

Faktor-faktor pada pasien gangguan mental emosional yang berhubungan dengan perilaku pencarian pengobatan di Kelurahan Pulogadung Kecamatan Pulogadung Jakarta Timur tahun 1996 = Factors associated with health seeking treatment of patient with mental emotional disorder at Pulogadung, East Jakarta in 1996

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Abstrak

Sebagian besar pasien dengan gangguan mental emosional pertama-tama belum berobat ke fasilitas pelayanan kesehatan jiwa. Pasien gangguan mental emosional yang berobat ke Puskesmas wilayah Jakarta Timur hanya 1,88 % dari kasus yang ada di masyarakat dengan rata-rata kunjungan 1,31 kali pada tahun 1994. Agar gangguan tersebut tidak menjadi berat atau menjadi penyakit lain, maka diperlukan pengobatan sedini mungkin. Untuk mencapai maksud tersebut, yang menjadi masalah penelitian ini adalah bagaimana pola perilaku pencarian pengobatan dari pasien gangguan mental emosional dan faktor-faktor apa yang berhubungan dengan perilaku tersebut.

Jenis disain penelitian ini adalah crossectional, namun menggunakan analisis yang lazim digunakan pada studi case control pada penduduk dewasa (17 tahun ke atas) yang mengalami gangguan mental emosional. Gangguan mental emosional ditetapkan berdasarkan pengisian instrumen Self Reporting Questionnaire (SRQ) dengan cut-off points 6. Pengambilan sampel dilakukan secara systematic random sampling dengan sampling fraction 9. Unit sampel adalah rumah tangga dengan jumlah 650 KK yang meliputi 1950 penduduk dewasa sehat. Sampel pasien gangguan mental emosional yang diteliti berjumlah 446 kasus. Untuk mengetahui hubungan faktor dengan perilaku pengobatan dilakukan perhitungan Odds ratio melalui analisis regresi logistik multivariat.

Hasil penelitian menunjukkan bahwa pola perilaku pengobatan pertama pasien gangguan mental emosional di Kelurahan Pulogadung adalah melakukan pengobatan sandhi 27,8 %, ke dokter umum 18,4 %, tidak mencari pengobatan 17,4 %, ke Puskesmas 13,2 %, ke pengobat tradisional 8,7 %, ke rumah sakit umum 6,1 %, ke spesialis penyakit dalam 5,8 % dan ke psikiater 2,5 %. Pasien yang melakukan kegiatan rujukan adalah 23,6 %. Sebagian besar pasien yang melakukan rujukan dan pasien yang melakukan pengobatan selanjutnya tidak berobat ke fasilitas pelayanan kesehatan jiwa.

Pasien gangguan mental emosional lebih mungkin tidak mencari pengobatan apabila pasien tidak merasa terganggu akibat gangguan mental emosional yang dialaminya (OR 0,01 ; 95% CI 1,5E-03 - 0,02), kurang mendapatkan informasi pelayanan kesehatan jiwa (OR 0,49 ; 95% CI 0,25 - 0,95) dan apabila pasien malu berobat ke psikiater (OR 2,24 ; 95% 1,02 - 4,85).

Pelayanan kesehatan jiwa di masyarakat diharapkan tidak hanya menunggu pasien datang berobat ke fasilitas kesehatan jiwa. Kegiatan pelayanan kesehatan jiwa di Puskesmas perlu dikembangkan dalam kegiatan Puskesmas lainnya (Taruna Husada, Sala Shakti Husada dan sebagainya). Pelayanan prevensi sekunder (mendorong pasien berobat) melalui peningkatan pengetahuan gangguan mental emosional dan fasilitas pengobatannya perlu lebih diprioritaskan. Penyegaran pengetahuan gangguan mental emosional terhadap dokter umum perlu dilakukan secara periodik. Peningkatan mutu pelayanan jiwa di Puskesmas dan pembinaan pengobat tradisional perlu lebih diperhatikan. Disamping itu perlu juga dipertimbangkan tentang

perubahan konsep figur psikiater di masyarakat.

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Most patients with mental emotional disorder didn't visit health facility with mental health service at the first treatment. There is only 1,8 % of people with mental emotional disorder who visited Puskesmas at East Jakarta with average 1.31 visit in 1994. To prevent the disturbance become more severe or to become another illness, early treatment is needed. To reach the purpose, the problem of this study is to identify health seeking treatment pattern of patient with mental emotional disturbance and to find factors which was associated with the behavior treatment.

The study design is cross sectional study but method of analysis is case control. Sample of the study are adult (17 years or more) who experience mental emotional disorder. The criteria of mental emotional disorder is based on answers of Self Reporting Questionnaire (SRQ) with cut-off 6. Sampling method is systematic random sampling with sampling fraction of 9. Sampling unit is household with totally 650 household which include 1950 adult with good health. Sample of patient with mental emotional disorder are 446 cases. To identify relationship between factors with health seeking treatment, logistic regression with odds ratio is applied.

The result showed that for the first treatment there is 27,8% of the mental emotional disorder patients performing self medication, 18,4% visit medical doctor, 17,4 % didn't seek any treatment, 13,2 % visit Puskesmas, 8,7 % going to traditional healer, 6,1% to general hospital, 5,8% visit internist and 2,5% visit psychiatrist. There were 23,6 patient who were given referral. Most of the patients who were referred or patient who continue the treatment didn't visit health facility with mental health service.

Patients with mental emotional disorder probably not seek any treatment if they didn't feel uncomfortable with the disturbance they experienced (OR 0,01 ; 95% CI 1,5E-03 - 0,02), did not obtained enough information about mental health service (OR 0,49 ; 95% CI 0,25 - 0,95), or if the patient was ashamed to visit psychiatrist (OR 2,24 ; 95% CI 1,02 - 4,85).

Patients with mental emotional disorder probably would performed self medication if their social economic status is low (OR moderat 0,52 ; 95% CI 0,06-0,83; OR high 0,45 ; 95% CI 0,04-0,62), if they were not bothered by the disturbance they experienced (OR 0,47; 95% CI 0,03-0,91), didn't consider the disturbance as severe (OR 0,54 ; 95% CI 0,07-0,91), didn't obtained enough information on the mental health service (OR 0,52 ; 95% CI 0,06-0,79), were not suggested to have treatment (OR 0,45 ; 95 % CI 0,04-0,57), they have no work (OR 0,35 ; 95 % CI 0,17-0,67) and if they are Askes member (OR 2,48 ; 95% CI 2,40-17,54). Patients with mental emotional disorder will probably visit traditional healer if they have expectation that the treatment not only give drug (OR 8,76 ; 95% CI 1,86 - 42,26), have supernatural believe (OR 7,53; 95% CI 3,15-40,22), and have enough knowledge on the traditional healer service (OR. 6,67; 95% CI 1.86-23,57), did not feel comfortable with the disturbance they experienced (OR 8,84; 95% CI 3,00 - 26,05), their knowledge on the mental emotional disorder was not good (OR 0,12;95% CI 0,03-0,56), and have no information on the mental emotional service (OR. 0,25; 95% CI 0,06-0,98).

Patients with mental emotional disorder will probably visit mental health service if they felt disturbed (OR 4,43 ; 95% CI 1,76 - 11,13), did not have senior high school or more education (OR 0,36 ; 95% CI 0,16 - 0,81), expected to be given more than just drug (OR 5,93 ; 95% CI 1,93 - 18,17), feeling that the high cost of the treatment influence the effort to seek treatment (OR 7,17 ; 95 % CI 2,83 - 17,81), obtained enough information on the mental health service (OR 5,22 ; 95% CI 2,34 - 11,59), and did not feel ashamed to visit psychiatrist (OR 0,43; 95% CI 0,18 - 0,99).

Patients with mental emotional disorder will probably visit Puskesmas if they feel bothered (OR 14,41 ; 95% CI 4,14 - 50,40), feeling the cost of the treatment influence the effort of seeking treatment (OR. 4,28 ; 95% CI 1,39 - 13,06), their social economic status is low (OR high 0,11 ; 95 % CI 0,03 - 0,37), lived near to Puskesmas (OR 0,21 ; 95% CI 0,06 - 0,77), realize that there is mental health service in the Puskesmas (OR 14,31 ; 95 % CI 4,09 - 49,89), did not know about traditional service (OR 0,05 ; 95 % CI 0,01 - 0,25), did not have knowledge about the general health service (OR 0,23; 95% CI 0,07 - 0,77), and the healer attitude did not influence the choice of treatment (OR 0,35 ; 95 % CI 0,14 - 0,88).

Mental health service in the public is expected not only waited patients to visit the mental health service. Mental health service at the Puskesmas needs to be integrated and to be developed with the other Puskesmas activity (Taruna Husada, Bhakti Husada, Karang Werdha). Secondary prevention thru knowledge development on the mental emotional disorder, treatment facility and early detection should be give more priority. Knowledge refreshment on the mental emotional disorder to medical doctor needed to be in force periodically. Quality improvement of health service in Puskesmas' and education of traditional healer need to be given more attention. The figure of psychiatrist in the society need to changed as well.