

Correlation of Sociocultural: Early-Age Marriage or Matrimony and The Incidence of Schizophrenia Under 25 Years Age

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Abstract

Schizophrenia is a clinical syndrome of various psychological conditions which are really disturbing, involving the process of thought, emotion, perception, and behavior with the incident on male which is greater rather than female. Early-age marriage is a marriage that is done by teenagers who are under 20 years old and who have not been ready for doing a marriage. Meanwhile, matrimony is a marriage that is managed by parents or close relatives for the couple and usually it is done by female. However, this research aimed at knowing the correlation between sociocultural factor of marriage or matrimony and the occurrence of schizophrenia under 25 years age. This research was mix method research by using case-control design. The population of this research was the sufferer and family of schizophrenia under 25 years age in Kepil Sub-district, Wonosobo district, Central Java Province, Indonesia. The sample of this research was consisted of 55 cases and the 55 control which were taken in consecutive sampling. The instrument of this research was interview in questionnaire. The data analysis was conducted in univariate, bivariate (chi-square). Moreover, the result of this research showed that respondents who had early-age marriage or matrimony in case group was in 47,3%, meanwhile, in control group was in 20%. The result of bivariate (chi-square) test was obtained p value = 0,005 OR=3,586 95%CI=1,538 – 8,326. However, the conclusion of this research was there was a correlation between sociocultural factor of early-age marriage or matrimony and the occurrence of schizophrenia under 25 years age. The respondents who had early-age marriage or matrimony had risk of 3,6 times greater rather than the respondents who did not have early-age marriage or matrimony.

Key words: Sociocultural, Early-age marriage or matrimony, Schizophrenia

I. INTRODUCTION

Definition of health based on WHO was physical prosperous condition, mental condition, and social condition completely instead of only free from diseases or disability. Based on the definition, it could be concluded that physical health, spiritual/ mental health, and social health were a unity that could not be separated in determining someone's health status. Definition of spiritual/mental health based on WHO was several positive characteristics that described a harmony and balance of spirituality that reflected maturity of his/her personality.¹

Schizophrenia was a clinical syndrome in various psychological condition that was really disruptive, involved the process of thought, emotion, perception, and behavior with the incident on male which was greater rather than on female.² Schizophrenia was concerned with stress, neurobiologists disorder that was indicated by thought disorder.^{3,4}

According to the data in World Health Organization (WHO), a problem of mental disorder in the world had become a serious problem. Moreover, data showed that 1% of population in the world suffered schizophrenia. WHO stated that, at least, there was one of four persons in the world had mental problem and recently, it was estimated that there were 450 millions of people with mental disorders in the world.¹

Based on the obtained data in United States (The American Psychiatric Association) every year, there were 300.000 schizophrenia patients who suffered in acute episodes, almost 20%-50% of schizophrenia patients tried to suicide, and 10% among them was success (dead due to suicide). Therefore, it could be concluded that mortality rate of schizophrenia patients was 8 times higher rather than mortality rate of the population commonly.⁵

The rate of schizophrenia in Indonesia was 0,2 % - 0,8 % in a year.⁶ According to the data of *riskesdas* in 2007 showed that the prevalence of acute mental disorder in Indonesia was in 4,6 per mile. The highest prevalence was in the province of DKI Jakarta, which was in 20,3 per mile that later on, continuously, it was followed by the province of Nanggroe Aceh Darussalam, which was in 18,5 per mile, West Sumatera was in 16,7 per mile, West Nusa Tenggara was in 9,9 per mile, South Sumatera was in 9,2 per mile.⁷ Based on data of *riskesdas* in 2013 showed that the prevalence of National acute mental disorder was in 1,7 per mile. Furthermore, the highest prevalence was in the province of Aceh and DI Yogyakarta, which were in 2,7 per mile, then, continuously, it

was followed by the province of South Sulawesi which was in 2,6 per mile, the province of Central Java and Bali were in 2,3 per mile.⁸

Based on the data of *riskesdas* in 2007, it showed that the prevalence of acute mental disorder in the province of Central Java was in 3,3 per mile.⁷ In 2013, it showed the prevalence of acute mental disorder in the province of Central Java was in 2,3 per mile.⁸ However, based on the data in Health Office of Central Java Province showed the total of population in Central Java who suffered mental disorder from year to years increased more and more. Therefore, in 2013, the total of mental disorder was 121.962 sufferers, in 2014 was 260.247 sufferers, and in 2015 was 317.504 sufferers.⁹

According to the data of BPS in 2015, Wonosobo district was the poorest district in Central Java Province with the percentage of poor population in 22.02%.¹⁰ Wonosobo district had several problems of either health problems or social problems and one of the problems that was faced was mental health problem. Head of health services in Health Office of Wonosobo district stated that data profile in Health Office of Wonosobo District in 2014 was found 321 psychosis cases, 3545 cases of mental visit in Public Health Office and hospital, and 37 cases of patients in stocks.¹¹ Based on the data in *riskesdas* of Central Java Province in 2007, the prevalence of schizophrenia in Wonosobo district was in 4,0 per mile.¹² Based on the data in *riskesdas* of Central Java Province in 2013, the prevalence of schizophrenia in Wonosobo district was in 1,5 per mile.¹³

Kepil sub-district was one of the sub-districts in Wonosobo district that had several numbers of schizophrenia sufferers. Kepil sub-district was consisted of two Public Health Centers which were Public Health Center of Kepil 1 and Public Health Center of Kepil 2. The total of schizophrenia sufferers in Kepil sub-district, which was the data from Public Health Center of Kepil1, from 2013 to 2015 was 52 sufferers, 2 persons were dead, 1 person was cured, 1 person ran away. Meanwhile, in 2016, there were 17 sufferers.¹⁴ Furthermore, the data that was from Public Health Center of Kepil 2, showed that the total of schizophrenia sufferers in 2016 was 23 sufferers.¹⁵

Mental disorder of schizophrenia had not been occurred by itself, however, there were some factors that caused the occurrence of schizophrenia. The factors were such as the factor of somatogenic, psychogenic, and sociogenic. Moreover, early-age marriage or matrimony was one of parts in sociogenic factor (sociocultural).⁵

Early-age marriage was a marriage that was done by teenagers who were under 20 years age which they had not been ready to do a marriage.¹⁶ A matrimony was a marriage that was managed by parents or close relatives for the couple, and usually it was done on the female.¹⁷ Based on the data of BPS, early-age marriage in Indonesia in 2010 was in 24,5%, in 2011 was in 24,7%, in 2012 was in 25%, and in 2015 was in 23%. Early-age marriage in Central Java Province in 2010 was in 20,1%, in 2011 was in 20,4%, and in 2012 was in 19,8%. In 2010, Wonosobo district was a district with the highest rate of early-age marriage in Central Java Province, which was in 63%. The total of early-age marriage in Kepil sub-district, Wonosobo district in 2010 was in 67%.¹⁸

In order to reduce the occurrence of schizophrenia cases, it needed to know the problem root that was occurred in society and one of them was sociogenic factor (sociocultural), which was early-age marriage or matrimony. Due to many schizophrenia sufferers, particularly who were under 25 years age, many early-age marriage or matrimony, and having no research regarding the correlation between sociocultural factor (early-age marriage or matrimony) and the occurrence of schizophrenia in Wonosobo district, particularly in Kepil sub-district made the researchers were interested to conduct a research with the title of correlation between sociogenic factor (sociocultural): early-age marriage or matrimony and the occurrence of schizophrenia under 25 years age in Kepil sub-district, Wonosobo district, Indonesia.

Furthermore, this research aimed at knowing the correlation between sociocultural factor : early-age marriage or matrimony and the occurrence of schizophrenia under 25 years age.

II. METHOD

This research was a mix method research by utilizing case- control design. The population of this research was sufferers and family with schizophrenia under 25 years age in Kepil sub-district, Wonosobo district. The sample was consisted of 55 case group and 55 control group which were taken in consecutive sampling. The case group was schizophrenia sufferers who were under 25 years age and family and lived in the area of Kepil sub-district, Wonosobo district. Meanwhile, in control group was the respondents who were under 25 years age who did not suffer schizophrenia and lived in area of Kepil sub-district, Wonosobo district. The instrument of this research was interview through questionnaire. The data analysis was conducted in univariate, bivariate (*chi-square*).

III. RESULT AND DISCUSSION

A. Respondent's Characteristic

Table 1. Respondent's characteristic in the research based on sex, marital status, occupation, education, and age

No	Characteristic	Case		Control	
		n = 55	(%)	n = 55	(%)
1	Sex				
	Male	26	47.3	24	43.6
	Female	29	52.7	31	56.4
2	Marital Status				
	Single	29	52.7	42	76.4
	Marriage	26	47.3	13	23.6
3.	Occupation				
	Not working/ yet	45	81.8	36	65.5
	Working	10	18.2	19	34.5
4.	Education				
	Low	49	89.1	21	38.2
	High	6	10.9	34	61.8
5.	Age				
	Teenager	49	89.1	55	100.0
	Child	6	10.9	0	0.0

Respondent's characteristic based on sex showed that most of respondent's sex in case group was female, which was n = 29 or (52.7%), meanwhile, in control group, most of them was also female, which was n = 31 or (56.4%). Based on marital status showed that most of respondent's marital status in case group was single, which was n = 29 or (52.7%), meanwhile, in control group, most of them was single which was n = 42 or (76.4%). Based on occupation showed that most of respondent's occupation in case group was not working/yet, which was n = 45 or (81.8%), meanwhile, in control group, most of them was not working/yet which was n = 36 or (65.5%). Based on education showed that most of respondent's education in case group was low which was n = 49 or (89.1%), meanwhile, in control group, most of them was high, which was n = 34 or (61.8%). Based on age showed that most of respondent's age in case group was teenager, which was n = 49 or (89.1%), meanwhile, in control group, all of them was teenager, which was n = 55 or (100.0%).

B. Sociocultural: Early-age marriage or matrimony

Table 2. The result of early-age marriage or matrimony

No	Early-age marriage or matrimony	Total	Percentage
1	Experienced	37	33.6
2	Not experience	73	66.4
	Total	110	100.0

Table 2 showed that the respondents who experienced early-age marriage or matrimony were 37 respondents or (33.6%), meanwhile, the respondents who did not experience early-age marriage or matrimony were 73 respondents or (66.4%).

C. The Correlation of Sociocultural: Early-Age Marriage or Matrimony and the Occurrence of Schizophrenia under 25 Years Age

Table 3. The Correlation of Sociocultural: Early-Age Marriage or Matrimony and the Occurrence of Schizophrenia under 25 Years Age

Early-Age Marriage Or Matrimony	Case n	Case %	Control n	Control %	p	OR	95%CI
Experienced	26	47.3	11	20	0.005	3.586	1.538-
Not experience	29	52.7	44	80			8.362
Total	55	100.0	55	100.0			

Table 3 showed that the respondents who experienced early-age marriage or matrimony in case group were 26 respondents (47.3%) and in control group were 11 respondents (20%). Based on p value = 0.005, there was a significant correlation between sociocultural: early-age marriage or matrimony and the occurrence of schizophrenia under 25 years age. Respondents who were under 25 years age and who experienced early-age

marriage or matrimony had risk 3.6 times greater (95% CI = 1.538-8.362) for suffering schizophrenia rather than respondents who were under 25 years age and who did not experience early-age marriage or matrimony.

Moreover, this research was in accordance with conducted research by Tanjung Laksono Utomo who stated that there was a significant correlation between sociocultural factor and the occurrence of schizophrenia with p value = 0.040 (p <0.05) OR = 3.454 and it meant that respondents who had sociocultural problem had risk 3 times greater rather than respondents who did not have any sociocultural problem.¹⁹

Besides, this research was also in accordance with conducted research by Hasmila Sari (2015) who stated that sociocultural factor and environment which triggered the occurrence of schizophrenia were being intimidated in social environment.²⁰

In addition, this research was also in accordance with conducted research by Fajar Rinawati (2016) who stated that the cause of mental disorder in social aspect most was a conflict with family or friends.²¹

The difference of moral and ethical value system between one culture to the others, between past time and present time often caused mental problems and as well as with the difference of moral that was educated at home/school and was practiced at the society in daily life. Nevertheless, cultural factor was not a direct cause to cause mental disorder and usually it was limited in determining the symptoms. In the other side, it influenced the growth and development of someone's personality, such as through custom rules in the culture.⁵

According to the data in the field that there was still a culture in society in Kepil Sub-district, Wonosobo District who did early-age marriage or matrimony which were 37 respondents or 33,6%. Furthermore, the early-age marriage or matrimony would have negative impact against child's mental and psychology. The child would be quiet person, trauma, isolated person, and coward which at last, it could cause mental disorder.

IV. CONCLUSION AND SUGGESTION

Respondents who experienced early-age marriage or matrimony were more occurred in case group, which were 26 respondents (47,3%), meanwhile, in control group were 11 respondents (20%). Furthermore, there was a significant correlation between sociocultural: early-age marriage or matrimony and the occurrence of schizophrenia under 25 years age in Kepil Sub-district, Wonosobo District, Central Java, Indonesia.

The health workers needed to give training or seminar regarding the impact of early-age marriage against child's mental and psychology. The society should need to prevent early-age marriage or matrimony that could influence child's mental and psychology, which could cause the occurrence of schizophrenia.

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