

Correlation Between Family Financial Status and Recurrence Frequency of Schizophrenia at Grhasia Mental Hospital, Yogyakarta

Pipin Cahyati, Budi Prasetyo*, Andi Kartikasari Sukma Praja

STIKes IST Buton, Baubau, Indonesia

ABSTRACT

The aim of this study is to find out the correlation between family financial status and frequency of schizophrenia recurrence at Grhasia Mental Hospital, Yogyakarta. This research is classified as quantitative, employing a correlational design with a cross-sectional approach. Accidental sampling was employed in determining the respondents. There were 94 respondents in this research, and Kendall Tau was used to analyze the data. The correlation coefficient between variables was $p\text{-value}=0.007<0.05$. It showed that there was a correlation between variables. A strong negative correlation between variables occurred at -0.257 . It meant that the lower the financial status, the higher the frequency of recurrence can be. There was a correlation between family financial status and the frequency of a patient's schizophrenia recurrence in Grhasia Mental Hospital, Yogyakarta. The patient's family is suggested to prevent the recurrence by finding out more information to be able to lessen the family burden.

Keywords: Family Financial Status, Frequency of Schizophrenia Recurrence

Corresponding author

Name: Budi Prasetyo

Email: ns.budiprasetyo@gmail.com

INTRODUCTION

Schizophrenia is a chronic mental disorder, also known as a complex psychotic disorder, characterized by multiple symptoms that appear more than once. These include the main symptoms of delusions (false beliefs about reality that cannot be refuted), hallucinations (false sensory perceptions), disorganized speech, and disorganized behavior (Arif, 2006). The World Health Organization (2012) states that out of the world's 24 billion population, schizophrenia has a higher incidence rate in men compared to women, with a ratio of 1.4 to 1, and often occurs between the ages of 15 and 35.

Relapse is a condition in which a schizophrenia patient who has been hospitalized in a psychiatric hospital and discharged subsequently shows symptoms of schizophrenia again (Amelia & Anwar, 2013). Relapses in schizophrenia patients can lead to several serious consequences, such as self-harm and harm to others, damage to personal relationships,

education, employment status, and stigmatization, in addition to carrying biological risks (Kane, 2007, as cited in Emsley et al., 2013).

The recurrence rate of schizophrenia patients at the Grhasia Mental Hospital in the Special Region of Yogyakarta has shown a significant increase year after year. In 2013, the recurrence rate for schizophrenia patients was 10.37%, while in 2014, the recurrence rate increased by 1.35% from 2013 to 11.72%. In 2015, the recurrence rate increased again by 1.27% from 2014 to 12.99%. (Pratiwi., Marchira., & Hendrartini, 2017).

Research conducted at Amanuel Mental Specialized Hospital, Addis Ababa, Ethiopia, shows that over fifty-one and a half million people globally and nationally suffer from schizophrenia. The recurrence rate for schizophrenia patients ranges from 50-92% globally, while in different studies in developing countries, the recurrence rate reaches 44% to 50%. A study from South Africa indicates that 61.8% of the research population experiences recurrence. This research also confirms the consequences of recurrence, with approximately 18-55% of patients with recurrent schizophrenia experiencing suicidal ideation, 46% of recurrent patients having mental disorders, 40.2% experiencing depression compared to 10.8% of non-recurrent patients (Weret & Mukherjee, 2014).

Family financial status is a component of social class that indicates the level and source of family income, as well as a picture of the family's situation. The family is a fundamental component that can determine financial class standing, consisting of upper, middle, and lower classes (Friedman, Bowden, & Jones, 2010). Low sociofinancial status is one of the poor prognostic factors that can trigger relapse in schizophrenia patients (Katona, Cooper, & Robertson, 2012).

Based on the results of a preliminary study conducted, at the Polyclinic of Grhasia Mental Hospital in Yogyakarta, that the number of schizophrenia patients at the polyclinic was approximately 2.856, the average number of mental disorder patients visiting was 71 per day, and the number of schizophrenia patients receiving outpatient care, was approximately 1,120 patients. This included 385 with residual schizophrenia, 366 with paranoid schizophrenia, and 369 with undifferentiated schizophrenia. The results of interviews conducted with 6 patient families showed that 5 of them reported low financial problems and 1 reported high financial status. This is characterized by the patient's family struggling to handle the cost of treatment. The patient's family stated that they did not receive health insurance for treatment. The long distance between their home and the treatment location made it difficult for the patient's family to afford transportation costs. Additionally, the large number of family members increased the demand for basic needs, requiring the family to spend more than others. Furthermore, a family member suffering from schizophrenia made things even more difficult. One of the patient's family members stated that they did not experience problems with the patient's treatment and financing because they had adequate or high income.

METHOD

This research is quantitative research with a correlational analytical method with cross-sectional study. Population in this study consists of schizophrenia patients and their

families who are seen at the outpatient clinic of Grhasia Mental Hospital in Yogyakarta, totaling 1,120 people. The sampling technique used nonprobability sampling. The method used was accidental sampling, which is sampling done by taking cases or respondents who happen to be present in a certain place (research) according to the research criteria. This research uses a timeframe of 1 week (7 days) to obtain the required sample. Data collection was carried out using a questionnaire on family financial status and medical records of schizophrenia patients. The questionnaire consisted of 6 statement items. The next data analysis method correlates data from two ordinal by ordinal variables using the statistical correlation test, Kendall's Tau correlation.

FINDING AND DISCUSSION

RESEARCH RESULT

A. Family financial status and recurrence frequency in schizophrenia patients.

Table 1: Distribution of family financial status among schizophrenia patients at Grhasia Mental Hospital, Yogyakarta

Family financial status	Frequency	Percentage
Low	61	64,9
High	33	35,1
Total	94	100

Based on Table 1, it is known that the economic status of schizophrenia patients' families at Grhasia Mental Hospital, Yogyakarta is mostly in the low category, with 61 people (64.9%).

Table 2: Frequency distribution of recurrence in schizophrenia patients at Grhasia Mental Hospital Yogyakarta

Recurrence	Frequency	Percentage
High	36	38,3
Medium	26	27,7
Low	32	34,0
Total	94	100

Based on Table 2, it is known that the recurrence frequency in schizophrenia patients at Grhasia Mental Hospital, Yogyakarta is mostly in the high recurrence range, with 36 people (38.3%).

B. Correlation between family financial status and recurrence frequency in schizophrenia patients.

Table 3: Cross-tabulation and results of the Kendall's Tau Test on the correlation between family financial status and recurrence frequency in schizophrenia patients at Grhasia Mental Hospital, Yogyakarta

Family financial Status	Recurrence Frequency						Total		T	p-value
	Low		Medium		High		F	%		
	F	%	F	%	F	%				
Low	15	16	18	19,1	28	29,8	61	64,9	(-)0,257	0,007
High	17	18	18	8,6	8	8,5	33	35,1		
Total	32	34	36	27,7	36	38,3	94	100		

Table 3 shows that families with low financial status mostly experienced high recurrence, with a frequency of 28 patients (64.9%). In contrast, families with high economic status mostly experienced mild recurrence, with a frequency of 17 patients (18%). The results of the Kendall tau correlation test yielded a p-value of $0.007 < \alpha (0.05)$, so it can be concluded that there is a correlation between family financial status and the frequency of recurrence in schizophrenia patients at Grhasia Mental Hospital, Yogyakarta with a correlation strength of -0.257, indicating a strong negative relationship.

DISCUSSION

A. Family Financial Status.

The research findings indicate that the majority of families visiting the Grhasia Mental Hospital have low financial status. This research aligns with the study by Kurnia, Tyaswati, & Abrori (2015), which found that the majority of schizophrenia patients have low financial status, totaling 69 people or about 63.3%, while approximately 40 people or 36.7% have sufficient financial status. Low financial status significantly impacts a person's life. Some experts often do not consider low financial status as a risk factor, but rather as a comorbid factor or a factor responsible for the onset of a health disorder (Handayani et al., 2015).

Financial status is a reflection of the condition of individuals, families, and a society, viewed in terms of education level, occupation, income, and expenditure, where these four components can serve as a benchmark for determining whether an individual, family, or society is considered high or low. Every individual or society undoubtedly desires a better sociofinancial status, but in reality, there are still many individuals or societies with low sociofinancial status (Indrawati, 2015).

B. Frequency of Recurrence in Schizophrenia Patients.

The results of the research conducted show that the majority of the study respondents have a high relapse rate. This study is in line with Taufik (2014), who stated that patients with schizophrenia have a high relapse rate of approximately 43,5% or 37 people. However, there are some studies that do not align with the results of the research conducted, including the study by Anistasya (2014), which stated that the majority of schizophrenia patients at the Grhasia Mental Hospital experienced mild relapse.

Research conducted by Erlina & Pramono (2010) states that low financial status can lead to a 6.00 times higher risk of schizophrenia relapse compared to those with high financial status. Other research also indicates that psychosocial factors influencing schizophrenia are low sociofinancial status and environmental stress.

The consequences of a mental health patient relapsing will affect both the patient and their family (Stuart, 2013). Patients who relapse require more time to return to their original condition, and with repeated relapses, the patient's condition can worsen and become difficult to return to its original state (Elain, 2010).

C. Correlation between Family Financial Status and Recurrence Frequency of Schizophrenia at Grhasia Mental Hospital, Yogyakarta

Based on the research results, the Kendall tau correlation test was obtained with a p-value of $0.007 < \alpha (0.05)$, so it can be concluded that there is a relationship between family financial status and relapse frequency in schizophrenia patients at Grhasia Yogyakarta Mental Hospital. The strength of the relationship is -0.257, indicating a strong negative relationship, meaning that low family financial status leads to high relapse frequency, and vice versa. This can be said to be an inverse relationship between the dependent and independent variables. In the research results that have been described, there are approximately 8 patients (8.5%) who experienced high relapse frequency with high family financial status. This is because there is no control over other factors that influence relapse frequency in schizophrenia patients, such as medication adherence, family history, and family support.

The results of the Kendall Tau correlation test indicate a relationship between family financial status and the frequency of relapse in schizophrenia patients. The results of this study are consistent with Setiati, Sumarni & Suryawati (2017), which showed a relationship between financial status and the recurrence of schizophrenia patients in Purworejo. Other research also states that low financial status has a 3.657 times higher risk of developing schizophrenia compared to high financial status (Wahyudi & Febriana, 2016).

Relapses in schizophrenia patients have an impact on the patients' families, the patients themselves, and the hospital. The patient's family feels a moral burden due to negative perceptions from society regarding schizophrenia patients. Additionally, the

family experiences financial hardship because the patient frequently relapses, leading to increased medical expenses. The patient themselves is viewed negatively in their environment and faces difficulty in being accepted by society. For the hospital, the increase in patients due to relapses leads to a higher number of patients being treated, thus affecting the quality of patient care (Taufik, 2014).

The results of this study could be due to factors inherent in relapse itself, where the frequency of relapse is influenced by several factors, including financial status (Friedman, Bowden, & Jones, 2010). In this study, family financial status can be a very important factor compared to others because most of the research respondents found in this study stated that they had many difficulties, especially those related to financial issues, such as the cost of treatment, insufficient income from the patient's financial situation, and lack of health insurance for treatment due to not having enough money to obtain health insurance. In addition, respondents stated that their only occupation was self-employment, resulting in limited monthly income, which was insufficient for treatment. Some respondents were also unaware that the issue of relapse was serious because their knowledge of relapse was still insufficient.

According to Sariah, Outwaater, & Malima (2014), families of patients with low financial status often face difficulties in treating patients because they cannot afford to buy medication. This results in patients not taking their medication regularly because their families cannot afford to buy it, leading to a risk of relapse. This study found many families of patients with low financial status, which has serious consequences for both the patients and their families, including impacting the patients' routine check-ups, frequent medication shortages, reluctance to buy medication due to lack of funds, unmet basic needs, and causing difficulties for families in terms of material resources and other aspects.

Low financial status significantly impacts a person's life. Financial hardship makes people vulnerable to mental disorders. Poverty causes various problems that make life difficult. Poverty increases a person's sense of frustration, so schizophrenic patients from poor families tend to relapse more frequently (Iswanti, 2012). Low sociofinancial status is one of the poor prognostic factors that can trigger relapse in schizophrenia patients (Katona, Cooper, & Robertson, 2012).

CONCLUSION

Based on the research results, data analysis, and discussion, it can be concluded that the financial status of schizophrenia patients' families at Grhasia Yogyakarta Mental Hospital falls into the low financial status category, with 61 people. The frequency of relapse in schizophrenia patients at Grhasia Yogyakarta Mental Hospital is in the high relapse frequency category, with 36 people. There is a relationship between family financial status and the frequency of relapse in Schizophrenia patients at Grhasia Yogyakarta Mental Hospital, with a coefficient of p -value 0.007, which is less than 0.05, and a correlation strength of -0.257, indicating a strong correlation.

The results of this study are expected to serve as additional knowledge for healthcare workers, especially nurses, to provide health promotion related to the recurrence of schizophrenia. This will ensure that patients' families have sufficient information about recurrence and can alleviate the financial burden on families of schizophrenia patients by preventing recurrence. Hospital staff, particularly nurses, should motivate patients' families to seek more information about symptoms, causes of recurrence, and encourage them to utilize healthcare facilities such as health insurance to reduce the difficulties faced by patients' families. The patient's family should prevent recurrence by seeking a lot of information about it in order to reduce the financial burden on the family. Further research is expected to improve this study and address its limitations by identifying other factors that may influence the frequency of relapse in schizophrenia patients.

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