middle of the community where it is located. The important concept in building the theories of Charles Horton Cooley is a mirror concept of self (looking - glass self) and the primary group. For the experience of unity itself from the viewpoint of others who are considered critically important by Cooley is the primary group that the nuclear family (father - mother - child), extended family, close friends, playmates (Salim, 2008: 39). Not the process of cultural contacts between clients, families and communities result in culture shock. Clients fail in socializing themselves. Difficult behaviors do motivation due to lack of attention to him, not confident, and lack of awareness due to illness. Clients lose confidence. Drug taking behavior occurs irregularly due to lack of knowledge and economic limitations. Less self care in clients with mental disorders occur due to changes in thought processes so the ability to perform self-care activities decreased medication regimen adherence.

RESEARCH METHODS

This study uses analytic co relational studies that describe factors that heropnam influence in clients with mental disorders in RSKD Dadi. The approach used was

cross-sectional. The population of this research is all clients with mental disorders who never treated for heropnam in RSKD Dadi. Up to 2014 clients with mental disorders who go back to hospital care (heropnam) as many as 113 people. By calculation formula obtained sample size of 88 respondents. Sampling technique in this study is simple random sampling technique. The research was conducted within the city of Makassar from January - October 2016.

Data collection used was a questionnaire included the identity of the questionnaire respondents, the questionnaire of the family participation, medication regimen adherence, social stigma and questionnaires of heropnam. The questionnaire in this study was to test the validity with the count r (0,655) and reliability testing using the Pearson product moment r obtained alpha 0,797. Analysis used regression test with univariate, bivariate analysis and multivariate analysis in this study.

RESULT

Characteristics of the Study Sample

The number of samples in this study were 88 respondents. The research sample characteristics include age, gender, education, occupation, income, marital status, religion and ethnicity (Table 1).

TABLE 1: THE CHARACTERISTIC OF RESPONDENTS

Responden of characteristic	*N*	*%*
Age		
< 30 years old	18	20,50
31 – 40 years old	28	33,50
41 – 50 years old	18	20,50
>50 years old	23	26,10
Total	88	100
Gender		
Male	42	47,70
Female	46	52,30
Total	88	100
Education		
Not school	6	6,80
Elementray School	10	11,40
Junior High School	7	8,0
Senior High School	32	36,40
Academic	11	12,50
University	22	25,00
Total	88	100

Responden of characteristic	*N*	*%*
Job		
Civil servant	11	12.50
Entrepreneur	35	39,80
Not work	28	31.80
Others	14	15.90
Total	88	100
Salary		
Don't have salary	17	19,30
>Rp. 2.313.625,-	30	34,10
<Rp. 2.313.625,-	41	46,60
Total	88	100
Status		
Married	51	58,00
Not married	25	28,40
Separated	7	8,0
Widowed	5	5,70
Total	88	100
Religion		
Moeslem	79	89,80
Protestant	7	8,00
Catholic	2	2,30
Total	88	100
Ethnic		
Makassar	41	46,60
Buginess	35	39,76
Toraja	8	9,10
Outside of south Sulawesi	4	4,54
Total	88	100

The characteristics of respondents consisting of 88 respondents are dominated by the age 31-40 years as many as 33.00%, gender in dominated by women as much as 52.30%, education is dominated by high school as many as 36.40%, private sector employment is dominated by as many as 39.80%, which is the standard wage income minimum the city of Makassar out in 2016 was dominated by the income that is less than or equal to Rp. 2,313,625 as many as 46.69%, dominated by the status of married 58.00%, religion is dominated by the Islamic religion as much as 89.90%. Ethnic dominated by Makassar rate as much as 46.60%.

Univariate Analysis

Univariate analysis in this study are described according to the frequency distribution of each independent variable as follows (Table 2). At the table show that the

family participation is dominated by good category is 93.20%, followed by enough categories as much as 6.80%. Then medication regimen adherence is dominated by the high category by 94.30%. While the stigma of high category is dominated by 48.90%, followed by the average category of being as much as 46.60% and low category of 4.50%.

TABLE 2: FREQUENCY DISTRIBUTION OF FAMILY PARTICIPATION, ADHERENCE, SOCIETY STIGMA AND HEROPNAM

Heropnam incidence	*Frequency Distribution*					
	Family participation	*%*	*Adherence*	*%*	*Society stigma*	*%*
1	*2*	*3*	*4*	*5*	*6*	*7*
Low	0	0,00	0	0,00	4	4,50
Enough	6	6,80	85	5,70	41	46,60
Good	82	93,20	83	94,30	43	48,90
Total	88	100	88	100,00	88	100,00

Bivariate Analysis

To see whether there is a significant influence between factors of family participation, societal stigma, medication regimen adherence to heropnam done with regression test on the significant level (α) = 0,05, **basis for a decision:** H_0 is refuse and H_1 is accepted if the value *t* count> *t*-label and H_0 is accepted and H_1 is refuse if *t*-count < *t*-table, as follows:

(a) **Hypothesis:**

$H_0 : \beta = 0$: there is no significant influence between the family participation (X_1) toward heropnam (Y)

$H_1 : \beta \neq 0$: there is significant influence between the family participation (X_1) toward heropnam (Y)

Based on the testing table shows that the value of *t*-count of 4,577 with significant value 0,000 far smaller than 0.05. Because the *t*-count equal to 4,577 bigger than *t*-table amounted to 1,990 at the error rate of 5%, then H_0 is rejected and H_1 accepted. Can be concluded that the family participation significantly toward heropnam.

(b) **Hypothesis:**

$H_0 : \beta = 0$: there is no significant influence between the medication regimen adherence (X_2) towards heropnam (Y)

$H_1 : \beta \neq 0$: there is significant influence between the medication regimen adherence (X_2) towards heropnam (Y)

Based on the testing table shows that the value of *t*-count of 5,517 with significant value 0,000 far smaller than 0.05. Because the *t*-count equal to 5,517 bigger than *t*-table amounted to 1,990 at the error rate of 5%, then H_0 is rejected and H_1 accepted. Can be concluded that the medication regimen adherence significantly influence towards heropnam.

(c) **Hypothesis:**

$H_0 : \beta = 0$: there is no significant influence between the societal stigma (X_3) toward heropnam (Y)

$H_1 : \beta \neq 0$: there is significant influence between the societal stigma (X_3) toward heropnam (Y)

Based on the testing table shows that the value of *t*-count of 26,014 with significant value 0,000 far smaller than 0.05. Because the *t*-count equal to 26,014 bigger than *t*-table amounted to 1,990 at the error rate of 5%, then H_0 is rejected and H_1 accepted. Can be concluded that the societal stigma significantly influence toward heropnam.

(d) **Hypothesis:**

$H_0 : \beta = 0$: there is no significant influence between the participant of family (X_1) toward the medication regimen adherence (X_2)

$H_1 : \beta \neq 0$: there is significant influence between the participant of family (X_1) toward the medication regimen adherence (X_2)

Based on the testing table shows that the value of *t*-count of 4,486 with significant value 0,000 far smaller than 0.05. Because the *t*-count equal to 4,486 bigger than *t*-table amounted to 1,990 at the error rate of 5%, then H_0 is rejected and H_1 accepted. Can be concluded that the participant of family significantly influence toward the medication regimen adherence of heropnam.

(e) **Hypothesis:**

$H_0 : \beta = 0$: there is no significant influence between the participant of family (X_1) toward the societal stigma (X_3)

$H_1 : \beta \neq 0$: there is significant influence between the participant of family (X_1) to the societal stigma (X_3)

Based on the testing table shows that the value of *t*-count of 8,807 with significant value 0,000 far smaller than 0.05. Because the *t*-count equal to 8,807 bigger than *t*-table amounted to 1,990 at the error rate of 5%, then H_0 is rejected and H_1 accepted. Can be concluded that the participant of family significantly influence to the societal stigma of heropnam.

(f) **Hypothesis:**

$H_0 : \beta = 0$: there is no significant influence between the medication regimen adherence (X_2) toward the societal stigma (X_3)

$H_1 : \beta \neq 0$: there is significant influence between medication regimen adherence (X_2) toward the societal stigma (X_3)

Based on the testing table shows that the value of *t*-count of 8,153 with significant value 0,000 far smaller than 0.05. Because the *t*-count equal to 8,153 bigger than *t*-table amounted to 1,990 at the error rate of 5%, then H_0 is rejected and H_1 accepted. Can be concluded that the medication regimen adherence significantly influence toward the societal stigma of heropnam.

Multivariate Analysis

On the research was conducted regression test to look for the most dominant factor on the heropnam. The results of multiple regression analysis as follows:

(a) **Hypothesis:**

$H_0 : \beta = 0$: there is no significant influence between the family participation (X_1) and medication regimen adherence (X_2) towards heropnam (Y)

$H_1 : \beta \neq 0$: there is significant influence between the participant of family (X_1) and the medication regimen adherence (X_2) towards heropnam (Y)

Based on the table testing, the family participation and medication regimen adherence influence significantly toward heropnam. The value amounted to 3.843 *t*-tests with a significant value of 0.000 less than 0.05. Because the *t*-count equal to 3.843 greater than *t*-table amounted to 1,990 at the error rate of 5%, then H_0 is rejected and H_1 accepted. It can be concluded that the family participation and medication regimen adherence simultaneously significantly influence the heropnam. The coefficient table get that the participation of family variables (0.033) is the dominant variable effect. While on the Anova table get that the participation of family variables and variables medication regimen adherence influence simultaneously to variable heropnam with $p = 0.011$ ($p < 0.05$). Rated R square = 0.100 indicates that there is a linear relationship between the family participation (X_1), taking medication regimen adherence (X_2), and the heropnam (Y).

(b) **Hypothesis:**

$H_0 : \beta = 0$: there is no significant influence between the participant of family (X_1) and societal stigma (X_3) towards heropnam (Y)

$H_1 : \beta \neq 0$: there is significant influence between the participant of family (X_1) and the societal stigma (X_3) toward heropnam

Based on the table testing, the family participation and the societal stigma influence significantly got that value amounted to 10,028 *t*-tests with a

significant value of 0.000 less than 0.05. Because the *t*-count equal to 10,028 greater than *t*-table amounted to 1,990 at the error rate of 5%, then H_0 is rejected and H_1 accepted. It can be concluded that the family participation and societal stigma simultaneously significantly influence toward heropnam. The coefficient table get that the participation of family variables (0.033) is the dominant variable effect. While on the Anova table get that the family participation variables and variables societal stigma influence simultaneously to variable heropnam with $p = 0.000$ ($p < 0.05$). Rated R square = 0.493 indicates that there is a linear relationship between the family participation (X_1), societal stigma (X_3), and the heropnam (Y).

(c) **Hypothesis:**

$H_0 : \beta = 0$: there is no significant influence between the medication regimen adherence (X_2) and societal stigma (X_3) towards heropnam (Y)

$H_1 : \beta \neq 0$: there is significant influence between the medication regimen adherence (X_1) and the societal stigma (X_3) towards heropnam

Based on the table testing the medication regimen adherence and societal stigma influence significantly got that value amounted to 11,259 *t*-tests with a significant value of 0.000 less than 0.05. Because the *t*-count equal to 11,259 greater than *t*-table amounted to 1,990 at the error rate of 5%, then H_0 is rejected and H_1 accepted. It can be concluded that the medication regimen adherence and societal stigma simultaneously significantly influence towards heropnam. The coefficient table gets that the societal stigma variables (0.000) is the dominant variable effect. While on the Anova table get that the medication regimen adherence variables and variables societal stigma influence simultaneously to variable heropnam with $p = 0.000$ ($p < 0.05$). Rated R square = 0.489 indicates that there is a linear relationship between the medication regimen adherence (X_2), societal stigma (X_3), and the heropnam (Y).

(d) **Hypothesis:**

$H_0 : \beta = 0$: there is no significant influence between the family participation (X_1) and the medication regimen adherence (X_2) and the societal stigma (X_3) towards heropnam (Y)

$H_1 : \beta \neq 0$: there is significant influence between the family participation (X_1) and the medication regimen adherence (X_2) and the societal stigma (X_3) towards heropnam (Y)

Based on the table testing, the family participation and medication regimen adherence and the societal stigma influence significantly got that value amounted to 9,204 *t*-tests with a significant value of 0.000 less than 0.05. Because the *t*-count equal to 9,204 greater than *t*-table amounted to 1,990 at the error rate of 5%, then H_0 is rejected and H_1 accepted. It can be concluded

that the participant of family and the medication regimen adherence and societal stigma simultaneously significantly influence toward heropnam. The coefficient table gets that the societal stigma variables (0.000) is the dominant variable effect. While on the Anova table get that the participant of family and the medication regimen adherence variables and variables societal stigma influence simultaneously to variable heropnam with p = 0.000 ($p < 0.05$). Rated R square = 0.494 indicates that there is a linear influence between the participant of family (X_1) and the medication regimen adherence (X_2), societal stigma (X_3), and the heropnam (Y).

DISCUSSION

It appeared from the statistics are the cause of the dominant factors in people with mental disorder is still the societal stigma. The stigma toward to the people with mental disorders impeded the patient in treatment. Habermas (2009), a theory must be in favor of the emancipation that could lead the life praxis which will result in social transformation. Which meant emancipation is not merely liberation from social, constraints, such as slavery, colonialism, oppressive power. But also "ignorance" A person can be said to experience emancipation if he switched from a situation of "ignorance" to "know". In his book The Theory of Communicative Action, Habermas identifies the four kinds of claims. If there is agreement on the natural world and the objective, means achieving "truth claims" (truth). If no agreement is quiet implementation of norms in the social world, means reaching "claims of proper" (rightness). If there is an agreement on the compatibility between the inner world and the expression of a person, means reaching "claims of honest" (sincerity). Finally, when they reach an agreement claims as a whole, means reaching "claims comprehensibility". Any effective communication must reach the fourth claim, and they were able to do this is called a "communicative competence".

In the act of communication is not going relationship that is bullying, because communicative relationship knows no coercion. Communication can only happen if the parties do respect freedom, knowing it means, and mutual trust, except under compulsion. The concept of communicative action leads to a relationship with at least two subjects who were able to speak and act in the form of interpersonal relationships (both in terms of verbal and extra-verbal). The model of action communication, social science confirms the tradition associated with symbolic inter actionist Mead, the concept of language games Wittgenstein, said Austin-act theory, and hermeneutics Gadamer, take all the language functions together into consideration. (Nuris, 2016). in view of Habermas, we are not animals who are working or using animals or animal write ratio, but animals that talk, interact and is potentially a human being autonomous and democratic (Beilharz, 2005: 221).

Participation of the Family in the Cultural Reproduction in the Cultural Structure

Statistical results showed that the family participation significantly effect on heropnam. The family participation significantly influence of medication adherence in heropnam. Simultaneously, the family participation and medication regimen adherence significantly effect on heropnam. Simultaneously also the family participation and societal stigma significantly influence the incidence heropnam. Therefore, to maintain the structural components of culture created a **truth** act of cultural transmission in accordance with the knowledge that valid for clients, families and communities. To preserve the cultural reproduction of the structure of society created an effective knowledge update actions for legitimacy. To maintain cultural reproduction in private structures created knowledge reproduction actions relevant to parenting and education

Adherence to Drug Regimens in the Reproduction of Socialization in the Personal Structures

Statistical results showed that medication regimen adherence is a significant effect on heropnam. Family participation significantly influence medication regimen adherence in heropnam. Medication regimen adherence is a significant influence on societal stigma in heropnam. Simultaneously the family participation and medication regimen adherence influence significantly to heropnam. Simultaneously also, medication regimen adherence and societal stigma significantly influenced to heropnam. Therefore, to maintain the reproduction of socialization on the structure of culture is created interpretive activities. To maintain the reproduction for socializing on the structure of society created the motivation to act in harmony norm is internalized within the individual. To maintain the reproduction of socialization on private structures created interactive actions (personal identity) **sincerity**.

Social Stigma in the Reproduction of Social Integration in the Societal Structure

Statistical results showed that the societal stigma significantly effect on heropnam. Family participation significantly influenced the societal stigma in heropnam. Medication regimen adherence is a significant influence on societal stigma in heropnam. Simultaneously the family participation and societal stigma significantly influence the heropnam. Simultaneously also medication regimen adherence and societal stigma significantly influence the heropnam. Therefore, to maintain the reproduction of social integration in the structure of the general conception of culture is created cultural values are used as guidelines and instructions in both individual behave, group or society as a whole. To maintain the reproduction of social integration in the structure of society created **rightness** coordination action in

maintaining interpersonal relationships through claims recognized inter subjective of validity. For maintain reproduction of social integration on private structures created on action patterns of social membership.

CONCLUSION

Factors of family participation, medication regimen adherence, and the presence of societal stigma simultaneously significantly influence toward heropnam on RSKD Dadi in Makassar city. To maintain of each component of reproduction in the structure of the living environment requires three actions that are integrated or the trinity of humanistic actions, namely:

1. The action of the transmission of truth culture in cultural reproduction.
2. The action of rightness coordination in the reproduction of social integration.
3. The action of sincerity identity in the reproduction of socialization.

Suggestion

1. The provision of true knowledge, proper coordination and identity formation honest to clients, families and communities about the handling of a mental disorder in any process of reproduction.
2. Manifestation of the trinity of humanistic action in the process of social rehabilitation client to recover the social function of the client humanely and reduce stigmatization of society.

References

Amelia, Diny Rezki dan Zainul Anwar. (2013). ***Relaps Pada Pasien Skizofrenia***. Jurnal Ilmiah Psikologi Terapan, (online), Vol.1 (1), p. 2301-8267,

Badan Penelitian dan Pengembangan Kesehatan. (2008). ***Hasil Riskesdas, 2007***. Laporan Nasional 2007. Jakarta: Departemen Kesehatan, Republik Indonesia.

Badan Penelitian dan Pengembangan Kesehatan. (2013). ***Hasil Riskesdas 2013***. Jakarta: Kementerian Kesehatan Republik Indonesia.

Beilharz, Peter. (2005). ***Teori-Teori Sosial: observasi kritis terhadap para filosof terkemuka***. Yogyakarta: Pustaka Pelajar

Habermas, Jurgen. (2009). ***Teori Tindakan Komunikatif: Rasio dan Rasionalisasi Masyarakat***. Bantul: Kreasi Wacana

Nuris, Anwar. (2016). **Tindakan Komunikatif**: sekilas tentang pemikiran Jurgen Habermas.

Rumah Sakit Khusus Daerah (RSKD) Dadi Provinsi Sulawesi Selatan. (2015). ***Laporan Rekam Medik.*** RSKD Prov. Sulsel

Salim, Agus. (2008). ***Pengantar Sosiologi Mikro***. Yogyakarta: Pustaka Pelajar

The World Health Report: (2001). ***Mental Health: new understanding, new hope***. WH0 Library Cataloguing in Publication Data.

Thong, Denny. (2011). ***Memanusiakan Manusia: Menata Jiwa Membangun Bangsa***. Jakarta: PT. Gramedia Pustaka Utama.