

Determinants of Help-Seeking behavior of schizophrenia Caregiver in Indonesia

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Abstract: In low and middle-income countries, family-caregivers of patients with schizophrenia are usually the ones who seek aid for schizophrenic patients. Caregivers of individuals with schizophrenia may seek assistance from health facilities for a variety of reasons. The goal of this study was to find out what factors influence family-caregivers of schizophrenia patients requesting treatment.

Methods: Quantitative cross-sectional research with family caregivers of schizophrenia patients was conducted. As many as 162 respondents were chosen using a systematic random selection procedure. Face-to-face interviews were used to collect data on respondents' characteristics and their help-seeking behavior.

Findings: The range of age was between 40 to 65 years old. More than half were female (54.3%), married (61.1%), lower education level (66.7%), unemployed (64.2%), lower income (59.9%), and lived in the rural area (58%). Statistical analysis found several variables associated with help-seeking behavior, including gender, education, income, previous treatment, and residence ($p < 0.05$).

Keywords: Help-seeking, schizophrenia, Indonesia.

I. INTRODUCTION

In Indonesia, mental disorders are the leading cause of impairment or Years Lived with Disabilities (YLDs), accounting for 13.4% of all YLDs (Ministry of Health of the Republic of Indonesia, 2019). The rate of schizophrenia is nine per mile; nine persons out of every 1000 people suffer from severe mental illnesses (Indonesia Basic Health Research for Aceh, 2018). Unfortunately, obtaining help for schizophrenia patients is frequently delayed. When positive and negative symptoms of schizophrenia first arise, people do not seek care right away (Marthoenis, Aichberger, & Schouler-Ocak, 2016).

Mental health literacy is linked to the caregiver's choice of mental health help (Manumba & Hamid, 2020). Low mental health literacy leads the families to take the schizophrenia patients to the alternative medical practitioners, with mental health professionals being the last option (Hyland et al., 2014; Yalvac et al., 2017). Patients with mental illnesses are referred to modern health care clinics after traditional medicine has failed them (Marthoenis et al., 2016). In Low and Middle Income Countries where the culture and belief that supernatural forces cause mental disorders is still very strong, the family usually take the patient with mental problems to traditional treatment such as traditional healer, religious

healers and herbalists (Girma & Tesfaye, 2011; Poreddi, Birudu, Thimmaiah, & Math, 2015).

It is difficult to understand the elements that influence caregivers of schizophrenia patients seeking help. Various factors influence when people seek aid and when they do not seek help. Caregivers of schizophrenia patients seeking treatment from psychiatrists in tertiary facilities may still lack mental health literacy (Manumba & Hamid, 2020). It is critical to comprehend the elements that influence caregivers of schizophrenia patients in mental hospitals seeking aid. As a result, characteristics connected to caregivers' help-seeking behavior in patients with schizophrenia need to be examined further, particularly in varied community contexts.

II. METHODS

A cross-sectional quantitative study among family caregivers was conducted. A systematic random selection procedure was employed to select respondents. Face-to-face interviews were used to collect data on respondents' sociodemographic information and their help-seeking behavior. Help-seeking was assessed using The Inventory Attitudes toward Mental Health Services (Mackenzie, Knox, Gekoski, & Macaulay, 2004). The consistency of the inside coefficients for IASMH is good, with a Cronbach's alpha of 0.76 to 0.82 (Hyland et al., 2014). This instrument can likewise be utilized to quantify help-seeking in developing countries. An ethics committee of a local university approved the study. All respondents gave their consent before participating in the study.

III. FINDINGS

As many as 162 family member who take the patients to psychiatric hospital participated in this study, The range of their age was between 40 to 65 years old. More than half were female (54.3%), married (61.1%), had lower education level (66.7%), unemployed (64.2%), had lower income (59.9%), and lived in the rural area (58%). Respondents with family members who suffered from mental disorders less than ten years were 39.5%. More than half (58.6%) had ever taken the family members with mental disorders to non-professionals. Table 1 shows the sociodemographic characteristics of the study respondents.

Bivariable analysis shows that the factors that associated with help seeking behavior among caregivers included gender ($p = 0.029$), education ($p = 0.002$), income ($p = 0.001$), residency

($p = 0.004$), and previous attempts to professional treatment ($p = 0.014$).

IV. DISCUSSION

This study found several factors associated with help-seeking behavior among caregivers with schizophrenia. First, gender was found to be associated with help-seeking. More females seek mental healthcare for themselves or their relatives with schizophrenia. Females are more likely than men to seek help (Yin, Wardenaar, Xu, Tian, & Schoevers, 2020). Females also tend to talk with others, keep in touch, and asking for other people's opinions when facing a problem.

Education was also found to be associated with help-seeking. Education is frequently connected with information on an illness. Caregivers with advanced education have the chance to perceive the issues they face, so they can choose to look for help for themselves and others (Yeshanew, Belete, & Necho, 2020). Education is very influential on first aid when patients experience symptoms of mental disorders for the first time. The schooling level of family caregivers impacts them in settling on choices for and dealing with the treatment of relatives with schizophrenia (Upadhyaya et al., 2019).

The next factor is income. In this research, income is another important factor in determining the search for help by caregivers of patients with schizophrenia. A good economy encourages a person to utilize health facilities better (Marthoenis et al., 2016). This contrasts the research of Yin et al. (2020), which states that communities with low incomes are more likely to report their problems and seek help from others. This happens because they are often unable to solve their problems due to a low economy.

The factor of residence is also associated with accessibility. People who live in rural areas without health care centers around their environments often find it challenging to travel for hours to reach hospitals and spend much money on transportation (Marthoenis et al., 2016; Umubyeyi, Mogren, Ntaganira, & Krantz, 2016). Caregivers choose the help source faith healers because it is affordable and easy to find (Poreddi et al., 2015). Therefore, non-professional assistance is the leading choice, such as Tengkuand holy water, because it is easily accessible by the community. Distance, limited accommodation, and difficulty in transportation are obstacles for caregivers who come from areas far from health facilities, especially tertiary health care.

The Factors of previous treatment cannot be separated from the experience in the social environment. A person's tendency to consult with the surrounding community about life

problems and health information also plays a role in seeking help. Experiences from others in the use of health services, impacts, and perceived benefits can influence their community to have more confidence in the choice of available assistance, professional or non-professional treatment (Yeshanew et al., 2020).

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Table 1: Sociodemographic characteristics of the study respondents

Age (years)		
20-40	63	38.9
41-65	99	61.1
Gender		
Men	74	45.7
Women	88	54.3
Partner Status		
With partner	63	38.9
No partner	99	61.1
Education level		
High	54	33.3
Low	108	66.7
Employment status		
Employ	58	35.8
Unemploy	104	64.2
Income		
≥RMW	65	40.1
<RMW	97	59.9
Residence		
Urban	68	42.0
Rural	94	58.0
Relationship with patient		
Family	109	67.3
Relatives/Friends	53	32.7
Duration of complaints (years)		
≤10	98	39.5
> 10	64	60.5