



**Determinant Factors That Influence In The Installation Of People With The  
Soul Disorders In The Brebes District  
(Study of family members who have mental illness pasung)**

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**Article details:**

**Published:** 13<sup>th</sup> May, 2020



**ABSTRACT**

People with mental disorders (ODGJ) are a group of symptoms that are marked by changes in people's thoughts, feelings and behavior that cause dysfunction in carrying out daily life. Schizophrenia is a disease that affects the brain and causes strange, disturbed thoughts, perceptions, emotions, movements and behavior. Schizophrenia cannot be defined as a separate disease, but rather as a disease process that includes many types with various symptoms. Schizophrenia is often misinterpreted by the public. This disease is feared as a dangerous mental disorder and cannot be controlled or cured. Most people believe that schizophrenic patients need to be isolated from the community. The purpose of this study was to analyze the determinant factors that influence ODGJ containment in Brebes Regency.

This type of research is a quantitative study with a design using a cross sectional study design, researchers looking for a relationship between the independent variable and the dependent variable only once at that time. Data collection techniques by

interview using population questionnaires in this study, namely all families who have families with mental disorders in the area of Brebes Regency as many as 2579 people. The method of determining the sample of this research is using simple random sampling of 103 ODGJ patients.

This study was analyzed using the theory of preceed-procede (Lawrence Green). This theory tries to analyze human behavior, human behavior is formed from 3 factors, namely predisposing factors, reinforcing factors (reinforcing factors), and enabling factors (enabling factors) 16. In this study the predisposing factors studied were family knowledge and stigma, reinforcing factors studied were health worker support, family support, neighbor support, neighbor support, and community leader support, while enabling factors studied were access to health services

Analysis of the data in this study is a bivariate analysis using chi-square and the results obtained are that there are several independent variables that are proven to be significantly related to ODGJ loading in Brebes Regency. Independent variables that have been proven to have a significant effect are knowledge, family stigma, family support and access to health services. The following is an explanation regarding the independent variables that significantly influence the ODGJ retention in Brebes Regency:

The result of the study is that there is a statistically significant effect between knowledge and ODGJ associations in Brebes Regency. Family inclusion of ODGJ is caused by a lack of family knowledge about handling ODGJ, the family feels ashamed of the surrounding environment, illnesses that do not heal, lack or lack of medical costs in the long term, as well as family actions to secure ODGJ from the surrounding environment. In addition to that, the retention also occurs because the community has an understanding or wrong knowledge about mental disorders, people with mental disorders are considered to be possessed by demons so as to control the symptoms of demon possession by mounting ODGJ. Low family knowledge and lack of exposure to information about illnesses of people with mental disorders that cause increased intensity of savings.

**Keywords:** *Mental Disorders, Stocks, Lack Of Knowledge*



## INTRODUCTION

Mental disorders that occur are anxiety disorders and depression. An estimated 4.4% of the global population suffer from depressive disorders and 3.6% of anxiety disorders. The number of people with depression increased by more than 18% between 2005 and 2015. Depression is the biggest cause of disability in the world. More than 80% of mental disorders are experienced by people who live in low and middle income countries.

Based on data on pasung cases, Central Java Province has increased from 464 cases in 2017 to 681 cases in 2018 and Brebes Regency is ranked third with 49 pasung cases in 2018. The Brebes District Health Office has tried to carry out education and advocacy for Puskesmas, Devices villages, families, communities as well as families but have not succeeded in increasing pasung patients in Brebes Regency from 49 in 2018 to 52 in 2019. Brebes Regency Health Office has also visited Pasung patients' homes, but families still think patients are very anarchist and endangering the surrounding community so that this is the reason for harboring family members. Families think with dipasung then the problem will be solved and the family feels calm. The community feels safer for several reasons because patients often damage the environment, chasing people passing by and even damaging residents' homes. The community is afraid of threats arising from anarchism by this ODGJ patient. For this reason, the community asks families to put their family members in a safe environment. Even families feel aggrieved by the anarchist pasung patient financially because they have to replace the damage done by members of this family. Of course this is a serious problem for the family. Whereas most families have a minimal economy.

Family behaviors to ODGJ include bringing patients to health centers, hospitals, mental hospitals, medical foundations and shamans or smart people, and also blocking. In accordance with Permenkes No. 59 of 2014, people with mental illness treatment is borne by the BPJS if the patient is registered as a member of the BPJS or uses the budgeted costs by the Regional Government through the APBD budget for patients who do not have BPJS. This inclusion is certain for the reason that the family is tired of taking care of ODGJ patients by medical and non-medical means but it has not yet healed so this is considered a family disgrace. Lack of community knowledge and trust in existing health facilities makes them look for other ways to heal their families for example by bringing patients to shamans or smart people with medication bathed in seven forms of water on Friday night, confining patients in a room, confining patients to their feet or hands with chains or wooden blocks. As a result of this retention, other comorbidities arise such as abscesses, wound infections to remove pus, and other skin diseases. The family is the smallest and most important unit in society that has a very large function and share in the retention of family members. Therefore the family influences patients with ODGJ because the family is the first and foremost place to meet basic human needs including ODGJ patients.



## **METHODS**

This type of research is a quantitative study with a design using a cross sectional study design, researchers looking for a relationship between the independent variable and the dependent variable only once at that time. Data collection techniques by interview using population questionnaires in this study, namely all families who have families with mental disorders in the area of Brebes Regency as many as 2579 people. The method of determining the sample of this research is using simple random sampling of 103 ODGJ patients.

## **RESULTS AND DISCUSSION**

### **A. Discharge of People with Mental Disorders (ODGJ) in Brebes Regency**

This study examines the retention of people with mental disorders (ODGJ) in Brebes Regency. The results of this study indicate that 58.3% of families in Brebes Regency have ODGJ-contained. There are 41.7% of families who have never ODGJ saved. This study was analyzed using the theory of preceed-procede (Lawrence Green). This theory tries to analyze human behavior, human behavior is formed from 3 factors, namely predisposing factors, reinforcing factors (reinforcing factors), and enabling factors (enabling factors) 16. In this study the predisposing factors studied were family knowledge and stigma, reinforcing factors studied were health staff support, family support, neighbor support, neighbor support, and community leader support, while enabling factors studied were access to health services.

### **B. Factors Influencing the Occupation of People with Mental Disorders (ODGJ) in Brebes Regency**

Analysis of the data in this study is a bivariate analysis using chi-square and the results obtained are that there are several independent variables that are proven to be significantly related to ODGJ loading in Brebes Regency. Independent variables that have been proven to have a significant effect are knowledge, family stigma, family support and access to health services. The following is an explanation regarding the independent variables that significantly influence the ODGJ retention in Brebes Regency:

#### **1. Influence of Knowledge with ODGJ Inclusion in Brebes Regency**

Based on bivariate analysis using the Chi-square test that has been done, there is a statistically significant effect between knowledge and ODGJ relationships in Brebes



Regency. The first alternative (ha) hypothesis in this study is that there is an influence of knowledge with ODGJ retention in Brebes Regency. The bivariate results of this study were  $p \text{ value} = 0.002 < 0.05$  and a Confidence Interval (CI) value of 1.361-4.730. Prevalance Rate is a risk factor because the value is  $2.537 > 1$  and the value of the confidence interval range (CI) does not exceed 1, so it can be said that knowledge is a true risk factor for ODGJ loading in Brebes Regency.

Families who have experienced ODGJ saving with low knowledge are more than those with high knowledge, which is 81.7%. Knowledge is one of the factors that causes saving, lack of knowledge about mental disorders and depression causes families to save people with mental disorders. For this reason, good knowledge about the treatment and treatment of people with mental disorders will help the family mindset of the dangers and negative impacts caused by ODGJ containment.

The ODGJ containment in Brebes Regency can be caused by lack of information and socialization regarding the treatment and handling of people with mental disorders. Lack of information and socialization about the treatment and treatment of people with mental disorders has an influence on the knowledge of families who have had ODGJ retention. If the family has low knowledge, if they get good information and socialization, it can increase the family's knowledge, but the knowledge must be done continuously and consistently.

## 2. Effects of Family Stigma on ODGJ Inclusion in Brebes Regency

Based on bivariate analysis using the Chi-square test that has been done, there is a statistically significant effect between the stigma of the family and ODGJ pamasungan in Brebes Regency. The first alternative (ha) hypothesis in this study is that there is an influence of family stigma with ODGJ retention in Brebes Regency. The bivariate results of this study were  $p \text{ value} = 0.017 < 0.05$  and a Confidence Interval (CI) value of 1.093-2.448. Prevalance Rate is a risk factor because its value is  $1.649 > 1$  and the value of the intercal range of trust (CI) does not exceed 1, so it can be said that family stigma is a true risk factor for ODGJ retention in Brebes Regency.

There were more families who had ODGJ saving with negative family stigma compared to positive family stigma, which was 63.3%. The existence of a negative stigma against ODGJ and his family will cause ODGJ and his family to be isolated. Negative stigma on the family will cause a psychological burden on the family so that it has an impact on the lack of family support in the recovery process of ODGJ and causes the family to carry out ODGJ mounting actions.

Negative stigma felt by the family will have an impact on increasing the family burden, increasing stress to depression and affecting the quality of family life and experiencing discrimination. In research in Brebes Regency, negative stigma is related to family and community beliefs that mental disorders are often associated with spiritual



aspects. Mental disorders are also associated with witchcraft, black magic, sacrifice, curses, dependents of family sins and so forth. In this study families sought help with alternative medicine or herbalists in overcoming mental disorders experienced by family members by 51.5%. This supports that most of the families in Brebes Regency still believe that mental disorders are caused by witchcraft, black magic, victimization, curses, and the burden of family sin is still high so that it contributes to the formation of negative stigma in the family.

Community stigma about ODGJ relating to labeling, giving nicknames, stamps, labels given by the community for ODGJ will make changes in roles and tend to behave as labeled. Labeling for ODGJ in the community is the term crazy, crazy, crazy, crazy, and many more. Labeling arises because ODGJ is considered strange and abnormal and deviated by the community. Mental disorders such as excessive movements such as running, going back and forth, jumping around, doing what is not told and opposing what is told and doing unnatural things such as tantrums, talking alone, damaging things and activities others cause the community to negatively perceive ODGJ so that the community provides labeling and raises the assumption that ODGJ should not be in the same neighborhood as the community.

### 3. Effects of Family Support with ODGJ Inclusion in Brebes Regency

Based on the results of bivariate analysis using the Chi-square test that has been done, there is a statistically significant effect between family support and ODGJ support in Brebes Regency. The first alternative ( $H_a$ ) hypothesis in this study is that there is an influence of family support with ODGJ retention in Brebes Regency. The bivariate results of this study are  $p$  value = 0.004 and the Confidence Interval (CI) value of 1,179-2,347. The Prevalance Rate is a risk factor because the value is  $1.664 > 1$  and the value of the confidence interval range (CI) does not exceed 1 then it can be said that family support is a true risk factor for ODGJ retention in Brebes Regency.

Family support is the attitude, actions and family acceptance of family members who experience mental disorders. The family views that supporting ODGJ is an attitude to be ready to provide assistance and assistance if ODGJ needs help. The act of retribution carried out by the family is a failure of family members in providing family support in bringing ODGJ to health care facilities. Family support is instrumental support, informational support, assessment support, and emotional support.

Instrumental support is a source of practical and concrete help from families for ODGJ. In this study the family helped meet the needs of ODGJ such as providing food and drink. In addition, the family helps ODGJ consume drugs and get medicines in the hospital when the medication has run out, the family helps bathe and change ODGJ clothes. Families with mental disorders are a burden for families, but families must meet the needs of ODGJ such as adequate rooms, food, transportation for treatment to hospitals,





etc.<sup>45</sup> However, meeting the needs for ODGJ in Brebes Regency is still lacking so that families do savings for family members who experience mental disorders.

Family support influences other family members in making decisions in ODGJ retention. The reason families do the inclusion of family members with mental disorders is that ODGJ acts violently against themselves such as hitting themselves, banging their heads on walls, running to the highway and so on. . In addition ODGJ also acts violently towards others and the environment such as hitting and damaging other people's belongings and the environment. The family carries out saving as well as an effort to keep family members so that ODGJ does not travel far so that ODGJ gets lost and does not know the way to go home so the family must find and pick up family members who go far even though it is night and even early morning, this is very worrying and disrupting activities other family. In addition, the family must be responsible for all losses suffered by neighbors, the community, and the environment due to the behavior carried out by family members who experience mental disorders. This makes other families finally support family members to install ODGJ.

Even though the family does not support ODGJ saving, they are forced to do it as a form of affection for family members who have mental disorders and to save the family and the environment from possible dangers of people with mental disorders such as damaging a neighbor's house, hurting themselves and the environment, throwing people who pass by, even disturb the peace of the environment by screaming, laughing and so forth. In addition, ODGJ is carried out by families to avoid the risk of accidents on the highway, the risk of going away from home and not being able to return home, and so forth.

In this study, family efforts in planning ODGJ nursing actions are still lacking, families have not been able to identify how ODGJ personal hygiene fulfillment, medication procedures and recognize signs and symptoms of ODGJ conditions when they will experience an ODGJ amok attack so that if ODGJ experiences a recurrence the family will immediately carry out embedding. The family's difficulty in caring for ODGJ is because the family feels busy, there are no family members who help treat ODGJ, and the family cannot work if they continue to monitor ODGJ every day. This is one of the reasons the family supports the ODGJ installation

### 3. Effects of Access to Health Services with ODGJ Contribution in Brebes Regency

Based on bivariate analysis using the Chi-square test that has been done, there is a statistically significant effect between access to health services with ODGJ pajungan in Brebes Regency. The first alternative ( $H_a$ ) hypothesis in this study is that there is an effect of access to health services by the installation of ODGJ in Brebes Regency. The bivariate results of this study are  $p$  value = 0.012 < 0.05 and a Confidence Interval (CI) value of 1.114-2.379. The Prevalance Rate is a risk factor because the value is 1.628 > 1 and the



value of the intercal range of trust (CI) does not exceed 1 so it can be said that access to health care is a true risk factor for ODGJ loading in Brebes Regency.

Families who had ODG retention with access to difficult health services were more numerous than access to non-difficult health services, which was 60%. Difficult access to health services causes families to have been deprived due to the long distance to get to the hospital and the costs to the hospital, even though the hospital costs of people with mental disorders in Brebes Regency use BPJS / other costs from the government of 61.2 %, but families still have to spend other costs such as transportation costs and costs for other needs while sending people with mental disorders to the hospital. Besides the difficulty to go to the hospital because they do not have much time and family work that can not be left to deliver families who experience mental disorders in the treatment of people with mental disorders with long-term treatment.

Although access to health services is not difficult, families also have ODGJ savings, this can be due to the treatment process, costs and family factors that accompany a family with a mental disorder for treatment. This happens because the long-term treatment process for people with mental disorders can cause family fatigue in accompanying people with mental disorders for treatment other than that it tends to experience boredom, hopelessness, and accompanied by low education so that families cause ODG retention even though access to services is easy. Access to health services can be obtained from family knowledge about the existence of nearby health facilities such as government hospitals and health centers so that families bring their families to receive treatment and treatment of people with mental disorders.

### **C. Factors that have no effect on the inclusion of people with mental disorders (ODGJ) in Brebes Regency**

This study analyzes the related factors that influence ODGJ containment in Brebes Regency. Based on the results of data analysis using bivariate analysis using chi-square obtained several results that had no effect on the ODGJ loading, namely the support of health workers, support of neighbors and support of community leaders. The following is an explanation regarding the independent variables that do not significantly influence ODGJ in Brebes Regency:

#### **1. Influence of Health Staff Support with ODGJ Integration in Brebes Regency**

The role of health workers is to provide nursing care directly to ODGJ. Care measures given by health workers to ODGJ are not performed every day are situational depending on the condition of ODGJ when visited by health workers. Health care actions such as inviting families to bathe ODGJ, directing families to handle ODGJ when they are hallucinating, directing families not to leave ODGJ alone and always inviting ODGJ



talking, and giving directions to families to give medicine regularly to ODGJ. It is hoped that families can take independent care measures so that families do not carry out ODGJ retention measures as a solution that is incapable of taking care of ODGJ.

In this study the role of health workers in the installation of ODGJ is very important. But in this study the involvement of health workers in providing direction for treatment, care, and family coaching has not been maximized, this is because the presence of health workers is still unable to assist families in caring for and seeking health care for ODGJ. There are still many families who are overwhelmed and bored in caring for ODGJ for a long time so that the act of installing ODGJ is a solution taken by the family to minimize the unnatural behavior carried out by ODGJ such as raging, damaging goods and endangering themselves, family and society. For this reason, the presence of health workers directly and routinely from health workers by visiting ODGJ will help families to care for ODGJ without the need for ODGJ mounting.

## 2. Effect of Neighbor Support with ODGJ Inclusion in Brebes Regency

Based on bivariate analysis using the Chi-square test that has been done, there is no statistically significant effect between neighbor support and ODGJ support in Brebes Regency. The first alternative ( $H_a$ ) hypothesis in this study is that there is no influence of neighbor support with ODGJ containment in Brebes Regency. The bivariate results of this study were  $p \text{ value} = 0.638 > 0.05$  and a Confidence Interval (CI) value of 0.686-1.262. Prevalance Rate value is a protection factor because the value is  $0.930 < 1$  and the value of the confidence interval range (CI) includes the number 1 so it can not be said that neighbor support is really a protection factor for ODGJ containment in Brebes Regency. This is because it is possible that when repeated research can be turned into not a protection factor.

Respondents who have high neighbor support of 65% have done ODGJ savings. Neighbor support includes emotional support, instrumental support, informational support and assessment support. The emotional support that ODGJ receives from neighbors is the security felt by ODGJ in its environment, besides ODGJ is part of the community environment. Neighbors can also encourage ODGJ to recover. A neighbor's empathy for ODGJ is very much needed so that ODGJ does not experience a relapse such as screaming due to the mockery and ridicule from neighbors. However, in this study ODGJ is ignored and neighbors tend to support ODGJ for pasung because ODGJ disturbs the peace of the neighbors by playing on the neighbor's home page often damaging neighboring plants, throwing glass at the neighbor's house and so on.

According to the precede proceed theory, one of the factors that influence behavior is a reinforcing factor that acts as a reinforcement of the emergence of an attitude





and intention to do something or behave. An advice, suggestion, and attention will be motivated, on the contrary punishment and negative views of a person will be a barrier to the process of forming behavior. One reinforcing factor is the presence of neighbor support. The family will interact a lot with neighbors and the surrounding community so the family will listen to advice and suggestions from neighbors. In this study neighbors encouraged families to take alternative treatments to the shaman after not getting cured from medical treatment. But the family also supports the ODGJ inclusion so that the environment becomes safe and secure for the behavior created by ODGJ.

### 3. Influence of Support of Community Leaders with ODGJ Integration in Brebes Regency.

Based on a bivariate analysis using the Chi-square test that has been done, there is no statistically significant effect between the support of community leaders and ODGJ support in Brebes Regency. The first alternative ( $H_a$ ) hypothesis in this study is that there is no influence from the support of community leaders with the ODGJ savings in Brebes Regency. The bivariate results of this study were  $p$  value =  $0.727 > 0.05$  and the Confidence Interval (CI) value of  $0.734-1.559$ . The Prevalance Rate is a protection factor because the value is  $1.070 > 1$  and the value of the confidence interval range (CI) includes the number 1, so it cannot be said that community leaders' support is truly a risk factor for ODGJ retention in Brebes Regency. This is because it is possible that when repeated research can be turned into not a risk factor.

Community leaders are one of the important roles in the installation of ODGJ. The attitude and acceptance of ODGJ in the community influences the healing process of ODGJ. Therefore, support from community leaders to accept ODGJ in their environment and encourage ODGJ to carry out social activities in accordance with their circumstances. The participation of community leaders when looking at cases of retention in their environment is expected to help report to health workers.

The role of the community in prevention and handling of retention so far has been to ask families to bring ODGJ for regular treatment at the hospital by approaching the family and in collaboration with health institutions such as puskesmas. Community support can be seen from the attention, facilities provided by community members in preventing and recovering ODGJ. At a minimum the community does not give a negative stigma to the family.<sup>51</sup> In addition, community leaders' support for ODGJ is to provide support in the ODGJ healing process by giving sympathy or care to ODGJ, not alienating or isolating ODGJ from their environment.



Community leaders also support families to save because of family ignorance, shame, illness that does not heal, no medical expenses, and family actions in protecting the environment. Supporting people with mental illness has the support of community leaders so that families and community leaders take the initiative to do the mounting and are fully responsible for carrying out the actions of ODGJ.

#### **D. The most dominant variable influences the ODGJ inclusion in Brebes Regency**

Multivariate analysis is used to analyze the variables that are most dominant in influencing ODGJ containment. This analysis is important because a phenomenon occurs not caused by only one factor, but various kinds of factors that influence it.

There are 7 independent variables in this study, namely knowledge, family stigma, support of health workers, family support, support from neighbors, support from community leaders, and access to health services. Among the 7 variables, there is 1 independent variable which is the most dominant influencing ODGJ saving, namely knowledge. This result can be known based on p-value of 0.009, value of B = 1.392 and value of Exp (B) = 4.022 or called the OR value. Based on this it can be concluded that low knowledge will provide opportunities for the possibility of families doing ODGJ savings of 4,022 times compared to families who have high knowledge.

Knowledge is one of the predisposing factors which is a factor in the formation of a person's behavior. Lack of awareness and knowledge of family and society about mental disorders lead to wrong treatment or attitude towards people with mental disorders. Family and community perceptions about mental disorders vary in each regional culture. In certain cultures, families and communities will seek help from health workers to deal with people with mental disorders. Conversely, in other cultures mental disorders tend to be ignored so they do not get treatment and treatment for people with mental disorders. So the lack of information and knowledge will result in people with mental disorders experiencing discrimination and retention by the family and surrounding community.<sup>53</sup>

Mental disorders are still considered an embarrassment or a disgrace to the family and community. The people in Brebes Regency think that mental disorders cannot be cured so people who experience mental disorders should be ostracized. The lack of knowledge about mental disorders makes the community give an assessment that people who experience mental disorders are different from those who are physically sick that can be cured. So labeling people with mental disorders is a "weird person". Providing knowledge about mental disorders to the community so that the stigma of "freaks who must be ostracized" will gradually decrease, and for families who have family members who have mental disorders will immediately provide treatment to the health center / hospital.

Knowledge about mental disorders is a factor that causes stigma against ODGJ and ODGJ family members. Knowledge with stigma can affect the speed of family visits to mental health professionals. Misinformation obtained by individuals from the community is



also a factor in the emergence of stigma. The misinformation is caused by lack of knowledge about people with mental disorders. The stigma felt by the family will have an impact on the ODG treatment process which includes the period of visit to mental health professionals and the selection of types of treatment for ODGJ, in addition to that the stigma also affects the commitment of funding and care for recovery of ODGJ.<sup>54</sup>

ODGJ is mostly carried out by families as a form of handling mental disorders after all medical treatment efforts are made. Lack of family knowledge about early detection and treatment after treatment at a health facility causes ODGJ not to get optimal care at home. Inclusion of ODGJ is one of the family's choices with the aim of making it easier to carry out supervision on ODGJ. Unavailability of access to the sustainability of the healing process and routine treatment causes families to incur ODGJ. Family knowledge about mental disorders will help families in seeking treatment for ODGJ to health facilities so that the "tradition" of ODGJ retention measures will be reduced, in addition to the ability of families to carry out care independently will reduce ODGJ retention measures.

## CONCLUSION

Based on research on the determinant factors that influence the retention of people with mental disorders (ODGJ) in Brebes Regency, the following conclusions can be drawn:

1. As many as 58.3% of families in Brebes Regency had ODGJ savings.
2. Based on the family characteristics data it can be concluded that the age of ODGJ family of 67% is  $\geq 45$  years, the gender of the family of 64.1% is male, families with low education of 57.3%, family work of 100% are Non PNS , low family income by 52.4%, and the number of children in the family by 67% is a lot that is more than 2 children.
3. Based on data on the characteristics of ODG patients it can be concluded that the age of ODGJ is 61.2% ie  $\geq 35$  years, gender of ODGJ of 66% is male, ODGJ education of 68.9% is low education, saving with frequent intensity of 62 , 1%, recurrence with frequent intensity of 57.3%, treatment to mental hospitals (RSJ) with an intensity of ever 56.3%, ever alternative treatment of 51.5%, and the ability of financing ODGJ of 61.2% namely using BPJS / other costs.
4. Based on frequency distribution data it can be concluded that ODGJ families have low knowledge of 69.9%, negative stigma of 53.4%, support of high health workers by 55.3%, high family support by 55.3%, high neighbor support 63.1%, support from community leaders is high at 51.5%, and access to services is not difficult at 50.5%.
5. Factors that significantly influence (p-value  $< 0.05$ ) with ODGJ inclusion in Brebes Regency are knowledge (p-value = 0.002), family stigma (p-value = 0.017), family support (p-value = 0.004) and access to health services (p-value = 0.012).



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6. Factors that did not significantly influence ( $p\text{-value} > 0.05$ ) with ODGJ inclusion in Brebes Regency were support from health workers ( $p\text{-value} = 0.091$ ), neighbor support ( $p\text{-value} = 0.638$ ), and support from figures community ( $p\text{-value} = 0.727$ ).
7. The most dominant factor towards ODGJ saving in Brebes Regency is knowledge with  $p\text{-value} = 0.009$ ,  $\text{Exp (B)} = 4.022$  and  $B = 1.392$ .



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