

Social Predisposing Factor of Schizophrenia at Kersamanah Subdistrict Garut District

Rahmi Imelisa

School of Health Sciences Jenderal Achmad Yani Cimahi, Cimahi City

Email : rahmiimelisa@ymail.com

Abstract

The prevalency of mental health disorder in Kersamanah Subdistrict is higher than the prevalency of West Java, it is 3,2/1000 person. The highest number of the disorder is schizophrenia. Schizophrenia could be predisposed by various factors. Social factors predispose schizophrenia include marital status, education level and the job. This research aim to indentify relation between social factors with schizophrenia in Kersamanah Subdistrict. This research used a case-control design with two group of sample, one group of schizophrenia client (106 respondent) as a case group and public citizens as a control group (106 respondent). This research showed that unmarried and widowed person has 12,107 times higher risk than the married person for schizophrenia. Lower educational level person has 3,863 times higher risk than higher educational level for schizophrenia, and jobless person has 2,297 times higher risk than the worked person for schizophrenia. It is suggested to the head of Mental Health Unit of Puskesmas Kersamanah to conduct several health education about marriage and the importance of higher educational level, and conduct a social-economical enhancement programs for schizophrenic clients. For example a simple job training, or make a cooperation with social organization to give a job or some goods for work.

Key words : Social factors, predisposition, schizophrenia

Introduction

World Health Organization (WHO) stated that schizophrenia is a mental disorder that affect approximately 7 of 1000 adult population, mostly at 15–35 years old. Although it has a low incident (3/10.000), it has a high prevalence considering it is a chronic disorder (WHO, 2012). For its prevalence, schizophrenia need a serious attention to resolve and for it's prevention.

As a chronic disorder schizophrenia stay for years or forever with the client. And it make some obstacles in their daily activities such as schooling, working, having close friends, get married or having a child. People used to think that schizophrenia caused by severe stresses in live. In contradiction with Townsend (2009), who state that no scientific evidence proof that stress cause schizophrenia, but stress contribute to worsen this illness. Stress could precipitate the illness to individual with genetic vulnerability.

Schizophrenia caused by many factors. Stress-Adaptation Model of Stuart (2009) explain how every mental illness have two causa which is predisposing factors and precipitating stressors. Predisposing factors consist of biological factors, psychological factors dan social cultural factors. Biological factors include genetic background, nutritional status, biological sensitivity, general health condition, and toxic exposure. Psychological factors include intelligence, verbal skill, moral, personality, past experience, self-concept, motivation, psychological defense and locus of control. Social-cultural factors is age, gender, educational level, income, job, social position, cultural background, faith, political affiliation, sosial experience, and social integration level. Others expert state that schizophrenia caused by combination of several factors which is biological, psychological and environmental factors (Townsend, 2009)

Kersamanah Subdistrict is one of subdistrict at Garut District that have a higher prevalence of schizophrenia than the prevalence in West Java. Based on the medical record of the patients, this subdistrict have 120 schizophrenic client until Desember 2011 with number of citizen is 37.681 men (based on data of citizen at 2011). It means that the prevalence of schizophrenia of this subdistrict is 3,2/1000. It is higher than the prevalence at West Java which is only 2,2/1000.

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Based on pre research study to 10 schizophrenic client, the researcher found that 6 of 10 client have a family bound with other client. And 10 of 10 client did not have a job and a settled income. 10 of 10 client is a lower educational level person. The subdistrict officer said that the schizophrenic client is relatively high in that subdistrict because they did not have a proper income for they live. While others citizen add an opinion that the schizophrenic condition was related to poor spirituality.

Method

This research used a case control design with 2 groups of sample which is case group and control group. Case group is a group of schizophrenic client at Kersamanah subditrict, that was count to 106 person from 120 person of mental health disorder (Based on medical record until Desember 2013), selected with purposive sampling. And the control group is a group of public citizens, selected with clustered random sampling from every village at Kersamanah Subdistrict, and obtained as many as 106 person from 37.681 citizens of 6 village at Kersamanah Subdistrict.

For schizophrenia variable as dependent variable, data sources is from the nursing assesment that has been recorded in the patient medical record. And for the independent variables, the data measured with a questionnaire. The questionnaire filled based on nursing assesment on medical record. And for the control group, variables measured using questionnaire to the public citizens. This research had been conduct at June 2014. Data processed using a descriptive statistic for univariate and chi-square test for bivariate.

Results

Data analysis was conducted to describe relation of schizophrenia incidence and marital status, educational level and job status.

Schizophrenia and marital status

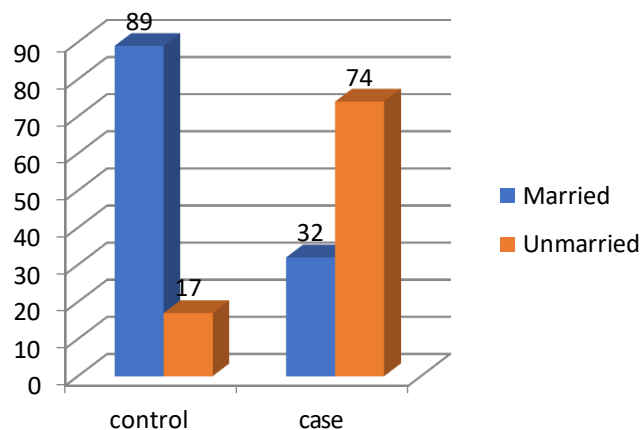


Figure 1. Distribution of responden based on marital status

Based on figure 1 we can conclude that most of responden from control group is married (89 of 106) and most of responden from case group is unmarried (74 of 106).

Table 1. Crosstab between schizophrenia and marital status

		Schizophrenia		Total	P-value	OR
		Control	Case			
Marital status	Married	89	32	121	0,000	12,107
	Unmarried	17	74	91		
Total		106	106	212		
		100%	100%	100%		

Based on table 1 we can conclude that marital status have a significant correlation with schizophrenia (p-value = 0,000). And we can conclude that an unmarried individual has 12,107 times higher risk than married person to suffer from schizophrenia.

Schizophrenia and educational level

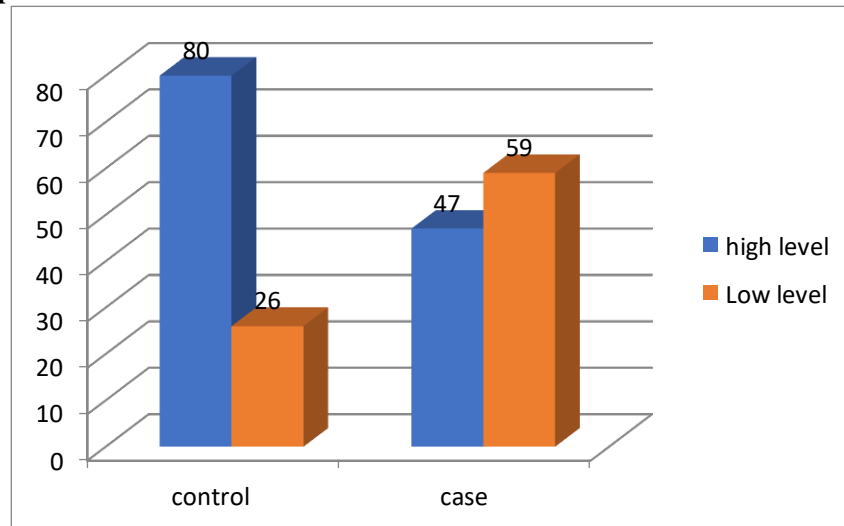


Figure 2. Distribution of responden based on educational level

Based on figure 1 we can conclude that most of responden from control group have a higher educational level (80 of 106) and most of responden from case group have lower educational level (59 of 106).

Table 2. Crosstab between schizophrenia and educational level

		Schizophrenia		Total	P-value	OR
		Control	Case			
Educational level	High level	80	47	127	0,000	3,863
	Low level	26	59	85		
Total		106	106	212		
		100%	100%	100%		

Based on table 1 we can conclude that educational level have a significant correlation with schizophrenia (p-value = 0,000). And we can conclude that individual with low level of educational has 3,863 times higher risk than individual with higher level educational to suffer from schizophrenia.

Schizophrenia and job status

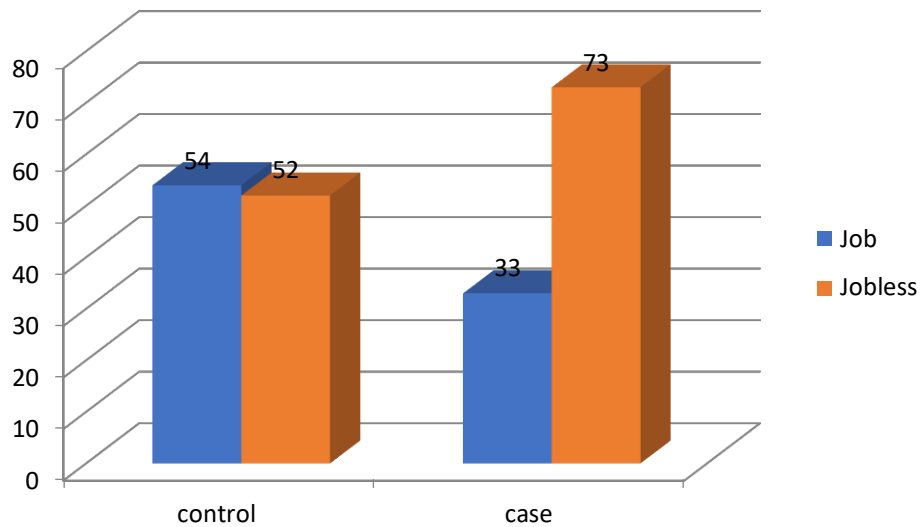


Figure 3. Distribution of responden based on job status

Based on figure 1 we can conclude that responden from control group is almost equal on job status and most of responden from case group is a jobless person (73 of 106).

Table 3. Crosstab between schizophrenia and job status

		Schizophrenia		Total	P-value	OR
		Control	Case			
Job status	Job	54	33	87	0,004	2,297
	Jobless	52	73	125		
Total		106	106	212		
		100%	100%	100%		

Based on table 1 we can conclude that job status have a significant correlation with schizophrenia (p-value = 0,004). And we can conclude that a jobless individual have 2,297 times higher risk than working individual to suffer from schizophrenia.

Discussion

This research revealed that an unmarried individual has 12,107 times higher risk than married person to suffer from schizophrenia. Marital status is one of social-cultural predisposing factor of schizophrenia (Stuart, G.W., 2009). Unmarried status include individual whose never been married and a widowed person. A person in this condition could have less social support in their daily lives. Stuart (2009) in her Stress-Adaptation Model, explain that one of coping resources for individual is social support. Some citizen in the research location believe that schizophrenia occurs for the absence of personal support, and they believe marriage could make the client better.

In some case widowed status could be a precipitating stressors of schizophrenia. Although some client divorced for their maladaptive behavior because they suffer from schizophrenia before marriage. And marriage become another stressors for clients and sometimes it worsen the disorder.

A study held by Xue-JieLi, et al, analyzed the relation between marriage and social dysfunction on schizophrenic person. This study revealed that the married patient made a significant difference with divorced/widowed patient in mildly–moderately social dysfunction. There was a significant difference in married and never-married patient with mildly and profoundly social dysfunction. Significant differences were noticed in the self care and occupational roles of the married patient with that of the never-married. (Xue-JieLi, et. all, 2015).

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Educational level is one of social-cultural predisposing factor of schizophrenia. This research showed that lower educational level person has 3,863 times higher risk than higher educational level for schizophrenia, and jobless person has 2,297 times higher risk than the worked person for schizophrenia. Low educational level could be indirect causes for poor economic state. By having a low educational level, people would have difficulties to find a proper job. And then complicate the fulfillment of daily needs. In her model, Stuart explain more detail about predisposing factor related to this. Which is poverty, inability to get a job, work pressure, and so on. Job status showed how much someone could fulfill their needs. In this research, 58,9% (125 of 212) responden was jobless. It means that they could not fulfill their own needs, lives in insufficiency and depends on others such as their family.

This research in line with Townsend (2009) in her book, that social factor consists of age, gender, education, income, work, social position, cultural background, beliefs, political affiliation, social experience and social integration level. Based on research by Ho, Black & Andreasen (2003 in Townsend, 2009), schizophrenia occurs mostly in people with low socioeconomic. Live in poverty, insufficient nutrition, absence of prenatal care, lack of resources to face stress, and feel powerless to change a person's poor condition, may predispose to schizophrenia (Townsend, 2009).

Through the experience of the researcher, the respondent who is not working can not always depend on his / her family. One of the respondents in the study area was the mother of 4 children. This respondent suffer from schizophrenia and have no income. Respondents only rely on giving from neighbors to life. The patients with more education had lower levels of psychotic symptomatology than their counterparts with less education. This was most evident for affective flattening, avolition, and bizarre behavior. The higher education group also had better ratings on premorbid adjustment, and the engagement and vocational factors of the Quality of Life Scale. Patients in the high education group also performed better on the neuropsychological battery. There were no brain volume differences or differences in brain metabolism between the two education groups (Swanson CL, et.al. 1998)

Conclusion

This research showed that unmarried and widowed person has 12,107 times higher risk than the married person for schizophrenia. Lower educational level person has 3,863 times higher risk than higher educational level for schizophrenia, and jobless person has 2,297 times higher risk than the worked person for schizophrenia. It is suggested to the head of Mental Health Unit of Puskesmas Kersamanah to conduct several health education about marriage and the importance of higher educational level, and conduct a social-economical enhancement programs for schizophrenic clients. For example a simple job training, or make a cooperation with social organization to give a job or some goods for work.

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