

The Knowledge and Minangkabau Culture in Forming Society's Stigma Toward People with Mental Disorder

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Abstract:- The stigma against people with mental disorders in Indonesia is still irresistible, as a result, they are isolated, and this can worsen their mental disorders suffering. A stigma is influenced by knowledge and local cultural background. The purpose of this research was to know the correlation of knowledge and culture of Minangkabau with the stigma of Minangkabau society toward people with mental disorders. This research used a quantitative method with cross-sectional approach. Multistage sampling was utilized to get 81 respondents. The research conducted in Tanah Datar, Agam, and Padang Pariaman districts. Meanwhile, the chi-square test was used to analyze the data. As the result of the research, there was a significant correlation between knowledge and culture of Minangkabau with the stigma of the society toward people with mental disorders with the p-value <0,05. This research was expected to be used as input for Health Services and Community Health Centre (Puskesmas). The Community Mental Health Nursing (CMHN) approach could improve understanding of the public that mental disorders was the same as other physical illnesses, nothing needed to be ashamed of, could be cured if it handled quickly and precisely. Thus, the stigma regarding people with mental disorders would lessen or disappeared, and people with mental disorders could get the right treatment so that the number of mental disorders' occurrence and relapse would decrease.

Keywords:- Mental disorders, Stigma, knowledge, Minangkabau culture.

I. INTRODUCTION

The stigma toward people with mental disorders (PwMD) in Indonesia is still dynamic, as a result, the sufferers will feel isolated which will worsen the mental disorders (MDs) (Gilang Purnama, Desi Indra yani, 2016). The stigma created by the community towards people with mental disorders indirectly causes families or communities around the sufferers are unwilling to provide proper treatment to their families or mentally ill neighbors (Chan, 2014). This attitude is caused by unawareness or misinterpretation of the family or society regarding mental disorders (Sulistiyorini, 2013). So it is not surprising when the sufferers of mental disorders are mishandled, they will do violent behavior or uncontrolled action that disturb family, society, and environment.

Public understanding regarding the causes of mental disorders is often associated with traditional and cultural values and disinclined to be open to scientific explanations (Kamil, Jannah, & Tahlil, 2017). Another study conducted by Tesfaye et al (Mu, 2013) in southwest Ethiopia found that

rural communities are more easily influenced by the spreading stigma in society than people in urban areas. Generally, natives in West Sumatera Province are people with Minangkabau culture. People with mental disorders in Minangkabau often called "urang gilo" which means insane or crazy person. The life motto of Minangkabau community "iduik bajaso mati bapusako" (life by meritorious, die inherited) and "sahino samalu" (equally contemptible, equally ashamed) (Ibrahim, 2016), caused the Minangkabau society judge that people with mental disorders to be worthless and disgrace for the family and the tribe.

This research aims to observe the knowledge level of Minangkabau society about mental disorders and Minangkabau culture against the stigma in people with mental disorders.

II. MATERIALS AND METHOD

This research was quantitative by using cross-sectional approach. The population in this research was the entire Minangkabau society that resided in West Sumatra. The sample size was calculated by using the Lemeshow formula, and there were 81 total samples with inclusive criteria: Minangkabau society aged 20-60 years, willing to be respondents, able to communicate properly, ever had contact people with mental disorders, and exclusive criteria if the respondent was not encountered in three visits.

Multistage sampling was used as the sampling technique in this research which meant that the sampling process was done through two stages or more within the cluster but the sampling withdrawal on the element was not directly done. 3 areas for this research were Tanah Datar, Agam, and Padang Pariaman districts. Based on the calculation of samples by using Lemeshow formula above, hence obtained the proportion of samples for each region, they were: Tanah Datar district with 30 people in subdistrict Tanjung Emas *Kenagarian (M)* Pagaruyuang *Korong (M)* Mandahiling, Agam district with 23 people in subdistrict Lubuk Basung *Kenagarian (M)* Lubuk Basung *Korong (M)* Koto Batu, Padang Pariaman district with 28 people in subdistrict Batang Gasan *Kenagarian (M)* Malai V Suku *Korong (M)* Kantarok. Data collection technique was questionnaire of knowledge level that consisted of 10 questions, cultural questionnaire with 8 questions and stigma with 8 questions, and previously, the validity and reliability tests had been conducted to the three questionnaires. Informed consent was attached to the questionnaire as a legal aspect of ethics that stated the willingness to be a respondent. Data analysis used Chi-Square technique with confident interval 95% and $\alpha = 0,005$.

III. RESULT AND DISCUSSION

A. Result

The results showed that majority of respondents (63%) had inadequate knowledge about mental disorders and 37% had sufficient knowledge which could be seen in table.1. Most respondents (67,9%) indicated that Minangkabau culture did not support health and 32.1% supported the health as seen in table.2. 60.5% of respondents have stigma against people with mental disorders and 39.5% of respondents do not have stigma against people with mental disorders which can be seen in table.3.

Respondents with inadequate knowledge about mental disorders have stigma against people with mental disorders by 94,1%. From the result of the statistical test with chi-square got $p\text{-value} = 0.000 <$ from the degree of significance 0,05 which meant that there was a significant relationship between the level of knowledge and the stigma of Minangkabau society as could be seen in table.4. The cultural aspect that did not support the health regarding people with mental disorders have stigma against people with mental disorders by 85,5% and those not have stigma by 14,5%. From the result of the statistical test found that there was a meaningful relationship between the culture and the stigma of Minangkabau which could be seen in table.5.

B. Discussion

The results of the research found that most of the Minangkabau society had heavy stigmatization toward people with mental disorders. Supported by the results of the research by (Neupane, Dhakal, Thapa, & Bhandari, 2016) states that the caregivers stigmatize the patients heavily with median scores (12-60). Likewise, the results of Suryani's research (2013) which states that the stigma against people with mental disorders in Indonesia is still severe.

More than half of Minangkabau societies with inadequate knowledge have stigmatization toward PwMD. Relevant to the results of the research by (Terasha, Tyaswati, & Widhiarta, 2015) state that (71%) students with high knowledge about mental disorders have a higher positive attitude towards MDs patients. The research results of (Mu, 2013) in Southwest Ethiopia also infer that the lower the level of society's knowledge about mental disorders, the more severe the stigma toward PwMD. According to Notoatmodjo in (Wawan.A, 2011) that the knowledge regarding disease and illness include: causes, symptoms, way of treatment, method of transmission, and prevention are the very important domains for the formation of an overt behavior.

So it is necessary to increase the knowledge of Minangkabau society about mental disorders so that the society will know and understand the causes of mental disorders, the way of medicating, and treating them. In addition, the society will realize that mental illness is the same as any other physical illness, so the heavy stigmatization toward people with mental disorders becomes lighter or even ignored. This can be realized by granting health education regarding mental disorders with Community Mental Health Nursing (CMHN) approach.

Culture is very influential on the behavior and perceptions of a person against individuals with mental health. Understanding of cultures that related to stigma greatly affects a person with mental health. Based on the result of the research, there was a significant correlation between the culture with the stigma of Minangkabau society to people with mental disorders, where more than half (85,5%) of the society had heavy stigmatization toward PwMD with a level of significance ($P = 0.000$). This is in accordance with the results of a research by (Suciati & Agung, 2010) which state that culture affects a person in the expression and attitude towards an object. Where there are significant differences between Batak culture, Minangkabau, and Javanese in expression, emotion, and attitude towards an object as well as the response to PwMD.

According to the results of the questionnaire distributed in Minangkabau, only a small percentage (38.3%) of the community claimed that mental disorders were caused by witchcraft or possession of spirits. The heavy stigmatization that is given by the Minangkabau community towards PwMD closely related to the Minangkabau society's motto "sahino samalu". The meaning of this motto is the sense of humiliation and shame that is felt by a person is also a sense of disgrace and dishonor for the whole family and clan. Most of the societies (91,4%) will feel humiliated if a member of their clan have a mental disorders, and more than half of the communities (67.7%) assume that PwMD is incompetent and unproductive in accordance with the motto of the Minangkabau society "iduik bajaso mati bapusako". It means that according to Minangkabau culture, the essence of life is good and always give the virtue, can be productive to give something beneficial for family and clan, even after the death can leave worthwhile inheritances. (Miko, 2017).

The high percentage of Minangkabau culture that does not support health is due to the inadequate of perception and knowledge about mental disorders. The motto of the society "sahino samalu" and "iduik bajaso mati bapusako" is actually excellent if the society understands that mental illness is the same as any other physical disease. If it is given prompt and proper treatment, the mental disorders can also be cured. Similarly, heart disease, DMs, and other degenerative diseases are also caused by genetic factors. If the society understands and knows about the mental disorders correctly, then the stigmatization can be decreased and even be obliterated.

In accordance with the Leininger's acknowledgement, it is crucial to pay attention to the culture of the society in performing nursing actions, where there are some cultures that support health so that the cultures are worth to support and there are also some cultures that do not support health so they need to be changed or restructured. Well, Minangkabau culture that regulates the social life which is conveyed in the mottos "sahino samalu" and "Iduik bajaso mati bapusako" is not wrong, but need to be restructured by increasing the knowledge and understanding of society about mental disorders. Therefore, there is no more disgrace and counterproductive assumption against people with mental disorders.

IV. CONCLUSION

Stigma is influenced by local knowledge, environment, and culture. The majority of societies in West Sumatera Province cultured Minangkabau. Patients with mental disorders in Minangkabau often called "urang gilo" which meant insane or crazy person. The motto of Minangkabau society "iduik bajaso mati bapusako" and "sahino samalu" made Minangkabau society judges that people with mental disorders to be worthless and disgrace for the family and the tribe. Consequently, the society had stigmatization toward people with mental disorders. In contrast to the culture in other places such as Yogyakarta, Medan, Euthopia, and Nigeria who believe that the cause of mental disorders was a curse and mystical things that made the society had stigmatization against people with mental disorders.

V. SUGGESTION

It is expected that the local health service and Community Health Centre (*Ind* Puskesmas) able to improve the promotion effort, preventive, curative, rehabilitative and active efforts to approach families who have members with mental disorders. In addition, to provide CMHN training for nurses who have psychiatric programs at *Puskesmas*. So that society's knowledge about mental disorders will increase and the stigma of Minangkabau society toward people with mental disorders will decrease or even disappear.

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LIST OF TABLES

Table 1.The frequency distribution of Minangkabau society's knowledge level about mental disorders year 2018

Knowledge	F	%
Inadequate	51	63
Adequate	30	37
Total	81	100

Table 2.The frequency distribution of Minangkabau society's culture toward people with mental disorders year 2018

Culture	F	%
Does not support the health	55	67,9
Support the health	26	32,1
Total	81	100

Table 3.The frequency distribution of Minangkabau society's stigma toward people with mental disorders year 2018

Stigma	F	%
There is no stigma	32	39,5
There is a stigma	49	60,5
Total	81	100

Table 4 The relation of knowledge level with Minangkabau society's stigma toward people with mental disorders Year 2018

Knowledge Level	Society's Stigma				P
	There is no stigma		There is a stigma		
	Total	%	Total	%	
Inadequate	3	5,9	48	94,1	0,000
Adequate	51	100	1	3,3	
	29	96,7	30	100	

Table 5 The relation of culture with Minangkabau society's stigma toward people with mental disorders Year 2018

Culture	Society's Stigma				P
	There is no stigma		There is a stigma		
	Total	%	f	%	
	f	%	f	%	
Does not support the health	8	14,5	47	85,5	0,000
Support the health	55	100	2	7,7	
	24	92,3			
	26	100			