

## THE KNOWLEDGE RELATED TO MENTAL HEALTH OF THE PEOPLE AROUND THE COASTAL AREAS

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### Abstract

Mental health is one of Indonesia's public health development goals. The Pangandaran District Administration of West Java is an expanded district that actively carries out various development programs, including mental health programs. This study aimed to identify public knowledge about mental health in Pangandaran District using quantitative descriptive method. The research population comprised residents of the Pangandaran District, and a sample was collected via cluster multistage sampling technique. The sample was gradually determined in the order of subdistricts, villages, subvillages, community units, and neighborhood units. The total sample was composed of 113 respondents. The questionnaire was developed based on theories and concepts on public mental health and distributed to participants after validity and reliability tests were conducted. The construct validity test result was between 0.303 and 0.764, which meant that all items were valid. The Kuder-Richardson 20 formula was used to test reliability, and the reliability coefficient was 0.887. Mathematical calculations were used for data analysis; data are presented as frequency distributions. In this study, 61.10% of the respondents had "less" knowledge, 33.59% had "good" knowledge, and the remaining 5.30% had "enough" knowledge of mental health. The results suggest that the local government should provide mental health education for the residents. For educational institutions, mental health programs should be a fundamental offering in Indonesian society.

**Keywords:** coastal areas, mental health program, public health, West Java

### Abstrak

*Pengetahuan tentang Kesehatan Mental Warga di Sekitar Wilayah Pesisir. Sehat secara mental merupakan bagian dari tujuan pembangunan kesehatan masyarakat. Pemerintah Kabupaten Pangandaran merupakan kabupaten pemekaran yang sedang menggalakkan berbagai program pembangunan termasuk program kesehatan jiwa. Penelitian ini bertujuan mengidentifikasi pengetahuan masyarakat Kabupaten Pangandaran mengenai kesehatan jiwa. Metode penelitian menggunakan deskriptif kuantitatif. Populasi penelitian adalah seluruh masyarakat Kabupaten Pangandaran dan sampel diambil menggunakan tehnik cluster multistage sampling. Tahapan penetapan sampel dilakukan bertahap mulai dari kecamatan, desa, dusun, rukun warga, sampai rukun tetangga dan didapat sebanyak 113 orang. Data penelitian dikumpulkan melalui kuesioner dan dibagikan pada seluruh responden. Kuisisioner dikembangkan dari teori dan konsep kesehatan jiwa masyarakat dan sudah dilakukan uji validitas dan reliabilitas. Uji validitas konstruk didapatkan hasil berkisar antara 0,303 sampai 0,764 sehingga semua item dinyatakan valid. Uji reliabilitas menggunakan uji Kuder Richardson 20 dan diperoleh koefisien reliabilitas KR-20 sebesar 0,887. Analisa data menggunakan perhitungan matematis dan ditampilkan dalam bentuk tabel distribusi frekuensi. Hasil penelitian menunjukkan bahwa 61,10% responden kurang memiliki pengetahuan mengenai kesehatan jiwa, 33,59% responden memiliki pengetahuan mengenai kesehatan jiwa yang baik, dan sisanya 5,30% responden memiliki pengetahuan mengenai kesehatan jiwa yang cukup. Saran, bagi pemerintah setempat agar memberikan pendidikan kesehatan jiwa bagi masyarakat. Bagi instansi pendidikan, diharapkan menjadi data dasar dalam membuat program kesehatan jiwa di masyarakat.*

**Kata Kunci:** Jawa Barat, kesehatan masyarakat, program kesehatan jiwa, wilayah pesisir

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### Introduction

Indonesia's developing health sector realizes that a society should be healthy both physically

and psychologically. The World Health Organization (WHO) describes mental health as a state of well-being in which an individual realizes his or her own abilities, can cope with the normal

stresses of life, can work productively, and is able to make a contribution to his or her community (WHO, 2004). Individuals' healthy behavior is related to their knowledge about health itself. Individuals' knowledge is "the result of knowing" and occurs after they use their senses to explore objects (someone or something). Sensing occurs through the five senses: sight, smell, hearing, taste, and touch. This viewpoint proposes that the general wellbeing of a society is achieved through cognitive abilities that come from a good understanding of mental health.

If individuals are knowledgeable about mental health, they will have healthy and adaptive behavior. Woloshyn and Savage (2020), as experts on the characteristics of a healthy soul, stated that individuals with healthy souls will adapt to their environment and accept themselves so that they can function optimally. Individuals with healthy souls will feel satisfied with their daily lives, feel comfortable among others, and have realistic life goals.

However, individuals' mental health can become compromised by stressors. A stressor is a trigger that stimulates stress. Stress occurs when individuals are in circumstances that throw off their balance, causing disorders that impede one's ability to adapt healthily (Peters, McEwen, & Friston, 2017). Hugo Bruno "Hans" Selye, also known as the "father of stress," stated that "stress is the non-specific response of the body (or cell) to any demand would appear appropriate" (Fink, 2017). Stress can be related to physical, psychological, or sociocultural factors. These factors, among others, are related to physical exhaustion, improper living arrangements, fear, anger, envy, pension conditions, termination of employment, separation, divorce, alienation, household conflict, etc. The above explanation indicates that stress can affect anyone and has multifactorial causes.

Although every individual can experience stress, each has the ability to adapt to it. The ability to adapt to a problem or to possess adaptive coping strategies can help alleviate or eliminate

stress because coping is considered as successful overcoming of stressful problems and situations (Papathanasiou, Tsaras, Neroliatsiou, & Roupa, 2015). If individuals' coping mechanism is good, they are in state of well-being. Therefore, people should know how to adapt properly so that they can realize and maintain healthier status.

In this study, the form and levels of public knowledge about mental health in Pangandaran District, West Java, Indonesia, were investigated. Specially, knowledge about mental health is related to knowing the meaning of mental disorders, signs and symptoms of mental disorders, and causes of mental disorders. The research results can be used in the development mental health programs in Pangandaran District.

## **Methods**

The descriptive research design with a quantitative research method was used in this study, and the variable was public knowledge. For data collection, a researcher-developed questionnaire with a total of 30 close-ended questions was used. The questionnaire was developed based on theories and concepts on public mental health, and its validity and reliability were tested. The construct validity test result was 0.303–0.764; thus, all items were valid. The Kuder-Richardson 20 formula was used in the reliability test, and the reliability coefficient was 0.887 (which was higher than the stipulated standard value of 0.700). This formula was selected because the answers to questions were dichotomous, i.e., having two answers (Fraenkel, Wallen, & Hyun, 2012).

The management of the research ethics was carried out at the Faculty of Medicine, Padjadjaran University. The research population comprised all residents of Pangandaran District. To identify the sample, a multi-stage cluster sampling technique was used. The phases used to determine the sample were carried out gradually in the order of two of 10 subdistricts in Pangandaran District (S subdistricts and P sub-

districts), villages (C village from the seven villages in the S subdistrict; B village from the nine villages in P subdistrict, subvillage [CG subvillage was chosen from three subvillages in C village; BS subvillage from the four subvillages in B village], community unit (RW 4 in CG subvillage and RW 1 in BS subvillage). The total sample was composed of 113 respondents.

Percentages were used for the research data analysis, and each respondent's answer was given 1 point, i.e., 1 point if true and 0 points if false. This study was conducted over a 6-month period, and data collection was carried out in the fourth month.

## Results

Data on respondent' demographics and knowledge of mental health were collected. The 113 respondents were 50.43 years old on average (range, 24–96 years).

Table 1 indicates the results of the sex analysis with a total of 80.89% of the sample, primary

education (SD or elementary school and SLTP or junior high school) accounted for 86.73% of the sample, and employment status (working) accounted for 87.61% of the sample. Moreover, 84.07% of the sample were married.

As shown in Table 2, 61.10% of the respondents had “less,” 33.59% had “good,” and 5.30% had “enough” knowledge about mental health.

In general, the research results indicate that most of the respondents (61.10%) had a poor understanding of mental health. Lack of understanding can be seen from the common response of “do not know” answers on the questionnaire. More specially, respondents had a poor understanding of what is meant by mental health disorders, their signs and symptoms, and their causes.

## Discussion

The ability to understand one issue, such as mental health, starts from the ability to think. The results showed that more than half of the respondents (61.10%) do not understand the defini-

Table 1. Distribution Frequency of the Respondents' Characteristics (n= 113)

	Characteristics	Frequency	Percentage (%)
Gender	Men	91	80.89
	Women	22	19.11
Education	Did not attend school	5	4.42
	Primary (SD, SLTP)	98	86.73
	Secondary (SLTA)	8	7.08
	Higher (PT)	2	1.77
Employment Status	Working	99	87.61
	Not working	14	12.39
Marriage Status	Married	95	84.07
	Divorced (partner living/partner decreased)	18	15.93

Table 2. Knowledge Frequency Distribution on Mental Health (n= 113)

Knowledge categories	Frequency	Percentage (%)
Good	38	33.59
Enough	6	5.30
Less	69	61.10
Total	113	100

tion of mental health disorders, signs and symptoms, and causes why an individual had mental disorders. In other words, people do not know about mental health because of their inability to think or their lack of knowledge about mental health. The society cannot distinguish mental health from severe mental disorders. Usually, the general population identifies a mental disorder as anyone who loses awareness of thinking and exhibits unacceptable behavior, such as walking naked on the side of the road, laughing without cause, or talking alone without the other person. Indonesians think that a mental disorder is synonymous with mental retardation (Lubis, Krisnani, and Fedryansyah, 2014). Thus, one possible reason why the Pangandaran community lacked knowledge regarding mental health is related to their lack of understanding.

Age was also a reason why respondents do not have good understanding of mental health. The respondents are in the intermediate adult stage (average > 50 years). In this age category, physical and mental setbacks occur, reducing productivity (Jannah, Yacob, & 2017). This reduction of capabilities can be seen when observing this age range's ability to see, listen, concentrate, and remember. The reduction of sensory capabilities definitely influences individuals' understanding of the information they received. In older adults, there is a decrease in the quality of the stimulus that can disrupt their reading performance (Warrington, McGowan, Paterson, & White, 2018). Therefore, a probable reason of the lack of knowledge among the respondents is the decreased ability to remember and concentrate.

Education is another factor affecting respondents' lack of knowledge. In Indonesia's educational system, children must complete 9 years of primary education, called "compulsory education." This includes elementary school (SD) for 6 years and junior high school (SLTP) for 3 years. The primary education for the first 9 years focuses on development of basic skills and learning (Sidiq, 2019). It is possible that respondents' educational backgrounds have influ-

enced their knowledge level about mental health. The research results indicated that almost all of the respondents (86.73%) only had primary school education and 4.42% never went to school.

Although the results of the study showed that more than half of the respondents (61.10%) lacked mental health knowledge, 33.59% had a good understanding of mental health and 5.30% had sufficient knowledge level. This result is likely due to the respondents having a high school and university education level (8.85%). Respondents who have attained a high school level of education and above have increased level of understanding. When someone has learned how to understand something, it is easier for him/her to acquire knowledge of something. Thus, it is hoped that people will be able to understand mental health, in distinguishing mental health disorders, especially those that occur in general or everyday living, from severe mental disorders. The WHO (2004) defined mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." The statement clearly focuses that mental health disorders are related to problems encountered in daily life.

The results of this study showed that almost all respondents were employed. Other studies show a statistically meaningful relationship between work and level of knowledge. Yusra, Machmud, and Yenita (2016) investigated on factors that relate to the knowledge level of fertile women in Nagari Painan, called "SADARI," and found a statistically significant relationship between employment and level of knowledge. Those who were employed had a capability 3.058 times greater than those who were unemployed to understand. The work environment can help in learning by socialization. In the theory of social cognitive orientation, many aspects of human learning take place in a social environment. That is, socialization that occurs anywhere, in-

cluding at work, can increase one's knowledge. The higher the socialization skill, the higher knowledge level is acquired. In their review of literature, Mauro and Paone (2012) state that socialization is an ecological approach in which individuals actively participated in their own learning throughout their lives in relation to structural conditions (formal and informal).

Although the work environment is expected to improve one's knowledge, the results of this study show inconsistent results. Almost all respondents (87.61%) are employed, but their knowledge about mental health was classified "less." People who get the job must have good knowledge about mental health. This variation on results is likely related to the nature of the respondent's work. Employment is defined as engaging in activities to earn resource to support one's livelihood (Suwinardi, 2017). Thus, someone will choose an activity and do it if it is considered important and generates profits in the form of money. In other words, if other activities do not have direct relation to the principal activities, they will not be considered important enough to be carried out, such as searching for information about mental health. Information about mental health is likely considered important, but it is not a principal activity because it does not generate income. Russel (2005) explains that adults learn best when convinced of the need to know that information. Therefore, the respondents lacked mental health knowledge even if most of them are employed.

The analysis above is supported by other characteristics of the respondents. The results revealed that 15.93% of the respondents were single parents. A single parent is a father or a mother who bears his/her own duties as the head of the family while taking care of the household and caring for children (Scheiver, 2008). That is, the burden of a single parent is greater than those who have a partner. Therefore, it is natural to meet physical needs. If fulfilling physical needs of household members would likely become over searching for health information. Based on the profile of Pangandaran District and the res-

pondents' characteristics, most of the respondents are day laborers (i.e., they are compensated only on the day they go to work). Day laborers usually allocate three-fourths of their day time for work. It is likely that the respondents do not have enough leisure time to search for information about health, especially about mental health.

Knowledge upgrades can be carried out through health education (i.e., the learning process of individuals being taught to change cognitively and behaviorally). Health education can be carried out individually or by group (Ernawati, 2012; Sari, 2013). At present, health education is practically included in all health and strategic programs carried out at various levels of social life, i.e., family, school, work, towns and cities, regions, global societies, and international communities (Przybylski et al., 2014). Therefore, efforts to provide health education in a society such as through health counseling activities can be delivered to a group so that they can acquire greater understanding of mental health. Mental health education can be provided by health professionals; hence, a mental health professional must have at least a diploma on health education. Thus, it is hoped that the health education provided will be effective and of high quality (Kabasakal, 2017).

## **Conclusion**

The people in Pangandaran District, as one of the coastal areas in Indonesia, have less knowledge of mental health matters. This finding showed a high need for effort to improve this condition. This study might be small but will guide other studies that identify factors contributing to this knowledge, including the internal and external factors. How less knowledge will impact the Mental Health Program, which the Local Government is also be considered for implementing it. We also need to find how the coastal areas' geographical characteristics may contribute to people's mental health live around them. This study is essential, considering that Indonesia has very large coastal areas.

## Acknowledgement

This research was carried out with a grant from Padjadjaran University. We thank all parties involved in this research.

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