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Javanese Society's Eyes: Understanding Phenomenon of People with Mental Disorders in Java

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Abstract. Society has various beliefs, one of which is related to mental disorders. Many people's beliefs are still wrong in understanding mental disorders, and causes society to treat people with mental disorders (Orang Dengan Gangguan Jiwa/ODGJ) inappropriately. People who misunderstand mental disorders will usually take inhumane actions such as alienating survivors or taking other actions that worsen the mental condition of survivors. This research explored the attitudes and perspectives of Javanese people in understanding mental disorders. The ultimate goal is to provide theoretical contributions that bridge scientific definitions and assumptions that are believed in the local community's perspective regarding mental disorders. In accordance with the research objective, this research used a descriptive qualitative approach, involving 98 respondents in a semi-structured interview. Respondents were selected based on characteristics called "purposive sampling", and the collected data were analysed using thematic analysis. The results show that the respondent's educational background not influence the scientific view of the phenomenon of mental disorders, except for those who had education related to mental health. Education increases the attitude of the community toward maintaining personal mental health. Lack of literacy leads to misunderstandings about patients with mental disorders. This research is sufficient to provide additional literacy regarding the gaps in the scientific definition of mental disorders and what is understood in society.

Keywords: javanese; mental disorder; qualitative

INTRODUCTION

Mental disorders are a syndrome characterized by clinically significant disturbances in consciousness, emotional regulation, or behavior that reflect dysfunction in psychological, biological, or developmental processes that underlie mental function and are associated with significant distress or disability in someone's social activities or daily activities (Williams & First, 2013). While People with Mental Disorders in Indonesia are called Orang Dengan Gangguan Jiwa (ODGJ), which is a term for individuals who experience disturbances both in thoughts, behavior, and feelings that are manifested in the form of a set of symptoms and or changes in behavior that contain meaning, and can cause suffering as well as obstacles for individuals in carrying out their functions as a human being. According to data from the results of the primary health research report (Kementrian Kesehatan RI, 2018) was a significant increase where in 1000 households,

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there were seven households with ODGJ, so it is estimated that there are 450 thousand ODGJ in weight. There is a prevalence of 6.1% of the Indonesian population by province aged 15 years experiencing mental disorders in the form of depression. The prevalence of people with emotional disorders aged 15 in the province of Indonesia is 9.8%, while in the classification according to characteristics, it reaches 9.9% (Kementrian Kesehatan RI, 2018).

The results of the Kementrian Kesehatan RI (2018) showed a prevalence of 85.0% of ODGJ with schizophrenia or psychosis who had been to a mental hospital or other healthcare facility, while another 15.0% chose not to seek treatment. There was also a prevalence of 31.1% of the proportion of households in urban areas that had household members with schizophrenia or psychosis who had been in pasung in the last three months. The same thing also happened in rural areas with a prevalence of 31.8%, so in Indonesia, the prevalence reached 31.5% of households with family members with mental disorders of schizophrenia or psychosis who had been in pasung. One of the causes of the deprivation of ODGJ is the family's sense of powerlessness in dealing with violence against ODGJ (Dewi et al., 2019).

According to Tejokusumo (2014), society is a group of people who are always connected and interact with each other in a group. As social beings, humans always need other humans to meet each other's needs, and the life of a society constantly changing dynamically is unavoidable (Tejokusumo, 2014). Therefore, society as a person's closest element in his life is important in mental health aspects (Turin et al., 2020). People's perspectives and attitudes towards people with mental disorders play a vital role in mental health care for ODGJ, where the society can act as agents in prevention, treatment seeking, and drug adherence behavior by people with mental disorders (Bedaso et al., 2016).

The reality in Indonesian society is that there are still many false beliefs and myths about mental disorders, such as those caused by evil spirits or witchcraft and curses that end in losses for people with mental disorders (Lubis et al., 2015). In addition, physical conditions and social pressures that occur are one of the indicators that lead to shackles for people with mental disorders because of the family's response to the situation, stigma by the surrounding society, and health services that have not been able to be carried out optimally (Suswinarto et al., 2015).

In regard to society affects health in society and how they will be treated, it is important to know how society understands people with mental disorders or ODGJ. This information will be a primary data to arrange a psychoeducation program to educate society on how to treat well ODGJ and maintain health in society. Therefore, this study aims to determine the views of the society, especially the Javanese society, towards people with mental disorders (ODGJ).

METHOD

This study used a descriptive qualitative research design with a case study regarding a person's perspective and related factors of society's understanding as a whole in descriptive form in the form of words in a natural context. The sample (participants) comprised 98 people who were taken by purposive sampling technique, namely taking research subjects from the society with predetermined criteria. Certain criteria for participants in this study, namely a) being born and coming from the Javanese tribe, b) being raised in the Java area, and c) living in the Java area. The research was conducted in the Central Java region as the focus of research because of the solid customs and culture of the Javanese people in the region and was carried out for three months.

A semi-structured interview was the primary tool in this study and the validity process in this qualitative study used the member check method. The member check method is a data-

checking process obtained by confirming the data to the participants. Then, the collected data from the interview process analyzed using thematic methods. Thematic analysis consists of four main steps: data collection, data reduction, data presentation, and conclusion (Maguire & Delahunt, 2017).

RESULTS AND DISCUSSION

This study involved 98 respondents who live and are Javanese and have various educational backgrounds, with responses ranging from primary education (elementary to high school) to undergraduate and postgraduate. Education is a criterion in this research because, according to the previous research (Herlianita et al., 2020; Suhada, 2020), it is related to knowledge, belief, and how people react to specific phenomena. In addition, respondents were selected from adolescence, early adulthood, and middle adulthood with considerations related to critical and analytical thinking skills in responding to the surrounding environment (Putri, 2019; Setiawaty et al., 2019). According to (Akhmad & Puspandari, 2015; Jayanti & Arista, 2019), the experience would affect perceptions, so in this study, the subject's experience factor will be involved as a criterion in capturing the society's perspective. The experience in question is the experience of having relatives or close people who are ODGJ patients and the experience of not having relatives of ODGJ patients. Therefore, these aspects are used to map research respondents, as in Table 1.

Table 1.
Distribution of Respondents Based on Demographic Criteria

Respondent's last Education			Age			Experience as a caregiver	
Elementary -High School	Bachelor	Postgraduate	Teenager	Early Adult	middle adult	Yes	No
31%	45%	24%	17%	64%	19%	88%	12%

The results of this study show that the dynamics of Javanese people's attitudes towards People with Mental Disorders (ODGJ) vary widely. The dynamics of people's attitudes towards ODGJ are motivated by various factors, both internal to themselves and their families and external in the form of the environment and stigma, as well as the response of the surrounding society regarding ODGJ.

Figure 1 explains that many factors may affect how people respond to a particular phenomenon. In regards to society's understanding of mental disorders, this research found that educational attainment, age, and experience with a mentally disordered person are the factors that can play a role in society's understanding. Those factors affect people's knowledge about the cause of mental disorders scientifically, which are physical factors and psychological factors that can cause the mental disorder. From the data, one of the main points influencing attitudes toward mentally disordered people is scientific literacy about mental disorders. It reduces myths or misunderstandings about mental health issues.

Even though scientific literacy is an essential factor, it is not in line with educational factors. Education does not too much influence understanding and attitude towards mental health issues, especially for people with unrelated educational backgrounds to a mental health issue or health issue. For example, educational backgrounds related to a positive attitude and understanding ODGJ are psychiatric nurses, psychiatrists, psychologists, and social workers. Even though education is not a related factor of positive response towards OGDJ, education factors will affect a person's level of

mental health, preventive actions or behavior to maintain mental health, and other things. Which is related to a person's mental health condition personally, not in responding to social phenomena of ODGJ or people who have mental health problems (Ahmedani, 2011; Chevalier & Feinstein, 2006; Halpern-manners et al., 2016; Núñez Díaz, 2020).

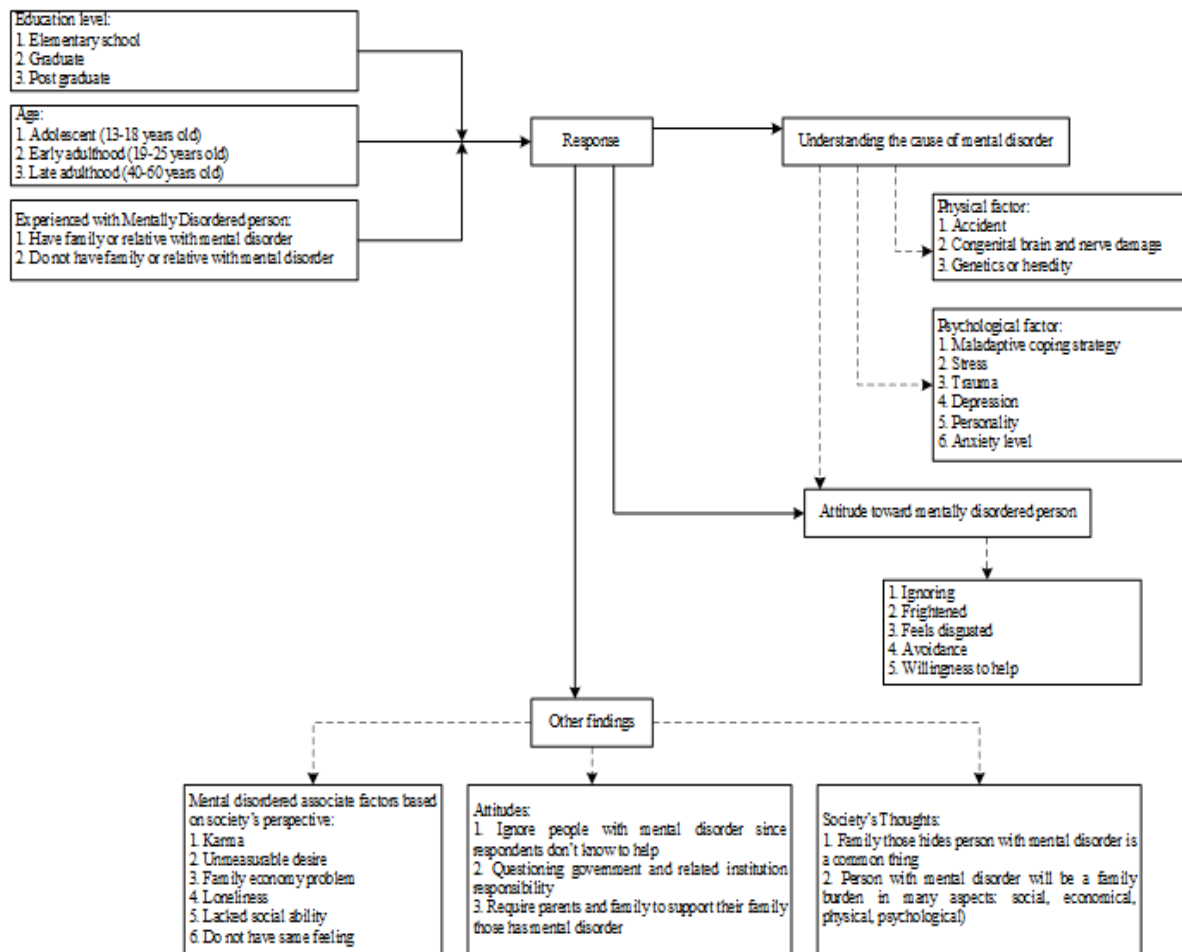


Figure 1.
 Respondents' Attitudes towards ODGJ

Various variations of public knowledge of ODGJ indicate a lack of literacy related to mental health and its handling. Including people who desire to help but do not know what to do, they ignore ODGJ patients. This is in accordance with previous research that literacy will affect people's knowledge and attitudes toward mental health phenomena (Natasubagyo & Kusrohmaniah, 2019; Rulangi & Hastjarjo, 2016; Soebiantoro, 2017), where mental health is a phenomenon that is sometimes not easily recognized (Pedersen, 2014) and exhibit behavior that is not the same as most people in general. The wrong assumption because people cannot understand mental disorders scientifically (Mitra et al., 2017) gives rise to an explanation for families hiding families who are ODGJ. This was done because mental disorders were considered a disgrace, to reduce stress on carriers when they were embarrassed to face the social environment and family burdens as in the study. Age in this study also plays a role in society's understanding and attitude toward ODGJ by literacy factor. Reading effectiveness rose as knowledge levels rose for older adults, but not for younger ones. In addition, the efficiency of people with lower working memory capabilities increased as their knowledge increased (Miller, 2009).

The results of this study also show that there is still an unscientific understanding and is associated with culture related to mental disorders. For example, some respondents stated that mental disorders are karma or lack of shame. This has also been described in previous research regarding mental disorders widely judged to come from witchcraft, excess/sixth sense, witchcraft, or other unscientific causes, such as understanding in the early days of mental health development in western countries (Kearney & Trull, 2018). Previous research conducted by Lee et al. (2005) explained that public and cultural understanding of mental illness, especially schizophrenia, still carries a negative stigma. Schizophrenia is considered an unusual, disgraceful, and shameful disease. This understanding causes society to persecute people with schizophrenia; even parents lie to others and do not acknowledge their children who suffer from mental disorders. Another unscientific understanding of mental disorders that often arises is that people with schizophrenia are unconscious, dangerous, uncertain, and criminal (Angermeyer et al., 2016).

Regarding Ahmedani (2011), stigma or point of view relates to factors of race, gender, and sexual orientation. In addition, the stigma will be formed from several dimensions or elements that combine, such as stability, control, and compassion, which are believed to be expected in the structural frame of society. The wrong understanding of mental disorders that some people have will affect the way people behave towards people with these disorders, and it is not uncommon for sufferers to not get proper treatment because of this (Kamil et al., 2017). Similar research conducted in Turkey explains that people do not understand the symptoms of schizophrenia and do not know how to assist people with schizophrenia (Güner, 2014). In Indonesia, research has also been carried out on the understanding of schizophrenia, and it shows that people are still confused in understanding schizophrenia. This affects the treatment process in schizophrenic clients (Suryani et al., 2013). The study results stated that respondents agreed that their family and social environment, including the government and related agencies, were protective factors in the ODGJ phenomenon. Although internal factors influence the healing process, it is also influenced by external factors related to the surrounding environment or culture (Subandi, 2015). So that education will increase knowledge and information to seek access to help for ODGJ (Novianty & Cuwandayani, 2018; Sari, 2017). Good literacy can reduce society's errors and misunderstandings in approaching intervention or assistance to ODGJ, such as being shackled, exiled in the forest, or ignored.

CONCLUSION

Interviews that have been conducted previously show a dynamic of Javanese people's attitudes toward People with Mental Disorders (ODGJ). There are various dynamics of attitudes shown by the Javanese society, ranging from positive responses in the form of empathy towards ODGJ and negative ones because they are motivated by various things such as myths, and beliefs in local communities who believe mental disorders come from supernatural things, as well as the negative stigma that is still inherent in society.

Society has a vital role in preventing and treating People with Mental Disorders (ODGJ) because it is the closest layer of individuals in their daily lives. Emotional, informative, and educational support is one way that can be used as a means of treating ODGJ in society. Society can reduce the risk of worsening mental disorders that individuals have with the positive support that is provided.

The limitations of the research, in this case, are the limited time and lack of in-depth interviews to learn more about the background dynamics of the attitudes of the local society. People

with Mental Disorders (ODGJ) are a layer of society still seen as negative or scary by some people, which means that there are still many dynamics of attitudes shown by people towards ODGJ with various backgrounds. However, this research only covers the dynamics of the participant's attitudes. Further research is expected to reveal the dynamics of attitudes in a comprehensive and in-depth manner.

This research suggests that people are aware of increasing literacy related to social phenomena often encountered, such as mental health issues. An accepting, supporting, and helping social environment is an essential factor in life, especially for those in need, such as people with mental disorders (ODGJ). The government and other professionals are expected to be able to create work programs, systems, or policies related to mental health issues so that perfect collaboration is formed between individuals, communities, and other authorities in creating comprehensive and equitable health for all humans.

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