Screening of Family Function and Emotional State of Community in Mayang Village, Gatak, Sukoharjo

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Abstract

The prevalence of emotional-mental disorders in Indonesia is still quite high. Even though depression and anxiety do not directly cause death, both can affect daily activities which result in decreased productivity. Family function is known to be an important factor in maintaining individual mental health. Therefore, awareness of the importance of the family's role in giving moral support to a family member is key to keep mental-emotional health. In this community service activity, we conducted a screening examination of mental state and family function in Mayang Village, Gatak, Sukoharjo. This activity aims to get a description of the mental health conditions of the people in this village. The screening activity was carried out by conducting a home visit to people's houses by students and field lab supervisors at the Faculty of Medicine, Universitas Muhammadiyah Surakarta. Our screening results concluded that the majority of people in Mayang Village have functional families and good mental health status.

Keywords: Family Function, Screening, Mental-Emotional State

INTRODUCTION

Based on RISKESDAS 2018, it is known that the prevalence of the mental-emotional disorder in Indonesia is 9.8% while depression is 6.1% (Kementerian Kesehatan RI, 2018). Both of them are more common in females and people with a low education background. Mental disorder in adolescent is a serious health problem. In Indonesia, two in three adolescents or about 15.5 million adolescents are having mental health problems with 5.5%, or 2.45 million already having a mental disorder (I-NAMHS, 2022). Moreover, a recent study conducted in North Sumatra, Indonesia during COVID-19 pandemic indicated that the prevalence of adolescent with mental disorder is increasing (Agustina et al., 2022).

Although depression and anxiety do not directly cause death but both of them affect daily activity which results in a decrease in productivity. The family has an important role in keeping the mental health of its family member by identifying psychological distress in a family member and providing support to a family member who has a mental disorder (Avasthi & Sahoo, 2021).

Based on the description above, to help optimize public health, we carry out community service activities in the form of screening family functions and the emotional state of the community in Mayang Village, Gatak District, Sukoharjo Regency.

METHOD

This community service activity focuses on screening the emotional state and family function of the community in Mayang Village. We involved several students from the Faculty of Medicine Universitas Muhammadiyah Surakarta in Field Lab activities. We conducted cluster sampling to determine which families were selected for the home visit based on the data provided by the Mayang Village Hall Office. Home visits are carried out by students accompanied by field lab supervisors.

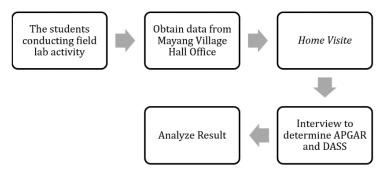


Figure 1. Community service activities

Family functioning was assessed using the Family APGAR score, while individual emotional status was assessed using the Depression Anxiety Stress Scale (DASS) questionnaire. APGAR values vary from 0 to 10, with a higher number meaning better family functioning. An APGAR score <7 indicates family dysfunction (Rodríguez-sánchez et al., 2011). The DASS questionnaire consists of 42 questions to assess depression, anxiety, and stress in the form of an ordinal scale. The distribution of DASS score interpretation categories is in the table below (Lovibond & Lovibond, 1995; Marsidi, 2021).

 Table 1. DASS questionnaire categories

| DASS Score Categories | Stress | Anxiety | Depression |
|------------------------------|--------|---------|------------|
| Normal | 0-14 | 0-7 | 0-9 |
| Mild | 15-18 | 8-9 | 10-13 |
| Moderate | 19-25 | 10-14 | 14-20 |
| Severe | 26-33 | 15-19 | 21-27 |
| Very Severe | 34+ | 20+ | 28+ |

RESULT

As many as 14 respondents from 13 families were agreed to be interviewed and examined by our team. The results of our examination are presented in the table below.

Table 2. Demographic data and screening result

| Characteristics | Value |
|-----------------------------------|----------------|
| Age (years) [mean ± SD] | 50,79 ± 18,67 |
| Sex [n (%)] | |
| Male | 7 (50,0) |
| Female | 7 (50,0) |
| Education [n (%)] | |
| Elementary School | 2 (14,3) |
| Junior High School | 3 (21,4) |
| Senior High School | 7 (50,0) |
| Diploma/Undergraduate | 2 (14,3) |
| Blood Pressure (mmHg) [mean ± SD] | |
| Systole | 121,79 ± 21,80 |
| Diastole | 83,14 ± 12,05 |
| Body Mass Index (kg/m²) [n (%)] | |
| Underweight (<18,5) | 4 (28,6) |
| Normal (18,5 – 22,9) | 6 (42,9) |
| Overweight (23 – 24,9) | 1 (7,1) |
| Obesity (≥ 25) | 3 (21,4) |
| Family Function [n (%)] | |
| Dysfunctional | 1 (7,14) |
| Functional | 13 (92,8) |
| Emotional State [n (%)] | |
| Stress | 0 (0,0) |

| Anxiety | 0 (0,0) |
|------------|---------|
| Depression | 0 (0,0) |

DISCUSSION

The average age of the respondents in this community service activity was 50.79 ± 18.67 years with an equal proportion of male and female. The majority of respondents were graduates of high school, namely seven people (50%), followed by three graduates of junior high school (21.4%), and lastly, graduates of elementary school and diplomas/undergraduate who each as many as two people (14.3%). Based on the examination of nutritional status, the majority of respondents (42.9%) had a normal body mass index (BMI). However, four respondents were underweight, one person was overweight, and three people were obese.

The family is the main source of support for patients with psychiatric problems. The role of the family is very important in the care of patients with mental disorders including monitoring the patient's mental status, accompanying patients to go to hospitals or clinics, ensuring patient adherence to treatment, offering emotional support, and providing financial support to patients (Nenobais et al., 2019). In addition, family or parents are related to the psychological resilience of their children (Windarwati et al., 2020). This is because the family is a comfortable place for children to grow up besides school and peer groups (Thariq, 2018). Therefore, the family function and peers are external factors that can cause stress, anxiety, and depression in adolescents (Chi et al., 2020).

Socioeconomic factors of family, environment, peers, and family function are external factors related to stress, anxiety, and depression in adolescents (Guo et al., 2018; Leavey et al., 2020). Stress in adolescents occurs especially during puberty, where in this phase the peak of physical and mental development occurs. Adolescents who experience stress tend to take aggressive and dangerous actions, thus requiring support from other people, especially the family (Miller & Prinstein, 2019; Windarwati et al., 2020). A harmonious family makes children mentally healthy, able to adapt to the environment, and shows devotion to their parents (Meggiolaro & Ongaro, 2014).

Previous studies have shown that there is a relationship between family function and individual mental status. Windarwati et al (2020) show that harmony in the family has a significant effect on stress levels in adolescents. Research conducted by Ghamari (2012) also shows that poor family function is associated with the occurrence of depression in individuals.

In our family function screening activity, only one respondent indicated a lack of family function. In addition, none of the respondents showed any initial symptoms of stress, anxiety or depression. This good mental status is likely related to good family functioning in the respondents. Low family income has been known to be associated with several mental disorders and suicide attempts (Sareen et al., 2011). However, we have not conducted an in-depth analysis involving other factors such as the income and occupation of the respondents in this study. In addition, the number of respondents we examined was very small, so they could not reflect the actual situation of the residents of Mayang Village.

CONCLUSION

Based on this screening activity, it was found that family function and the emotional state of the community in Mayang Village were still good. Even so, the number of respondents we assessed in this activity was still very small, therefore it could not describe the real condition of the whole community in Mayang Village. It is necessary to carry out screening examinations with more subjects accompanied by promotive and preventive efforts to maintain the family function and mental health of the people in Mayang village.

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