



Family Stigma Correlation with Shackling in Schizophrenia Patients in Psychiatric Hospital of Bali Province

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Abstrak

Pemasungan di Indonesia merupakan permasalahan bidang kesehatan jiwa yang menunjukkan pasien gangguan jiwa belum sepenuhnya mendapatkan perlakuan yang baik serta memenuhi hak asasi manusia. Stigma dan diskriminasi diantaranya pasien skizoprenia sering mendapat perlakuan yang tidak manusiawi, hal ini disebabkan penderita gangguan jiwa kerap melakukan kekerasan dan bersikap agresif sehingga menjadi alasan keluarga melakukan pemasungan. Penelitian ini bertujuan untuk mengetahui hubungan stigma keluarga dengan pemasungan pasien skizofrenia. Penelitian ini menggunakan desain deskriptif korelasional dengan pendekatan cross-sectional, dilakukan pada 45 responden yang diseleksi dengan teknik consecutive sampling. Pengumpulan data menggunakan kuesioner stigma keluarga dan KKPD. Hasil penelitian menunjukkan stigma keluarga pada pasien skizoprenia sebagian besar dalam kategori sering yaitu 24 responden (53,3%). Keinginan keluarga untuk melakukan pemasungan pada pasien skizoprenia sebagian besar dalam kategori tinggi yaitu 20 responden (44,4%). Hasil uji Rank Spearman didapatkan p-value=0,000 <0,05 kesimpulannya Ha diterima yaitu ada hubungan stigma keluarga dengan pemasungan pasien skizofrenia. Di sarankan kepada RSJ Provinsi Bali melakukan kegiatan penyuluhan dan home visit untuk keluarga pasien yang memiliki keinginan tinggi untuk melakukan pemasungan untuk mencegah tindakan pemasungan benar-benar dilakukan setelah pasien dipulangkan dari Rumah Sakit Jiwa.

Kata Kunci: stigma keluarga, pemasungan, skizofrenia

Abstract

Shackling in Indonesia becomes mental health problem showing that mental disorder patients have not gotten good or full treatment and proper human right yet. Stigma and discrimination for schizophrenia patients often get some treatment in which breaks human right it is caused by that mental disorder patients of do violance and aggressive action. The reason why the family perform Shackling. This study aimed to know the correlation between family stigma and shackling patients with schizophrenia. This study used correlational descriptive design with cross-sectional approach. It was conducted towards 45 respondents selected by sampling concecutive technique. The data was collected by using familys stigma and KKPD questionnaire. The result showed that the familys stigma for schizophrenia patients are mostly in often category as many as 24 respondents (53.3%). The willing of the family for shackling schizophrenia patients is mostly in high category as many as 20 respondents (44.4%). The result of Rank Spearman test showed p-value=0.000<0.05. It could be concluded that Ha was accepted which mean that there was a relationship between familys stigma and shackling for schizophrenia patients. RSJ Bali Province was suggested to give guidance and doing home visit for family that had

high desires in shackling in order to prevent it after patient had been discharged from the psychiatric hospital.

Keywords: family stigma, Shackling, schizophrenia

Article info:

Article submitted on October 12, 2017

Articles revised on November 10, 2017

Articles received on December 30, 2017

DOI: [http://dx.doi.org/10.21927/jnki.2018.6\(2\).97-104](http://dx.doi.org/10.21927/jnki.2018.6(2).97-104)

INTRODUCTION

Shackling is a mental health problem in Indonesia which indicates that mental patients have not received good and humane treatment. Health Department estimates that the number of people having severe mental disorder in Indonesia is 1.7 per mil, Bali is number three with 2.5 per mil. Based on the data, the number of people getting shackling in Indonesia is 14.3%. The number of people having shackling in rural area is 18.2%. The number is higher compared to the number of people having shackling in Cities, it is 10.7% (1).

Based on data of Psychiatric Hospital in Bali province, the number of people who got shackling within 5 years 2008-2013 reached more than 300 persons. The number was spread to 57 districts in Bali. The number of people shackled by the family in 2014 reached 30 persons. In 2015 it increased to be 55 persons including several persons who got shackling but they were not given treatment in hospital because the families minded to bring the patients with various reasons. Meanwhile, only did 14 persons become outpatients and did homecare (2). Shackling was family or community action for persons with mental disorder (mostly schizophrenia) done to limit the mental disorder person's activities. The way how to shackle was performed specially by wood (kayu apit) for both the mental disorder person's feet hence the person could not walk. Mental disorder person could not do the basic life activities such as caring themselves, peeing, defecating. The

method of shackling was not only with wood or chain but it was also activity limitation, isolation and ignorance (3). Shackling juga dilakukan dengan mengisolasi. Isolasi adalah mengurung penderita gangguan mental secara paksa di sebuah ruangan atau area. (4).

The shackling of severe mental disorder persons such as schizophrenia was done because of social reaction such as rejection, excommunication and discrimination. Economically, the effect could be loss of effective day for income for either the patients or the families obligating the patients, high cost must be spent by the families, stigma of schizophrenia patients (5). According to Idaiani and Raflizar, the treatment for mental disorder person was still limited because of stigma and economy inability for treatment.

Stigma is negative characteristic embeded in person and becomes bad label for somebody because of enviroment factor which is influenced by misunderstanding of family or community. A such label will damage or worsen one's condition with a such mental disorder (6). The forms of stigma and discrimination in schizophrenia person are as they often get some treatment in which against the human right, keep distance among patients because they often do agressive action. Because of those reasons, the patients always get shackling (7).

The impact of shackling is that patients experience trauma, revenge on their families, feel alienated, feel despicable or despair. Gradually,

they want to commit suicide (3). Any effort has been done to support schizophrenia patients to get some treatment based on human right. The effort to omit the presence of shackling, Kemenkes RI decided program "Indonesia bebas pasung in 2014". However, that program could not be realized in 2014. That program has been prolonged to become "Indonesia Free Shackling 2019" (4).

Based on the data from psychiatric hospital of Bali province, the patients with mental disorders who experienced shackling in 2016 to November were 66 patients. This number spread in 42 regency and city public health in Bali. Of those number, 25 patients were taken by psychiatric hospital to get some treatment in the hospital, and the rest there were 41 people with mental disorder who were not treated in the hospital because their families refused to get some treatment in the hospital by any various reason. The data of shackled patients who got treatment in hospital to November 2016 were 32 patients so the total of the patients who got shackling treatment and hospitalized in psychiatric hospital of Bali province were 57 patients. The data of the family visit in the last three months (October, November and December in 2016), October were 52 persons, November were 48 persons and December were 51 persons. Hence, the average of family visit in each month was 50 persons (2).

Research conducted by Syariah showed that the public perception of shackling for schizophrenic patients was mostly less support category (64.6%) (5). The related research suggested 64.6%. 95 of 146 respondents were less support category. Furthermore, as many as 38.8% of respondents answered that shackling was the main treatment and 55.1% thought that shackling would have a deterrent effect on patients. The community categorized as Senior High School below as many as 57.4% considered that shackling was proper and common way that

was done (5). Nondyawati (2015) said family knowledge to given support for people with mental disorder was decreased, the data showed that 15 persons (78.9%) from the total 19 persons had decrease support (8).

Based on explanation above, the purpose of this research is to know about the relationship between family stigma and Schizophrenia patients who got shackling and got hospitalized in psychiatric hospital of Bali province.

MATERIAL AND METHOD

The research plan which was used in this research is cross-sectional emphasizing time measurement, or observe independent and dependent variable data only once, there is no follow up (9).

This research was done in RSJ Bali province, the research was done in Jun 2017. The sample in this study were families who had schizophrenic patients and were determined by criteria involving families who were willing to become respondents, the families whose schizophrenia patients who got some treatment in RSJ of Bali province, the patients' family who stayed with the patient and had responsibility for the patients at their homes. The number of samples were 45 persons, the used technique was consecutive sampling. The independent variable in the research was stigma which was measured by using stigma questioners from Ariananda (2015) which the validity had been already examined in previous time, Of 20 items about family stigma were found that all of r value was more than r table (r value > 0.36). Therefore the conclusion was that each of family stigma was declared to be valid. The result of reliability examination suggested that value r Alpha be 0,960 > 0,7 so family stigma items were declared to be reliable (9). Dependent variable in the research was the shackling which was measured by using piece of "Kuisisioner Keputusan Pasung Daulima" (KKPD) which validity and reliability examination

had been done in previous time by the reseacher, with value of validity examination 0.176 – 0.761 (r table : 0.125) from reability examination 0.935 (10).

The analysis procedure in the reseach was data processing which followed several steps as follow: editing, coding, entering data and cleaning or tabulation. The data analysis in the research used “Rank Spearman” examination. The hypotheses determination was accepted or refused, when probability value was smaller than significant value ($p < 0.05$) there was relationship between family stigma and the shackling of Schizophrenia patients in mental disorder hospital of Bali province.

RESULT AND DISCUSSION

The characteristics of the research subject

The respondents were characterized by age, education and occupation in psychiatric Hospital of Bali Province shown in table 1.

Table 1. The characterics of respondents based on age, education and occupation in psychiatric Hospital of Bali Province

Characterics	Distribution Respondent	
	f	%
Age		
18-25 years (early adults)	2	4.4
26-35 years (middle adults)	5	11.1
36-45 years (mature adults)	8	17.8
46-55 years (late adults)	30	66.7
Education		
Elementary	9	20.0
Junior High School	21	46.7
Senior High School	15	33.3
Occupation		
Private employees	22	48.9
Enterpreneur	18	40.0
Farmers	5	11.1
Total	45	100.0

Reference: Primary Data From psychiatric Hospital of Bali Province 2016

Based on table 1, it suggested that respondent characteristics in accordance to

age be categorized as late adult, respodents characteristics in accordance to education be the most, in Junior High School, respondents characteristic in accordance to occupation are mostly private company employees.

The observation result to research variables.

Observations about the family stigma towards schizophrenics in psychiatric Hospital of Bali Province are shown in table 2.

Tabel 2: family stigma of schizophrenia patient in psychiatric Hospital of Bali Province

family stigma	Result	
	f	%
Never	0	0
Sometimes	21	46.7
Often	24	53.3
Total	45	100.0

Reference: Primary Data From psychiatric Hospital of Bali Province 2016

Family stigma with schizophrenia patients be mostly categorized as often as many as 24 respondents (53.3%). The stigma for mental disorder person could make low quality of treatment for mental disorder patients, this was caused by poor family knowledge. The family knowledge to treat mental disorder patients after being treated was needed to support patients' recovery process in order the patients could adapt well in family condition and enviroment. The family knowledge in giving treatment was proved that it was influenced by family education level. If the family had high level education, the family could understand condition and cover the Schizophrenia patients' needs (11).

Videbeck (2015) said that there were several factors influncing the family stigma to schizophrenia patient such as education. Respondents characteristics based on education were mostly Junior High School graduation. The low education level caused the family to find difficulty getting information about mental

disorder and how to treat. Education has impact to self development, commonly improved families' intellegency strata in treating patients with schizophrenia in order the patients could come agains to the families and adapt with the enviroment. Therefore, in this case, the intellegency also influenced family's behaviour in looking for information to decide the right recovery effort for the patients (12).

Based on the characteristics of age, most respondents aged between 46-55 years. According to Videbeck, age had relationship with decision of using mental disorder treatment, more ages someone will higher belief to search some help to health facility especially in the family. It could be related to consideration of other family concern (12).

Furthermore, most of the respondents are the private company employees seen from the occupation characteristic. According to Purwanti, type of occupation correlated with giving family support either emotional, informal, indtrumental or assessment in managing family memeber with schizophrenia, the family who did not have job, of course they had more time to care the family memeber with schizophrenia if compared with the families or respondents had job (13). The result in this research was supported by other researches suggesting that high family stigma be 15.3%, midle stigma be 80,6%, low stigma be 4.1%. From education level point of view, high stigma with elementary background was 40% (14).

The research of Purnama Yani and Sutini, family stigma based on instrument of Community Attitude Towards The Mentally Ill could be devided into 4(four) namely; authoritative, policy, social limitation and ideology of mental health community, the result of authoritative data with the median was 34, policy with median was 33, ideology of mental health community with median was 33, social limitation with median was 27. Patients with Schizophrenia were considered being weak hence they were managed in rough

treatment, and the most data were found in Elementary education level at 45.2%. However, this study found the different result in the term of educational level. The data in tabel 1, Elementary education level was the smallest number, and the most number was in Junior High School because stigma happened not only education level but it could be influenced by other factors such as enviroment, age, economy and others (15).

Other research argued that the stigma in schizophrenia patients happened through several processes from labelling, stereotype, separation, and loss. Families regard patients as strange, unproductive, and bring more problems to families (16). The researcher argued that the family stigma for the schizophrenia patients was mostly in often category. It was in accordance to respondent statement based on the filled quistioner. Most of the families answered often for the family statement who felt avoided because of having mental disorder family member, the family felt necessary to bring the mental disorder person to psychiatric hospital quitely in order the effort was not known by others. The family felt necessary to block or shackle the family member having mental disorder. The family members were often angry with the schizophrenia patients.

Table 3 the shackling for schizophrenia patient in psychiatric Hospital of Bali Province.

Shackling	Result	
	f	%
Low	6	13.3
Medium	19	42.2
High	20	44.4
Total	45	100.0

Reference: Primery Data From psychiatric Hospital of Bali Province 2016

This research suggested that the family willing to do shackling for schizophrenia patients be motly in high category at 20 respondents (14.4)

The research by Idiani and Raflizar suggested that the data of Riskesdes 2013

was domain factor influencing shackling, it was economy factor, mostly the family with low economy condition did not know that there was health service in village or rural area. They felt that the health service was so far from the place where they lived therefore they did shackling (3). In addition, the reason of shackling was less number of doctors, nurses, counselor and other medical assistants with sufficient training.

Other causes why shackling was done in Bali was because it was caused by the family tended to perform traditional treatment and the patient did not get improvement. This matter was caused by the focus of treatment in psychiatric Hospital. In present treatment approach will be better based on cultural approach in community hence the patients will get improvement, their social condition as well (16).

This research was supported by the result done by Rohmadoni and Mudzakir analyzed factors influencing family to do shackling for the family member having mental disorder in mental disorder hospital of Jawa Menur Surabaya. This research suggested that mostly at 14 families (70%) want to do shackling for schizophrenia patients, mostly belonged to be high category (17).

The research argued that the family willing to do shackling for schizophrenia patients was mostly high category, it was caused by limitation of knowledge about mental disorder. In addition, the poor facility of mental disorder treatment in community triggered the community to do shackling. Besides, the decision to shackling was

also to keep the schizophrenia family member from endangering the community. The patient with chronic schizophrenia always tended to do something endangering other people and environment such as striking, breaking public facility, and raging. Those deeds could stimulate others getting the effect of what the patient's aggressive actions to revenge.

Based on the explanation, Table 4 showed picture that of 21 persons giving stigma was sometimes category, 15 persons (71.4%) had willing to do shackling for schizophrenia patients in middle category and 6 persons (28.6%) were "low category". Further, as many as 24 persons gave often category, 20 persons (83.3%) had willing to do shackling for the schizophrenia patients in high category and 4 person (16.7%) were middle category. The result suggested that p-value was smaller than 0.05. There was relationship between family stigma and the shackling for schizophrenia patients in psychiatric hospital of Bali province in 2016.

According to Daulima, families had willing to do shackling action because the family could overpowered from community pressure who felt threatened because of the patients' deed. The principle was the family did not want to shackle the patients because of love for the family members. However, the physical pressure came from external factors, the community had antipathy to the patients and the families were forced to do shackle the patients. The condition created big conflict for the family before the shackling was done. The conflict happened

Table 4. the relationship between family stigma and the shackling schizophrenia patients in psychiatric Hospital of Bali Province.

Family Stigma	Shackling						Total	p	
	Low		Medium		High				
	f	%	f	%	f	%	f	%	
Sometimes	6	28.6	15	71,4	0	0	21	100	0,00
Often	0	0	4	16,7	20	83.3	24	100	
Total	6	13.3	19	42,2	20	44.4	45	100	

Reference: Primery Data From psychiatric hospital of Bali Province 2016

because the family had to choose whether to shackle. This kind of decision requires good consideration. (10)

According to Keliat, stigma problem in treating the schizophrenia patients is still become significant problems. The stigma that occurs in families with schizophrenia was a problem such as shame, being underestimated because of having schizophrenic patients, fear, sadness, depression, and trying to hide disgrace. This condition can have an impact on emotions that can cause patient recurrence, the families felt lazy or irregular to give some medicines and the families often sent the patients to get treatment in mental disorder hospital or even more shackling was often done (18) (19).

The research was supported by Rohmadoni analyzed factors influencing the family to do shackling for the patients in mental disorder hospital of Menur Surabaya. The result suggested that the recovery factor and stigma had significant impact for the shackling for the patients with schizophrenia in psychiatric hospital of Menur Surabaya ($p\text{-value}=0,000<0,05$) (20) .

The researcher thought that the families gave high contribution in retreatment for the patients with schizophrenia. The families need to understand how to treat the patients at home. The ability improvement of families' patients can be done by giving guidance when the families come to the hospital or by performing *home visite* when the patients are at home. *Home visite* will be very useful for the families in treating the patients and also give correct information to community about schizophrenia.

CONCLUSION AND SUGGESTION

The family's stigma for the patients with schizophrenia was mostly in often category at 24 respondents (53.3%). The family desires to do shackling for the patients with schizophrenia was mostly in high category at 20 respondents (44.4%). The examination *Rank Spearman*

result suggested $p\text{-value} < 0.05$. The conclusion was H_0 accepted meant the family stigma had relationship with shackling for the patients in psychiatric hospital of Bali province in 2017.

Psychiatric hospital of Bali province is expected to increase guidance activities or home visits for families who have a high desire in shackling to prevent it after patients return to their homes. Families are expected to actively take part in programs related to increasing knowledge about treatment for patients at home such as following guidance conducted by public health or psychiatric hospital. For further researches are expected to be able to examine other factors influencing the family need to do shackling such as social economy, family load and support from community.

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