

## Original Research Article

## Factors Affecting Life Quality of Families with Schizophrenia at Aceh Mental Hospital: A Cross-Sectional Study

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**Abstract: Background:** Schizophrenia patients tend to have no life skills, leaving them dependent on their families. Caregivers in the form of family members improve patients' health status. On the other hand, schizophrenia also has a negative impact on caregivers. Therefore, this study aims to determine the factors that influence the quality of life in families with schizophrenia patients. **Methods:** A cross-sectional study was conducted online on December 31, 2021, for all families accompanying treatment at Aceh Mental Hospital. Furthermore, family members are directly involved in the care of schizophrenic patients living in the same household. **Results:** The results showed that 118 (55.9%) respondents were less than 40 years old, 161 (76.3%) were female, 119 (56.4%) had secondary education, and 162 (76.8%) were married. Furthermore, a total of 114 (54.0%) respondents have other jobs such as police, farmers, and others, 121 (57.3%) earn according to the minimum wage, 120 (56.9%) have high social support, 128 (60.7%) have a low family burden, 126 (59.7%) have a low family coping, and 112 (53.1%) have a low quality of life. **Conclusion:** Considering these results, there is a relationship between age, gender, family burden, coping strategies, income, and the life quality of families with schizophrenia at Aceh Mental Hospital. Furthermore, it was concluded that there is no relationship between marital status, social support work, and the life quality of the families.

**Keywords:** Quality Of Life, Family, Schizophrenia.

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### BACKGROUND

The improvement of the health status of schizophrenic patients in the family and community environment depends on mental health or psychiatry services and family members acting as caregivers (Nenobais, 2020). An estimated 50-90% of people with chronic schizophrenia are at home and cared for by their families (Riley-McHugh, Hepburn Brown, & Lindo, 2016). These patients have a negative impact on themselves and their families. It is related to the ability of people with schizophrenia to become dependent on others and have very low skills. Furthermore, families caring for people with mental disorders experience physical and psychological problems while caring for family members with schizophrenia (Hendrawan, 2019). Factors affecting family life quality are their form and characteristics, family burden, symptoms of perceived control, and social support (Gómez-de-Regil, Kwapil, & Barrantes-Vidal, 2014). Family

demographics such as income and education contribute to the physical and psychological burden on families and their quality of life (Gunawan, 2018). In addition, the family experiences difficulty in caring for schizophrenic patients due to psychological pressure, which leads to the feeling of stress related to changes in task and function structures in performing household tasks and the demands in caring for schizophrenic patients (Rokhyati, Dwidiyanti, & Sari, 2019; Yunita, Isnawati, & Addiarto, 2021).

### METHOD

#### Study Design and Sample

The cross-sectional study was conducted online on December 31, 2021, for all households accompanying their family members for treatment at Aceh Mental Hospital. Furthermore, family members directly involved in caring for people with schizophrenia live in the same house.

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### Measurement

A Google form was designed to collect the data for this investigation. The socio-demographic data included age, gender, marital status, education, occupation, and income. The Multidimensional Scale of Perceived Social Support (MSPSS) measured social support items, and answer was provided on a Likert scale of 1-7, where 1, 2, 3, 4, 5, 6, 7, means strongly disagree, disagree, slightly disagree, neutral, slightly agree, agree, and strongly agree, respectively (Zimet, Dahlem, Zimet, Gordon, & Farley, 2010). Furthermore, the family burden was measured using the Zarit Burden Interview (ZBI) with 22 items, and answer was provided on a Likert scale of 0-4, where 0, 1, 2, 3, 4 indicates never, rarely, sometimes, very often, and almost always, respectively (Kelsey C. Martin Mhatre V. Ho, 2011). The family coping was measured using the Family Coping Questionnaire (FCQ) with 23 question items and the answer was also provided on a Likert scale where 1, 2, 3, 4 indicates never, rarely, sometimes, and very often, respectively (Rahmani *et al.*, 2019). Meanwhile, the caregiver's family quantity of life was measured using Schizophrenia Caregiver Quality Of Life (S-CGQOL) with 25 question items and the answer was provided on a Likert scale of 0-4, where 0, 1, 2, 3, 4 indicates never, rarely, sometimes, often, and always, respectively (Caqueo-urizar, Gutiérrez-maldonado, & Miranda-castillo, 2009).

### Statistical Analysis

Descriptive statistics of socio-demographic variables included age, gender, marital status, education, occupation, income, social support, family burden, family coping, and quality of life. The relationship between socio-demographic variables, social support, family burden, family coping, and family quality of life was tested using the chi-square test. Furthermore, the multiple logistics were analyzed to determine the factors related to the family quality of life, and data were analyzed using SPSS software.

## RESULTS

### Socio-Demography

The characteristics of respondents in this study include age, gender, education, marital status, income, family burden, social support, and family coping strategies. Out of 211 respondents, 118 (55.9%) are less than 40 years old, 161 (76.3%) are female, 119 (56.4%) have secondary education, and 162 (76.8%) are married. Furthermore, 114 (54.0%), 121 (57.3%), 120 (56.9%), 128 (60.7%), 126 (59.7%), and 112 (53.1%) respondents have other occupations such as police and farmers, income according to the Provincial Minimum Wage (UMP), high social support, low family burden, have low family coping, and low family quality of life, respectively.

No	Respondent Characteristics Data	Frequency	Percentage (%)
1.	Age ≤ 40 years old	118	55.9
	> 40 years old	93	44.1
2.	Gender Male	50	23.7
	Female	161	76.3
3.	Marital status Single	28	13.3
	Married	162	76.8
	Widower/widow	21	10
4	Education Level High	74	35.1
	Secondary	119	56.4
	Primary	18	8.5
5	Occupation Unemployment	39	18.5
	Fisherman	5	2.4
	Trader	26	12.3
	Civil servant	25	11.8
	Retired	2	0.9
	Other	114	54.0
6	Income UMP: IDR 3,165,000	121	57.3
	No UMP: < IDR 3,165,000	90	42.7
7	Social Support High	120	56.9
	Moderate	77	36.5
	Low	14	6.6

No	Respondent Characteristics Data	Frequency	Percentage (%)
8.	Family Burden		
	None	72	34.1
	Low	128	60.7
	Moderate	11	5.2
9.	Family Coping		
	Low	126	59.7
	Moderate	43	20.4
	High	42	19.9
10	Family Life Quality		
	Low	112	53.1
	High	99	46.9

### Relationship of Family Life Quality

The regression analysis shows that there are 4 factors, namely gender, age, income, and burden on the quality of life of families with schizophrenia. The first factor closely related to the quality of life is the family burden with p-value of = 0.000, which has the highest OR value of 3.778, implying that it tends to change the family life quality by 3.778 times. The second factor is age, with p-value of 0.000 and OR value of 0.140,

meaning that it tends to change the family life quality by 0.140 times. Furthermore, the third factor is income with p-value of = 0.003 and OR value of 0.201, meaning that it has the opportunity to change the family quality of life by 0.291 times. Finally, the fourth factor is gender with p-value = 0.020 and OR value of 2.407, which implies it tends to change the family quality of life by 2,407 times.

predictor	B	P-value	OR	95% C.I	
				Lower	Upper
Gender	.878	.020	2.407	1.151	5.033
Age	-1.310	.000	.270	.140	.522
Income	-.968	.003	.380	.201	.719
Burden	1.329	.000	3.778	1.991	7.169

## DISCUSSION

This study shows that age, family burden, income, and gender significantly correlate to the family quality of life. There is also a relationship between age, gender, employment status, income, marital status, family relationships, and support for families burdened with people with schizophrenia (Ariska, Handayani, & Hartati, 2020). Furthermore, there is a significant relationship between age and life quality in families with schizophrenia (Patricia, 2018). There is a relationship between age and life quality for families with schizophrenia (Ayudia, Siswadi, & Purba, 2020). It is observed that the family age in caring for members experiencing schizophrenia determines whether or not the attitudes and thoughts of respondents continue to help the treatment process for patients. The younger generations certainly have much energy compared to the older generation, but they do not have much time to care for their family members. There is a relationship between family burden and life quality for families with schizophrenia (Karimah & Damaiyanti, 2021). It was observed that family burden has a significant relationship because each individual has their respective duties and respective jobs. However, when a family member is sick, it will add or change the natural composition of the family. For example, a mother should have a role as a housewife and take care of family needs. When there are sick children, there is a need to focus on them and forget about other jobs in the

house, such as cooking or doing activities that concern themselves. Therefore, having a sick family member certainly adds to the work and becomes a burden on the mother when not adequately performed.

## LIMITATIONS

This study did not show the relationship between the family and patients. Therefore, there was no impact on the extent to which the family helped and played a full role in caring for people with schizophrenia.

## CONCLUSION

It was concluded that there is a relationship between age, gender, family burden, coping strategies, income, and life quality of families with schizophrenia. However, there is no relationship between marital status, social support work, and the life quality of families with schizophrenia at Aceh Mental Hospital.

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