

STIGMA MASYARAKAT TERHADAP ORANG YANG MEMILIKI GANGGUAN KEJIWAAN

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Introduction

According to Yosep (in Sulistyorini, 2013), mental disorders are disorders in ways of thinking (cognitive), volition, emotion (affective), actions (psychomotor). Collection of abnormal conditions, both related to physical and mental. These abnormalities are: mental disorders (Neurosa) and mental illness (Psychosis). These symptoms include: tension, despair and moodiness, anxiety, anxiety, convulsive actions, hysteria, feeling weak, unable to achieve goals, fear, bad thoughts. Psychiatric disorders can affect a person's life order both for himself and his life in society. Now the problem of psychiatric disorders that occur in the community is increasing. Many life events that are full of stress such as losing loved ones, breaking up social relationships, unemployment, problems in marriage, economic difficulties, pressure on work and discrimination increase the risk of sufferers of mental disorders (Suliswati, 2005).

This disease has become a serious problem in the world. WHO explains that the number of clients with mental disorders in the world reaches 450 million people and at least 1 in 4 people in the world have psychiatric problems. In Indonesia, the number of clients with mental disorders reaches 1.7 million patients. Mental disorder is one of the public health problems in Indonesia that can affect all ages. People in Indonesia still consider

mental disorders to be a disease suffered by people in the Mental Hospital or crazy people who are on the streets. Even though mental disorders can affect anyone, including ourselves and the closest people. However, the lack of awareness and knowledge regarding these conditions is still low. Even for some people in Indonesia if they have families who experience psychiatric disorders, they tend to be left alone, treated to paranormal or religious experts, and not even the family to do the installation because it is considered to disturb and endanger the surrounding community. In fact, people with psychiatric disorders need healing efforts in the form of special care and assistance accompanied by medication.

Community acceptance of people with psychiatric disorders is still lacking. People with mental disorders really need support, affection and attention especially from family and society. This can be shown from the participation of family and society in helping care for people with mental disorders, both providing physical and psychological care. Because a lot of bad stigma develops in people towards people with mental disorders, so that with the support, affection and good care will help speed up the recovery of patients. According to Longhorn (1984) (Rahmi, 2008: 15), stigma against mental disorders is a term that is actually difficult to define specifically

because the term covers a broad, but agreed upon aspect that has less or negative human connotations

According to Ruslan (in Kurniawan, 2015) Stigmatization of mental disorders actually harms the community itself, because they tend to avoid everything that deals with mental disorders. As if those who are mentally disturbed belong to another group of people who are lower in dignity, which can be used as mockery. People with mental disorders often get negative stigma from the community in the form of mockery, insults, discrimination and other bad things. This makes sufferers have other problems besides mental illness that they experience, namely, misunderstanding of the community about their illness and resulting in stigma. Losing comfort and security when in the community or family. The impact of the stigma makes people with psychiatric disorders lose their self-esteem and self-esteem, the desire to withdraw from the family and community environment, difficult to find work and trust.

Families and communities should help and provide support to sufferers who have psychiatric disorders, so that they have the spirit to recover and feel treated like other normal people. This research was conducted to find out the community's stigma towards people who have psychiatric disorders, and campaign for stigmatizing people who have psychiatric disorders.

Research method

The research design carried out was a type of qualitative and quantitative method, the type of qualitative method carried out was descriptive. While the type of quantitative method that is carried out is random

distributing questionnaire around Karang tengah subdistrict, Cianjur West Java indonesia, this questionnaire is in the form of several questionnaires. This instrument has passed the validity test. Data retrieval is done by observation and questionnaire (questionnaire), in the form of instruments regarding the stigma of the community towards people who have psychiatric disorders. The population in this study was a community aged 13 years and above, obtained a sample of 56 respondents with different educational backgrounds.

Results and analysis

NO	Last Education	Gender	
		M	F
1	SMP	66%	73%
2	SMA	71%	68%
3	D3	-	71%
4	S1	68%	75%
5	S2	67%	-

Table 1: Indicator Of Psychological Disorders

No	Value(%)	Interpretation Category
1	0-25%	STS
2	26-50%	ST
3	51-75%	S
4	76-100%	SS

Based on the results of junior high school graduates' research in the indicator of knowledge about Psychiatric Disorders, male respondents knew 66% of psychiatric

illnesses or agreed. Female respondents knew about psychiatric illnesses by 73% or agreed. High school graduates in the knowledge indicator about Psychological Disorders male respondents knew of psychiatric illnesses of 71% or agreed. Female respondents knew about psychiatric diseases by 68% or agreed. D3 graduates in the indicator of knowledge about Psychological Disorders female respondents knew of psychiatric illnesses of 71%. Graduates of S1 in the indicator of knowledge about Psychological Disorders male respondents know of psychiatric illnesses as much as 68% or agree. Female respondents knew about psychiatric illness by 75% or agreed. S2 graduates in the indicator of knowledge about Psychological Disorders male respondents knew of psychiatric diseases by 67%.

Table 2: Indicators of Community Acceptance of People Who Have Psychological Disorders

NO	Last Education	Gender	
		L	P
1	SMP	70%	69%
2	SMA	75%	71%
3	D3	-	69%
4	S1	71%	72%
5	S2	72%	-

No	Value (%)	Interpretation Category
1	0-25%	STS
2	26-50%	ST
3	51-75%	S

Based on the research results of junior high school graduates in the indicator of public acceptance of people who have psychiatric disorders, the male respondents receive 70% or agree. Female respondents received 69% or agreed. High school graduates in the indicator of public acceptance of people who have psychiatric disorders of male respondents are 75% or agree. Female respondents received 71% or agreed. D3 graduates in the indicator of public acceptance of people with psychiatric disorders Female respondents received 69% or agreed. S1 graduates in the indicators of public acceptance of people who have psychiatric disorders of male recipients are 71% or agree. Female respondents received 72% or agreed. S2 graduates in the indicators of public acceptance of people who have psychiatric disorders of male respondents are 72% or agree.

From the results of the above research, it is known that there are still many people who provide stigma or negative treatment for people with psychiatric disorders. One effort to eliminate the stigma is to provide education.

Table 3: Based on the table below the Community Stigma Against Patients with Psychological Disorders

NO	Last Education	Gender	
		L	P
1	SMP	78%	81%
2	SMA	71%	74%
3	D3	-	74%
4	S1	82%	88%
5	S2	78%	-

Middle school graduates in the community Stigma indicator of people who have psychiatric disorders of male respondents are 78% or strongly agree. Female respondents received 81% or stated strongly in agreement. High school graduates in the community Stigma indicator of people who have psychiatric disorders of male recipients are 71% or agree. Female respondents received 74% or agreed. D3 graduates in the community Stigma indicator of people with psychiatric disorders Female respondents received 74% or agreed. S1 graduates in the community Stigma indicator of people who have psychiatric disorders of male respondents are 82% or strongly agree. Female respondents received 88% or stated strongly in agreement. S2 graduates in the community Stigma indicator of people who have psychiatric disorders of male recipients are 78% or strongly agree.

Conclusion

Psychiatric disorders are diseases that can affect all ages, caused by prolonged stress, life stress and others. This disease is considered a disgrace by the community, causing stigma towards people who have

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2	26-50%	ST
3	51-75%	S
4	76-100%	SS

disorder. This stigma is a negative response from the community towards people with psychiatric disorders, from the results of this study it is known that many people still do discriminatory treatment, this occurs because of a lack of public knowledge about psychiatric disorders. The effort that we can do is to educate the public about psychiatric disorders so that people care

References

- Rahmi, A. H. S. *Stigma Gangguan Jiwa Prespektif Kesehatan Mental Islam*. UIN Sunan Kalijaga: Yogyakarta. 2008
- Sulistiyorini, Nopyawati. (2013). *Hubungan Pengetahuan Tentang Gangguan Jiwa Terhadap Sikap Masyarakat Kepada Penderita Gangguan Jiwa di Wilayah Kerja Puskesmas Colomadu 1*. Surakarta: Universitas Muhammadiyah Surakarta. (Jurnal)
- Suliswati. *Konsep Dasar Keperawatan Jiwa*. Jakarta: EGC. 2005
- Kurniawan, Edi. *Stigma Petugas Kesehatan Tentang Gangguan Jiwa di Puskesmas Kabupaten Bandul Yogyakarta*. Sekolah Tinggi Ilmu Kesehatan Jendral Achmad Yani: Yogyakarta. 2015 (Jurnal)