

THE RELATIONSHIP BETWEEN MENTAL HEALTH LITERACY AND STIGMA MENTAL DISORDERS IN THE SOKO VILLAGE COMMUNITY, BAGELEN DISTRICT, PURWOREJO REGENCY

Hyasinta Fernanda Kartika Mahardika¹, Kustin¹, Zidni Nuris Yuhbaba¹

¹ Nursing Science Programme, Faculty of Health Science, Universitas dr. Soebandi, East Java, Indonesia

*Corresponding author e-mail: kustinhariyono@gmail.com

ABSTRACT

One of the significant health problems in the world, including in Indonesia, is mental health. Data from the Ministry of Health research conducted every five to six years regarding public health figures shows that the number of people with mental health problems in Indonesia needs serious treatment. The purpose of this study was to determine the relationship between Mental Health Literacy and Stigma Mental Disorders. This research is a correlation study using data collection techniques in the form of the Mental Health Knowledge Questionnaire (MHKQ) and the Peer Mental Illness Stigmatization Scale (PMISS). The research subjects were 52 using simple random sampling technique. Based on the results of the analysis showed that the correlation coefficient between mental health literacy and the stigma of mental disorders was 0.086 with a significance of 0.542. The significance number in the results of this study exceeds the predetermined significance number, which is > 0.05 . This means that there is no relationship between mental health literacy and the stigma of mental disorders. For further research, it is necessary to conduct further research on mental health literacy in the community in order to know the impact that can be caused on the stigma of mental disorders.

Keywords: Mental Health Literacy, Stigma Mental Disorder, Age 20-70

INTRODUCTION

One of the significant health problems in the world, including in Indonesia, is mental health. From the Ministry of Health research data conducted every five to six years regarding public health figures, it shows that the number of people with mental health problems in Indonesia needs serious treatment¹. In the world there are about 792 million people or 10.7% of people with mental disorders (ODGJ). Mental disorders and the use of any substance occupy the highest prevalence of 13% while anorexia and bulimia are 0.2%². Based on Riskesdas data in 2013 and 2018, it was stated that the prevalence of severe mental disorders in Indonesia was 1.7% and 7.0%, respectively. The highest prevalence is in the provinces of Aceh and DIY at 2.7% and the lowest is in the province of West Kalimantan at 0.7%³. Meanwhile, in 2018 the highest prevalence was in the province of Bali at 11% and the lowest in the province of the Riau archipelago at 3% (Riskesdas, 2018). Central Java province ranks fourth highest along with Aceh, South Sulawesi and West Sumatra with a prevalence of 9%.

People who experience mental/mental disorders are often referred to in the general public as "crazy people", so they often experience unpleasant treatment, even in the wider community a negative stigma has been built up against people with mental disorders⁴. Stigma in the context of social life refers to the negative characteristics inherent in a person because they are considered tainted, have despicable or deviant behavior⁵. Stigma is an attitude or emotional reaction that appears in society to people with mental disorders by isolating or demeaning them⁶. Mental disorders are not the result of social deviations or conflicts with society, but are psychological or behavioral patterns shown in individuals who show distress, decreased quality of life and dysfunction⁷.

Mental Health Literacy is knowledge and beliefs about mental disorders that help for the recognition, management, and prevention of mental health disorders. So mental health literacy is not only providing knowledge about mental disorders, but also allows this knowledge to bring up real behaviors that can help themselves and others in terms of mental health⁸. Socialization and counseling to families and communities about mental disorders is very necessary to eliminate wrong views about mental disorders. Besides that, as soon as possible handling of people with mental disorders and socializing to families and communities how they should behave towards people with mental disorders. For this reason, it is necessary to have the participation of the community in order to create a prosperous society.

METHODS

The type of research used in this study is quantitative correlation with a cross sectional approach. The population in this study was 1 person/KK as many as 60 people in RT 01 RW 04 Soko Village, Bagelen District, Purworejo Regency. The sample in this study were 52 people. The data collection tools in this study were questionnaires, namely the Health Literacy Questionnaire and the Peer Mental Illness Stigmatization Scale. This study was used to examine the relationship between mental health literacy and the stigma of mental disorders.

RESULTS

This research was conducted in RT 01 RW 04 Soko Village, Bagelen District, Purworejo Regency with 52 respondents involved. **Respondent Characteristics**

Table 1. Characteristics of Respondents

Characteristics of Respondents	N(%)
Gender	
Man	17 (32.7)
Woman	35 (67.3)
Age	
20-39 years old	18 (34.6)
40-59 years old	24 (46.2)
60 years	10 (19.2)
Profession	
Housewife	19 (36.5)
Farmer	4 (7.7)
Private	5 (9.6)
Teacher	3 (5.8)
College student	2 (3.8)
Trader	3 (5.8)
Laborer	2 (3.8)
Retired	2 (3.8)
Etc	12 (23.1)

Of the total 52 respondents who took part in this study, 32.7% male respondents were 17 people and 67.3% were female. That is 35 people.

Characteristics of respondents based on age were divided into 3 categories, namely age 20-39 years, 40-59 years and 60 years. Based on Table 1, it is known that respondents aged 34.6%, namely 18, respondents aged 40-59 years were 46.2%, namely 24, and respondents aged 60

years were 19.2%. Namely 10. In this study, most of the respondents were aged 20-39 years, as many as 81 respondents (34.6%).

Based on the occupation, the characteristics of the respondents in this study were divided into 9 types of work. These jobs consist of housewives, farmers, private sector, teachers, students, traders, laborers, retirees, and other jobs. The number of housewives respondents is 36.5%, the number of farmer respondents is 7.7%, the number of private respondents is 9.6%, the number of teachers and traders respondents is 5.8%, the number of student respondents, laborers, and retirees is 3.8%, and the number of respondents with other jobs is 23.1%.

Minimum value, maximum value, mean and standard deviation

Table 2. Minimum value, maximum value, mean, and standard deviation

Variable	Min Value	Max Value	Average	Standard Deviation
Mental Health Literacy	12	27	23.48	3.31
Stigma of Mental Disorders	2	13	6.94	2.53

It was found that the smallest score (minimum) on the mental health literacy variable was 12 and the largest score (maximum) was 27. The average value was 23.48 and the standard deviation was 3.31. Meanwhile, the stigma variable for mental disorders has the smallest (minimum) score of 2 and the largest (maximum) score of 13.00 with an average value of 6.94 and a standard deviation of 2.53.

The results of the analysis of the stigma of mental disorders by category

Table 3. The results of the analysis of the stigma of mental disorders by category

Variable	Category	Number of Respondents	Percentage (%)
Mental health literacy	Low	0	0
	Currently	3	5.8
	Tall	49	94.2
Stigma of mental disorders	Low	12	23.1
	Currently	35	67.3
	Tall	5	9.6

Based on the results of the analysis in Table 5.3 it was found that the results of the analysis of mental health literacy in the medium category were 5.8% and in the high category were

94.2%. Mental health literacy in this study was dominated by high literacy, which was 49 respondents. Based on the stigma of mental disorders, the low category was 23.1%, the medium category was 67.3%, and the high category was 9.6%. The majority of the stigma of mental disorders in this study were in the moderate category with a total of 35 respondents.

The relationship between mental health literacy and the stigma of mental disorders.

The correlation coefficient between mental health literacy and stigma of mental disorders is 0.086 with a significance of 0.542. The significance number in the results of this study exceeds the predetermined significance number, which is > 0.05 . This means that there is no relationship between mental health literacy and the stigma of mental disorders in the people of Soko Village, Bagelen District, Purworejo Regency.

Table 4. The relationship between mental health literacy and the stigma of mental disorders

		Mental Health Literacy	Stigma of Mental Disorders
Literacy Mental health	Correlation coefficient	1,000	0.086
	Sig. (2-tailed)		0.542
	N	52	52
Stigma Mental disorders	Correlation coefficient	0.086	1,000
	Sig. (2-tailed)	0.542	
	N	52	52

DISCUSSION

Mental Health Literacy

Based on the results of the study, it shows that mental health literacy in this study is categorized in high literacy. Mental health literacy is defined as knowledge and beliefs about mental disorders that help with recognition, management, and prevention⁸. The results of this study are in accordance which states that the results of adult mental health literacy are high⁹. The average value of mental health literacy is 73.08 (scale 100). Female respondents had a higher level of health literacy than male respondents but there was no significant difference ($p>0.05$) between the two¹. This result is better than the results of Widyana's research which found mental health literacy results for nursing students at the Muhammadiyah University of Surabaya, namely having moderate literacy¹⁰. This shows that the mental health literacy of the community in general is better than the mental health literacy possessed by students. This is presumably because in this study the age of the respondents was more diverse than the age of

the respondents¹⁰. Therefore, the respondents in this study also had more experience in the form of mental health, so they had higher mental health literacy. As stated in the literature review, one of the factors of mental health literacy is gender. So a person's gender can affect the level of mental health literacy.

Stigma of Mental Disorders

The results of this study indicate that the stigma of mental disorders in this study is categorized as having moderate stigma. The stigma against people with mental disorders in Indonesia is still very strong. With this stigma, people with mental disorders are isolated and can worsen their mental disorders. The stigma of mental disorders in nursing students at the Muhammadiyah University of Surabaya was moderate. This is presumably because nursing students have better knowledge of mental disorders than the general public, so they have moderate stigma¹⁰.

This result is in accordance with the literature review, namely the labeling theory factor. Socio-cultural theorists argue that when the label "mental illness" is used, it is very difficult to eliminate it. Labeling will affect how other people will respond to people with Mental Illness. With the term "mental illness" then other people stigmatize that person. So why is the stigma of mental disorders still high, because people will label people with mental disorders and the label will not be lost. The response to rejecting people with mental disorders is marked by discrimination in the form of stigma. Stigma is labeling, exclusion, and discrimination by a person or group so that it can limit people who are stigmatized in socializing so that it can complicate their lives.

Relationship between Mental Health Literacy and Stigma of Mental Disorders

Based on the results of the study, it showed that there was no relationship between mental health literacy and the stigma of mental disorders in the people of Soko Village, Bagelen District, Purworejo Regency. Mental health literacy and self-stigma have a weak correlation¹¹. A negative and significant relationship between self-stigma and mental health literacy. These findings indicate that self-stigma, whether related to seeking help or mental disorders, is an important predictor of mental health literacy¹².

CONCLUSION

It can be concluded that the people of Soko Village, Bagelen District, Purworejo Regency have a high level of mental health literacy, moderate level of mental disorder stigma. There is no relationship between Mental Health Literacy and Stigma Mental Disorders in the Soko Village Community, Bagelen District, Purworejo Regency.

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