

The Effect Of Video Education On Social Stigma in People With Mental Disorders in Tinalan Village Kediri City

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ABSTRACT

Mental health was still a significant health problem in the world, included in Indonesia. This negative label as a crazy person is unconsciously a self-created stigma, so the impact was that families or the community around people with mental disorders don't want to take care of it so that if allowed to continue, the rights of people with mental disorders will be neglected, for example social rights and the right to treatment. The purpose of this study was to determine the effect of video education on social stigma in people with mental disorders. The research design was a one group pre-test-posttest pre-experimental design. The independent variable is video education while the dependent variable is society's stigma towards people with mental disorders. The population is the entire community in RT: 01 RW: 13 in Kediri Tinalan Village, Kediri City, a sample of 43 respondents using a purposive sampling technique. Data collection techniques using a questionnaire. The results showed that before being given treatment, most respondents (65.1%) had a high stigma towards people with mental disorders, namely 28 respondents and after being given treatment, almost all respondents (93.0%) had a low stigma. Data analysis used the Wilcoxon test with sig value (2-tailed) or pvalue = 0.000 and error rate or = 0.05, so $p < 0.000 < 0.05$ so H_1 is accepted, meaning that there is an effect of video education on social stigma in people with mental disorders souls in the Tinalan Village, Kediri City. It is hoped that the community can add insight and information about stigma on ODGJ so that they can show good attitudes and behavior towards ODGJ.

I. Introduction

Mental health is still a significant health problem in the world, including in Indonesia. In fact, one in four adults will experience mental health problems at some time in their lives, in fact, every 40 seconds somewhere in the world someone dies by suicide World Federation for Mental Health (WFMH, 2016). This negative label of being called a crazy person is unconsciously a self- created stigma, so the impact is that the family or community around people with mental disorders do not want to take care of it so that if it is allowed to continue, the rights of people with mental disorders will be neglected, for example social rights and the right to treatment (Suharto, 2014 in Hidayat 2018).

Mental health is still a significant health problem in the world, including in Indonesia. According to WHO data (2019), there are around 35 million people affected by depression, 60 million people affected by bipolar disorder, 21 million affected by schizophrenia, and 47.5 million affected by dementia.

Based on the results of a preliminary study conducted by researchers in Tinalan Village, Kediri City, it is known that the number of people with mental disorders (ODGJ) is 14 people. Based on the results of interviews with 10 residents, it was found that 8 people



(80%) had a negative stigma towards ODGJ, they said they felt afraid if there were people suffering from mental disorders in their neighborhood because they thought that people with mental disorders like to go on rampages and harm other people. Meanwhile, 2 people (20%) considered dealing with people with mental disorders as normal, saying that as long as they were not bothered, they would not be a bother.

Stigma comes from the human tendency to judge other people. Based on this assessment, categorization or stereotypes are carried out not based on actual circumstances or based on facts, but on what we (society) consider to be 'inappropriate', 'extraordinary', 'shameful' and 'unacceptable'. Stigmatization occurs in all aspects of human life. A person can be stigmatized because of everything related to illness, birth defects, mental disorders, employment and economic status, to sexual preferences (Suhaimi, 2018).

Public understanding of mental disorders is very minimal, causing sufferers to often experience unpleasant behavior from society and even from the sufferer's own family. The treatment that people with mental disorders receive is discrimination, they are isolated, ostracized and even put in stocks, even though people with mental disorders have the right to obtain their rights as human beings and can develop themselves and hone their potential. Mental disorders often receive similar treatment from society and the sufferer's family (Lubis, 2018).

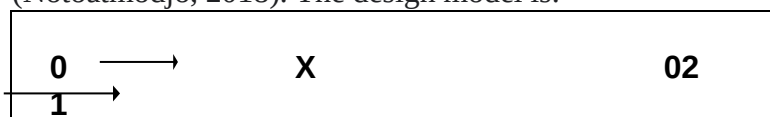
Seeing the huge impact of the stigma of mental disorders on teenagers, appropriate and fast treatment is needed. There has been a lot of research on how to reduce the stigma of mental disorders. However, not all of them have a positive impact on reducing stigma. Among them, research by Corrigan, Powell and Michaels (2016) revealed that not all articles published in newspapers about mental illness had an impact on reducing stigma. Articles about mental health recovery can reduce stigma and increase the determination of people with mental disorders to recover, but articles about the mental health service system or mental treatment do not produce positive changes to stigma and persistence in treatment.

The results of a systematic review research conducted by Janoušková et al., (2017) revealed that video intervention led to improvements in stigmatizing attitudes in adolescents regarding mental disorders, videos were proven to be more effective than other interventions such as face-to-face education or simulations.

Seeing the importance of the problem above, researchers are interested in conducting research on: "Analysis of Video Education on Community Stigma in People with Mental Disorders in Tinalan Subdistrict, Kediri City".

II. Methods

Design is all the processes required in planning and implementing research. The research design used was a pre-experimental design with a "One Group Pretest-Posttest Design" (Notoatmodjo, 2018). The design model is:



Information :

01 = societal stigma towards people with mental disorders before treatment X = treatment (online based video module)

02 = societal stigma towards people with mental disorders after treatment The procedure carried out is:

- a. Select the respondent unit
- b. Measuring public stigma towards people with mental disorders before treatment

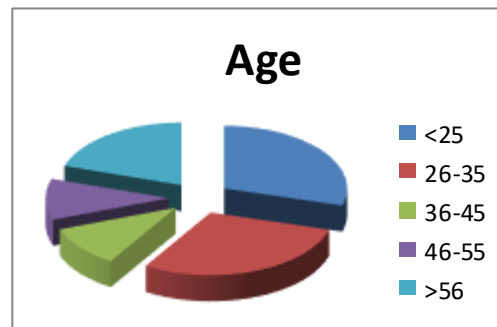
- c. Provide treatment (video education)

III. Results and Discussion

1. General Data

1.1. Characteristics of Respondents Based on Age of Respondents

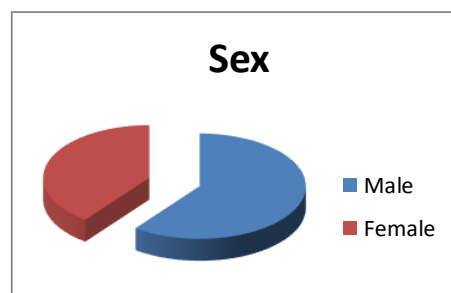
Diagram 4.1 Characteristics of Respondents Based on Age in Tinalan Village, Kediri City.



Based on diagram 4.1, it is known that of the 43 respondents, almost half of the respondents were > 45 years old, namely 17 respondents (39.5%).

1.2. Characteristics of Respondents Based on Gender

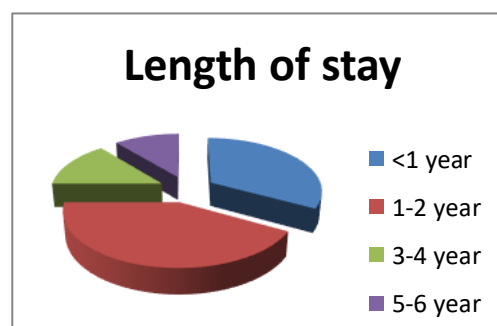
Diagram 4.2 Characteristics of Respondents Based on Gender in Tinalan Subdistrict, Kediri City.



Based on diagram 4.2, it is known that of the 43 respondents, the majority of respondents were female, 27 respondents (62.8%).

1.3. Characteristics of Respondents Based on Length of Residence in Areas with ODGJ

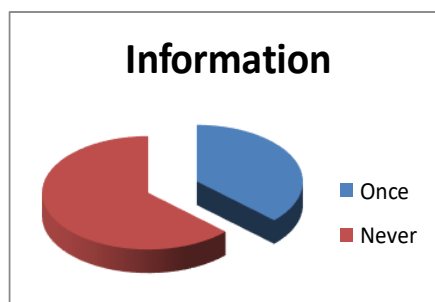
Diagram 4.3 Characteristics of Respondents Based on Length of Residence in Areas with ODGJ in Tinalan Village, Kediri City



Based on diagram 4.3, it is known that of the 43 respondents, almost half of the respondents have lived in areas where there are ODGJ for 1-2 years, 18 respondents (41.9%).

1.4. Characteristics of Respondents Based on Experience Information about ODGJ

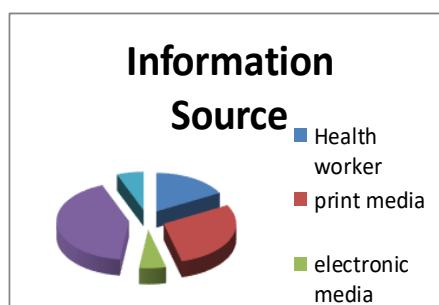
Diagram 4.4 Characteristics of Respondents Based on Experience with Information about ODGJ in Tinalan Village, Kediri City.



Based on diagram 4.4, it is known that of the 43 respondents, the majority of respondents had received information as many as 27 respondents (62.8%).

1.5. Characteristics of Respondents Based on Information Source

Diagram 4.5 Characteristics of Respondents Based on Information Sources in Tinalan Village, Kediri City



Based on diagram 4.5, it is known that of the 17 respondents who had received information, almost half received information from their families, 7 respondents (41.9%).

2. Special Data

2.1. Identifying Community Stigma Against People with Mental Disorders Before Being Given Video Education

Table 4.1 Tabulation of Identification of Community Stigma Against People with Mental Disorders Before Being Given Video Education in Tinalan Subdistrict, Kediri City

N	Stigma	Frequency	%
1	high	28	65,1%
2	low	15	34,9%
	N	43	100%

Based on table 4.1, it is known that before being given treatment, most of the 43 respondents had a high stigma towards people with mental disorders, namely 28 respondents (65.1%).

2.2. Identifying Community Stigma Against People with Mental Disorders After Being Given Video Education

Table 4.2 Tabulation of Identification of Community Stigma Against People with Mental Disorders After Being Given Video Education in Tinalan Subdistrict, Kediri City

No	Stigma	Frequency	%
1	High	3	7,0%

2	Low	40	93,0%
	N	43	100%

Based on table 4.2, it is known that after being given treatment by 43 respondents, almost all respondents had low stigma towards people with mental disorders, namely 40 respondents (93.0%).

	Stigma		Low		N	
	High					
Length of stay	f	%	f	%	f	%
< 1	14	100	0	0,0	14	100
1-2	12	66,7	6	33,3	18	100
3-4	1	20,0	5	80,0	6	100
> 4	1	20,0	4	80,0	5	100
N	28	65,1	15	34,9	43	100

2.3. Cross Tabulation of Respondent Characteristics with Community Stigma Before Treatment

Table 4.3 Cross Tabulation of Stigma Characteristics of Respondents Based on Age and Community Stigma Before Treatment

Based on table 4.3, it shows that of the 17 respondents aged > 45 years, almost all of them (82.4%) had low stigma towards people with mental disorders.

Table 4.4 Cross Tabulation of Stigma Characteristics of Respondents Based on Gender and Community Stigma Before Treatment

	Stigma		Rendah		Total	
	High					
Age	f	%	f	%	f	%
≤ 25	10	90,0	1	10,0	11	100
26-35	11	100	0	0,0	11	100
36-45	4	100	0	0,0	4	100
> 45	3	17,6	14	82,4	17	100
N	28	65,1	15	34,9	43	100

Based on table 4.4, it shows that almost all of the 17 respondents who were female (70.4%) had a high stigma towards people with mental disorders

Table 4.5 Cross Tabulation of Stigma Characteristics of Respondents Based on Length of Residence in an Environment with Community Stigma Before Treatment

	Stigma		Rendah		Total	
	High					
Sex	f	%	f	%	f	%
Male	9	56,2	7	43,8	16	100
Female	19	70,4	8	29,6	17	100
N	28	65,1	15	34,9	43	100

Based on table 4.5, it shows that of the 18 respondents who have lived for 1-2 years in an environment where there are people with mental disorders, the majority (66.7%) have a high stigma towards people with mental disorders.

Table 4.6 Cross Tabulation of Stigma Characteristics of Respondents Based on Never Having Received Information in an Environment with Community Stigma Before Being Given Treatment

	Stigma High		Low		N	
	f	%	f	%	f	%
Information Once	3	18,8	13	81,2	16	100
Never	25	92,6	2	7,4	27	100
Total	28	65,1	15	34,9	43	100

Based on table 4.6, it shows that almost all of the 27 respondents who never received information about people with mental disorders (92.6%) had a high stigma towards people with mental disorders.

2.4. Cross Tabulation of Video Education Against Community Stigma in People with Mental Disorders

Table 4.7 Cross Tabulation of Community Stigma Before and After Treatment

Community Stigma Pre Test	Community stigma at Post Test				N	
	High		Low			
	F	%	f	%	f	%
High	3	10,7	25	89,3	28	100
Low	0	0,0	15	100	15	100
Total	3	10,0	40	90,0	43	100

Based on table 4.7, it shows that of the 28 respondents before being given treatment had high stigma and after being given treatment almost all (89.3%) had low stigma for people with mental disorders.

2.5. Video Education Analysis of Community Stigma for People with Mental Disorders

Table 4.7 Analysis of Video Education on Community Stigma for People with Mental Disorders in Tinalan Subdistrict, Kediri City

Test Statistics ^b	
	Kenyamanan Post Test - Kenyamanan Pre Test
Z	-5.000 ^a
Asymp. Sig. (2-tailed)	.000
a. Based on negative ranks.	
b. Wilcoxon Signed Ranks Test	

Based on data analysis using the Wilcoxon test to analyze video education on public stigma towards people with mental disorders, the sig (2-tailed) value or pvalue = 0.000 and the error level or = 0.05, so $p < 0.000 < 0.05$ so that H1 accepted, meaning that there is an influence of video education on public stigma towards people with mental disorders in Tinalan Village, Kediri City.

Discussion

A. Identifying Community Stigma Against People with Mental Disorders Before Giving Video Education in Tinalan Subdistrict, Kediri City

Based on the research results, it is known that before being given treatment, most of the 43 respondents had a high stigma towards people with mental disorders, namely 28 respondents (65.1%).

Stigma cannot be separated from people who experience mental disorders. Suttharangsee and Chaowalit (2017) stated that stigma is one of the obstacles in the process of accepting people with schizophrenia in society. This stigma is influenced by society's

ignorance about mental disorders. The public perception that people with mental disorders are very dangerous has the potential to cause stigma.

Until now, mental disorders are still something that causes misunderstanding, prejudice, confusion and fear. The cause of mental disorders is still thought to be related to supernatural and mystical forces. The high level of stigma against mental disorders can indirectly worsen the patient's condition, because it can hinder the proper healing process. Stigma can worsen the mental disorders suffered and make ODGJ isolated (Antari, 2020).

According to researchers, high stigma from society towards people with mental disorders will of course reduce the well-being of ODGJ, so there is a need for low stigma towards people with mental disorders. Social distancing is the belief that people with mental disorders are a threat to society and must be avoided, dangerous, as is the statement that people with mental disorders are no more dangerous than what people perceive.

Based on the results of a cross tabulation between the characteristics of respondents and society's stigma towards people with mental disorders, it shows that almost all of the 17 respondents aged > 45 years (82.4%) had low stigma towards people with mental disorders.

Increasing a person's age will result in increased experience and knowledge gained by a person, thereby increasing mental and intellectual maturity (Ariga, 2020). The older a person is, the level of maturity and the ability to receive information is better when compared to younger ages. According to age, there may be differences in exposure over the course of a person's life (Ariga, 2020).

According to researchers, the older a person becomes, the more mature they will be in accepting and understanding problems and the information they receive. Age influences a person's knowledge because as age increases, it can be seen from the maturity and maturity of thinking that they have reached the development of a mature mindset so that respondents are willing to accept the information provided. This maturity in thinking can receive messages received with a high level of thought and understanding so that the material can be accepted and applied in everyday life.

Based on the research results, it shows that of the 18 respondents who have lived for 1-2 years in an environment where there are people with mental disorders, the majority (66.7%) have a high stigma towards people with mental disorders. According to Corrigan and Pen (in Collins, 2020) stigma can be reduced by the adaptation process. Someone who has lived in an environment with ODGJ for a long time tends to have a lower stigma towards people with mental disorders. Apart from that, direct community contact or exposure to people with mental disorders can also reduce the level of stigma in society. According to researchers, the longer a person lives in an environment where ODGJ is present, the more they will get used to and be able to adapt to the conditions in the environment.

Based on the research results, it shows that almost all of the 27 respondents who never received information about people with mental disorders (92.6%) had a high stigma towards people with mental disorders.

According to Corrigan (2019), information from various sources has a positive effect in reducing stigma in people with mental illness, information is more effective in reducing stigma in adults. The information received will increase a person's knowledge in various ways, one of which is the public stigma towards people with mental disorders.

The higher the level of public knowledge about mental disorders, the lower the public stigma towards people with mental disorders. Likewise, the lower the public's knowledge, the higher the public's stigma towards people with mental disorders. The higher the positive aspects that a person knows means the higher a person's knowledge of an object, the better a person's attitude and stigma will be towards that object. Public knowledge about mental disorders is a positive aspect that society has, resulting in a more positive attitude or stigma.

B. Identifying Community Stigma Against People with Mental Disorders After Being Given Video Education in Tinalan Subdistrict, Kediri City

Based on the research results, it is known that after being given treatment by 43 respondents, almost all respondents had low stigma towards people with mental disorders, namely 40 respondents (93.0%).

Education is an interactive process that encourages learning, and learning is an effort to add new knowledge, attitudes and skills through strengthening certain practices and experiences (Smeltzer and Bare, 2019). The results of this research are in line with research conducted by Lubis & Syahril (2020) which stated that there was an increase in knowledge and attitudes after being given intervention, in this case counseling.

Other research from (Yudianto, 2017) Video media is the most appropriate and accurate learning media in conveying messages and will really help students' understanding. With video media, students will understand more about the material presented by educators through a film being shown. The elements contained in video media include sound, text, animation and graphics. With video media, participants are able to achieve abilities in the cognitive (brain mental activity), affective (attitude), psychomotor (skills) and improve interpersonal abilities. It can be concluded from the research that students are able to achieve what is expected by the teacher in the classroom.

Learning videos are a medium that is designed systematically by applying learning principles by making videos of the learning process more interesting and can increase respondents' motivation. Respondents felt that the method applied by the researcher attracted their attention so that respondents could focus on the material provided by the researcher. Respondents' attention to paying attention to the content of the video will increase knowledge about people with mental disorders so that it can reduce the stigma towards ODGJ.

C. Analysis of the Effect of Cardiac Exercise on the Physical Comfort of Cardiovascular Patients in Tinalan Village, Kediri City

Based on data analysis using the Wilcoxon test to analyze video education on public stigma towards people with mental disorders, the sig (2-tailed) value or pvalue = 0.000 and the error level or = 0.05, so $p < 0.000 < 0.05$ so that H1 accepted, meaning that there is an influence of video education on public stigma towards people with mental disorders in Tinalan Village, Kediri City.

Mental disorders are chronic diseases that require long-term treatment. Stigma towards disorders is a negative label given to people with mental disorders including attitudes of authoritarianism, attitudes of benevolence, attitudes of social restrictions and attitudes of the ideology of the Health community (Nurfianti, 2019).

One of the factors that influences the increase in knowledge after being given education through animated video media is because there is health information conveyed from this media repeatedly, thereby increasing the memory and understanding of research subjects. This is in accordance with the theory which states that the retention process (absorption and memory) of educational material can increase significantly if the process of providing education is through the senses of hearing and sight (Aulia, 2021).

The form of negative (high) stigma that people with mental disorders receive from society can be in the form of statements or being called crazy, being considered dangerous, worthy of being shunned, the assumption that mental disorders are a hereditary factor, and the assumption that mental disorders cannot be cured. Meanwhile, the form of positive (low) stigma is the opposite of the existing negative stigma, namely accepting them in the environment without making fun of them and socializing them as long as people with mental disorders do not endanger or disturb society.

Based on the results of the questionnaire given, it showed that of the 28 respondents who were given high stigma before being given treatment, after being given treatment, 25 respondents (89.3%) had a decrease in stigma to low. Based on the results of the questionnaire, it shows that after being given treatment, respondents experienced an increase in knowledge and understanding regarding dealing with the problem of ODGJ stigma in society, so that community stigma which was previously high changed to low. This shows that the higher a person's knowledge about mental disorders, the better the person's tolerance for people with mental disorders.

IV. Conclusion

Before being given treatment, the majority of respondents experienced physical discomfort, namely 17 respondents (56.7%). After being given treatment, almost all respondents experienced an increase in comfort, namely 27 respondents (90.0%) and there were only 3 respondents (10.0%) who still experienced discomfort. There is an influence of cardiac exercise on the physical comfort of cardiovascular patients in Tinalan Village, Kediri City.

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