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Assessment Potential of Families Increasing Ability to Care for Schizophrenia Post Restrain at East Java, Indonesia

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ABSTRACT

After the life of the schizophrenia, post-Restrain is a person who has been free from restraining, but the burden on the client family schizophrenia post-Restrain has not been said to end the role in family factors and local cultural values.

The Aim of this research is to Assessment Potential of Families increasing ability to care for schizophrenia post-restraint. This study was an observational study with cross-sectional approach. Exogenous variables are the cultural value and the potential of the family, the endogenous variable is the ability to care for schizophrenia post-restraint. The population was 157 families, the study sample using cluster sampling method, using a questionnaire study. The analysis used is descriptive analysis and structural testing of the model with Structural Equation Model AMOS.

The result of this study Potential families increased the ability to care for schizophrenia post-restraint, family and cultural values do not increase the family’s ability to care for schizophrenia post-restraint directly but must go through a potential family. The influence of a strong family culture values indirectly affects the family’s ability to care for schizophrenia post restraint. Cultural values and the potential for family care for schizophrenia post-restrain families increased. Cultural values can increase the potential of the family thus increasing the family’s ability to care for schizophrenia post restraint.

Keywords: Potential Family, Caring, schizophrenia, restrain, SEM

INTRODUCTION

The family is the basic unit of community services and primary caretakers of family members. Families have the experience, especially in determining how the care needed by family members 1. One role of the family has the same properties as a member of the family role that knows the situation of family members. That situation applies to the role of families who have family members with mental illness 2.

Schizophrenia is a severe mental illness affecting (0.3%-0.7%) of the population worldwide, characterized by three domains of psychopathology, including the negative symptoms (social withdrawal, lack of motivation and emotional reactivity), positive symptoms (hallucinations, delusions) and cognitive deficits (working memory, executive attention function). It is considered a leading cause of disability 3, 4. Based on the results of Health Research (Risksdas) Ministry of Health in 2013, the prevalence of the mental-emotional disorder is indicated by symptoms of depression and anxiety for ages 15 and over reached around 14 million people, or (6%) of Indonesia’s population 5. While the prevalence of severe mental disorders, such as Schizophrenia about 400,000 people, or about 1.7 per 1,000 population. While in East Java, as many as 728 people with schizophrenia post-restrain 6.

The family cares about the development of post restrain schizophrenia, but most of them choose to
not respond to the condition of psychiatric patients. Significantly indicated resources to that experiential avoidance mediated the relationship between each of the four Recognized patterns of gender role conflict.

The stigma of mental illness is a multi-faceted phenomenon requiring an understanding from the perspectives of the general public, healthcare providers, persons with mental illness, and their family members. This phenomenon may assume various forms, from the limitations in interpersonal relations, through narrowing Reviews These relations to only some circumstances While the role of informal family, among others, as the originator, negotiator, barriers, ruler, crooks, followers, admission seekers, family caregivers, pioneer family, bullies, coordinator of the family, and the audience. The intent was to help clinicians and Researchers identify individuals Suffering from the disorder and facilitate assessments of severity, comorbidity, and prognosis as well as treatment options. Cultural value and potential of family members in the family take to care of patients.

MATERIAL AND METHOD

The study design was observational with cross-sectional use. Cluster sampling was used to recruit participants from six districts in East Java. Studies conducted by taking a relatively short specific time and place. The participants included 157 families with a family member who has a mental illness in East Java. The inclusion criteria were the decision-makers, Age 17 years, caring for the mentally ill, the family Treaty. sampling method using cluster sampling technique. The analysis used is descriptive analysis and structural testing of the model with Structural Equation Model (SEM) AMOS.

FINDINGS

Tabel 1 shows Participant characteristics,

<table>
<thead>
<tr>
<th>Characteristic Of Family Caregivers N (157)</th>
<th>N = %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>45 (29)</td>
</tr>
<tr>
<td>Female</td>
<td>112 (71)</td>
</tr>
<tr>
<td>Age (M)</td>
<td></td>
</tr>
<tr>
<td>Caregivers</td>
<td>27,40 years</td>
</tr>
<tr>
<td>Living in one house</td>
<td>27,43 years</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Divorced/never married/widowed</td>
<td>67 (43)</td>
</tr>
<tr>
<td>Married</td>
<td>90 (57)</td>
</tr>
<tr>
<td>Duration of illness (M)</td>
<td>3.4 years</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>Full time/part time</td>
<td>109 (69)</td>
</tr>
<tr>
<td>Unemployed/retired/student</td>
<td>48 (31)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Illiterate</td>
<td>45 (29)</td>
</tr>
<tr>
<td>Primary</td>
<td>84 (54)</td>
</tr>
<tr>
<td>Secondary</td>
<td>4 (3)</td>
</tr>
<tr>
<td>High school diploma</td>
<td>22 (14)</td>
</tr>
<tr>
<td>College</td>
<td>2 (1)</td>
</tr>
</tbody>
</table>
The results showed the cultural values affect the role of the family, the role of the family affects the ability to care for and the potential effect on the ability of families to take care of the results of the analysis with the software for. The Structural Equation Model (SEM) AMOS can be seen in (Table 2). Based on the results in Table 2 note that the exogenous variables affect significantly to endogenous variables, except cultural variables with variable ability to treat significant. indicators of potential family, coping strategies and indicators of treatment the ability to utilize health services are not good enough to build an endogenous variable. Table 2 illustrates that cultural values affect the ability to maintain direct stronger than cultural values affect the ability to take

### Table 2. Causality Associated

<table>
<thead>
<tr>
<th>Causality Associated</th>
<th>r</th>
<th>T</th>
<th>Cronbach’s alpha</th>
<th>Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Functions</td>
<td>.746</td>
<td>.84-.88</td>
<td>Significant</td>
<td></td>
</tr>
<tr>
<td>Stress Family</td>
<td>.704</td>
<td>.82-.89</td>
<td>Significant</td>
<td></td>
</tr>
<tr>
<td>Family Structure</td>
<td>.803</td>
<td>.89-.98</td>
<td>Significant</td>
<td></td>
</tr>
<tr>
<td>Stigma</td>
<td>.863</td>
<td>.82-.85</td>
<td>Significant</td>
<td></td>
</tr>
<tr>
<td>Culture Value</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tolerance</td>
<td>.767</td>
<td>.83-.87</td>
<td>Significant</td>
<td></td>
</tr>
<tr>
<td>Volunteer</td>
<td>.748</td>
<td>.85-.88</td>
<td>Significant</td>
<td></td>
</tr>
<tr>
<td>Ability care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care</td>
<td>.655</td>
<td>.79-.87</td>
<td>Significant</td>
<td></td>
</tr>
<tr>
<td>Decision</td>
<td>.607</td>
<td>.87-.88</td>
<td>Significant</td>
<td></td>
</tr>
<tr>
<td>Identification</td>
<td>.600</td>
<td>.88-.92</td>
<td>Significant</td>
<td></td>
</tr>
<tr>
<td>Modification</td>
<td>.723</td>
<td>.89-.91</td>
<td>Significant</td>
<td></td>
</tr>
<tr>
<td>(X1) cultural values</td>
<td>.600</td>
<td>5.36</td>
<td>Significant</td>
<td></td>
</tr>
<tr>
<td>(Y1) potential family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(X1) cultural value</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Y2) The ability to care</td>
<td>.259</td>
<td>1.77</td>
<td>No Significant</td>
<td></td>
</tr>
<tr>
<td>(Y1) potential family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Y2) ability to care</td>
<td>.515</td>
<td>3.12</td>
<td>significant</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Effect Line</th>
<th>Immediately Effect Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X1) cultural values</td>
<td></td>
</tr>
<tr>
<td>(Y2) Ability to care</td>
<td></td>
</tr>
</tbody>
</table>

Note. r = Correlation; T = T value
care of automatically mean that the cultural value through the potential for more family greatly affect the ability of the family in care of. cultural values affect the ability to maintain direct stronger than cultural values affect the ability to take care of automatically mean that the cultural value through the potential for more family greatly affect the family’s ability to care for

**DISCUSSION**

Cultural values Reviews These are of immediate relevance for the regulation of the behavior of individuals in their direct community environment. The research proves that the empowerment of families has a significant impact on family coping to help people, especially schizophrenia, post-restraint. Family empowerment can be used to solve the psychological problems of the family. the socio-cultural family is an open system as a means to meet the needs of caring for 18,19.

Indicator stigma can also be explained by cultural values. Reviews. Families who have family members with schizophrenia post restrain embarrassed by the bizarre condition. It is also consistent with research, post restrain schizophrenia are often treated inappropriately by the family and society. Stereotype endorsement, discrimination experiences and social withdrawal differentially Also related to symptoms and social functioning 20, 21, 22.

Cultural values encourage the formation of family potential as a form of internal factors are derived from the family itself. Family caregivers of care recipients with chronic illnesses. Understanding what African American women who are family caregivers value are important, and giving them an opportunity to judge Reviews their Quality of Life may be empowering 25, 33. Families affected by the potential of cultural values. So the potential for a family becomes a major factor in improving the ability to treat schizophrenia, post-restraint. So the ability to treat schizophrenia post must restrain indirectly through potential families affected by cultural values 26, 27.

Based on the research found that the indicators show a problem, decision-making, maintenance, modification, and utilize health services are very good in forming the ability to care for the client. on the results of this study also found that the ability to treat schizophrenia post restrain in recognizing the problem stems almost all clients have good skills. While the decision found that almost all of the clients have good skills 28. While the indicators of environmental modification find most clients have skill was good, but less health care utilization indicators. it is in line with the results:

*The results showed that the participation of the family has a good impact on patient care. The impact of, among other things, improve the independence of patients, optimization role in society, and enhance problem-solving skills 30.*

Based on the explanation of the above results it can be concluded that there is a cultural influence on the potential value of the family and there is the potential ability to treat schizophrenia families post-restrain.

**CONCLUSIONS**

In Summary, Cultural Values that can either create a potential family for the better. Cultural values necessary to increase the potential of the family. Tolerance among family members and volunteers have a significant influence in shaping the stigma in the family, family structure, family functioning, family coping strategies. Potential directly affect the family’s ability to care for psychiatric patients post-holding. So that the potential of the family becomes a major factor in improving the ability to care for psychiatric patients post-hold in knowing the problems, decision-making, treating clients sick, modifications to the environment but to the utilization of health service indicator is not significant in shaping the ability to improve care for schizophrenia post restraint, Cultural values of good family could not be sure will make the ability to care for patients post withstand life for the better. Family culture values will affect the ability to care for psychiatric patients post-hold in East Java if through a potential family. Cultural values that can increase the potential of the family thus increasing the post-treatment restrain psychiatric patients.

**Conflict of Interest:** The Author (s) declare that they have no conflict of interest

**Source of Funding:** Others source,

**Ethical Clearance:** This study was approved by the institutional review board of Menur Mental hospital Surabaya (No.423.4/4149/305/2016). The research received a certificate from the hospital ethical permission.
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