

FAMILY EFFORT IN FULFILLING PERSONAL HYGIENE FOR MENTAL DISORDER PEOPLE

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Abstract: Personal hygiene is a necessity of every person including people with mental disorder. People who are able to fulfill this needs during lives at home is family. The main personal hygiene that needs to be fulfilled is the hygiene of the body and the welfare of the physical and psychological. The purposes of the research was to know the family effort in fulfilling personal hygiene of people with mental disorder. The research design used descriptive. The research population was families who have's members with mental disorder who were registered at public health center of Kepanjen Kidul Blitar City. The sample was 30 families selected by purposive sampling. The data collection process was on Mei 31st until July 30th, 2017. The result showed that the family effort in good category was 24 families (80.0%), fair category was 5 families (16.7%), and less category was 1 family (3.3%). Personal hygiene of person with mental disorder are the needs of dress and toilet. It was recommended to maintain family efforts to fulfill of his personal hygiene need using health education by health provider.

Keywords: efforts, family, personal hygiene, mental disorder

UURI No 18 years 2014 of Kesehatan Jiwa article 1 paragraph 1, said that: "Sanity is the condition whereby an individual can develop physical, mental, spiritual, and social that these individuals plain know how good own, can overcome pressure, can work productively, and contribute to their communities". Life problems getting heavier experienced almost by all the community ranging from a household matter, stress at work, high rate of unemployment and the difficulty of earning a living, these conditions could become the mental health disorder as depression and the suicide risk. A mental disorder which is a change on the function of the soul are to cause the presence of a disorder in the function of the soul, who inflict suffering on an individual or impediments in carrying out the role of social (Keliat, 2011: 2).

Indicator of primary health research (Risikesdas, 2013) mention that the prevalence of mental disorder heavily on the Indonesian population 1.7 per mile. The most number of heavy of mental illness in Yogyakarta, Aceh, South Sulawesi, Bali, and Central Java. The proportion of households that ever stocks household members of a mental disorder

heavy 14.3% and greatest percentage in the people that live across the country side (18.2%), and also on groups of with quintile ownership index bottom (19.5%). While in East Java the prevalence of mental disorder weigh as much as 0.22% and emotional a mental disorder at 6.5%. Data from the district health office of Blitar city in 2014 wrote that amount mental disorders as much as 527 people divided in three public health centers. The number every place that are public health center of Kepanjenkidul as much as 117 peoples, Sukorejo as much as 131 peoples, and Sananwetan as much as 100 peoples.

People with mental disorder had the characteristics like prolonged sad, lousy and tend to lazy, angry without cause, stays, do not know people, talk disorderly, talking to myself, and unable to care for yourself (Keliat, 2011: 3). Phenomenon actual sign in the community of a mental disorder people are not maintained properly, such as a body of smell, dirty clothes, hair and skin dirty, nails long and dirty, teeth dirty accompanied the mouth, and appearance not neat.

Lack of care itself on people with mental disorder occurred as a result of changes in the process of thought so that the ability to perform activities of the care themselves declining. Lacking care of themselves seem care for the excessive cleanliness bathroom myself among them, eat and drink autonomously, ornate autonomously, and toileting (Damaiyanti& Iskandar, 2012: 147).

The problem of hygiene themselves will have an impact to the personal health. The example is changes in the skin could lead to a variety of physical and psychological. A physical disturbance occurring can lead to change self-concept. While psychological disorder can happen because of their probably diminishes beauty appearance and emotional reaction (Doenges, et al in Mubarak, 2007: 126).

Previous studies by interviews at public health center of Kepanjenkidul conducted on June 29, 2016 describe 6 families made progress in fulfilling cleanliness care for mental disorder people like hair clean, no nails long, and not smell, 3 families make efforts to achieve hygiene care themselves proved by the agency which are still dirty, hair are still dirty, no nails long and odorless, and 2 families members were still lack in the treatment of hygiene away with mental disorder proved by the dirty, hair dirty, nails long, and smell. The research aimed to describe the family efforts in fulfilling personal hygiene for mental disorder people.

Research Methods

The research design used descriptive. The population was all of the families with mental

disorder people in public health center of Kepanjenkidul Blitar city with 30 respondents. The sample was 30 families selected by purposive sampling technique. The data collection used closed questioner developing based on theory. The data analysis used descriptive.

Result

The families who take part in the research was 22 female, aged between 41-65 years was 18 people, 11 people had junior school educational background, 10 people as housewives, salary between IDR 500,000-750,000 per month was 21 people, had received information about fulfilling of personal hygiene for mental disorder people was 16 people, and health provider as source of information was 15 people.

Family efforts in fulfilling personal hygiene for mental disorders people presented in Table 1.

Table 1 Family effort to fulfilling of hygiene personal formental disorder people

Effort to fulfill	f	%
Good	24	80.0
Enough	5	16.7
Less	1	3.3
Total	30	100

Family efforts to fulfilling of personal hygiene formental disorder people based on the patient needs are presented in table 2.

Table 2 Family efforts in fulfilling of personal hygiene formental disorder people based on the patient needs

No	The needs of mental disorder people	Family effort to fulfill			
		Done		Not done	
		f	%	f	%
1	Bathing twice a day	29	96.7	1	3.3
2	Drying the body	30	100.0	0	0.0
3	Picking up the toiletries	29	96.7	1	3.3
4	Cleaning the body or limbs	24	80.0	6	20.0
5	Shampooing 1-2 times a week	25	83.3	5	16.7
6	Cutting the hair	28	93.3	2	6.7
7	Combing the hair	23	76.7	7	23.3
8	Brushing the teeth	19	63.3	11	26.7
9	Cut nails once a week	25	83.3	5	16.7
10	Wearing clothes	29	96.7	1	3.3
11	Changing clothes	24	80.0	6	20.0
12	Wearing clothes and releasing the hard part	26	86.7	4	13.3

13	Bribe food from plate to mouth	24	80.0	6	20.0
14	Putting the food to the plate	23	76.7	7	23.3
15	Taking a cup or a glass	27	90.0	3	10.0
16	Going to the restroom or do the elimination activities	30	100.0	0	0.0
17	Putting off clothes	30	100.0	0	0.0
18	Wearing clothes	29	96.7	1	3.3
19	Cleaning up	30	100.0	0	0.0
20	Flushing the toilet	30	100.0	0	0.0

Discussion

According to Yusuf (2015: 154), personal hygiene includes: care cleanliness self, care ornate /dress up, fulfillment of eat and drink, and toileting (urinary and defecate). Mubarak & Chayatin (2007) wrote personal hygiene was an effort made by individuals in maintaining their hygiene and health both physically and mentally. The observation by researcher from people who suffers from a mental disorder was unkempt, such as body odor, dirty clothes, dirty hair and skin, long and dirty nails, dirty teeth and mouth, and improper appearance. Family effort to help fulfilling personal hygiene was by way of invite and train patient to independently fulfill requirement. Family effort was to invite people with mental disorders to make-up, wearing clothes to be nice and polite, change clean clothes, keep clean while eating and drinking, take food and drink themselves, and cleanliness when toileting.

Women have a maternal nature that tends to have a patient attitude in caring for the patient. People with mental disorders experience a change in the function of the soul that can cause suffering to the individual or obstacles to carry out social roles. Nursalam (2014: 89) wrote old age is generally more responsible and more thorough than the young age because the young have less experience. Age is closely related to one's maturity. Researchers argued that the older the age of a person the more mature one's attitude in caring for or meet personal hygiene mental disorders. But it was possible old age just tired in doing the activity, so it took the young people to help in the fulfillment of personal hygiene patients with mental disorders.

Notoatmodjo (1992 in Nursalam 2014: 90) that one's education could increase intellectual maturity so as to make a decision of action. The higher the education level, the easier it receives and develops the knowledge and technology, so it will increase productivity which will ultimately improve the welfare of the family. Researchers argued that

education was a learning process that could increase knowledge and add insight.

The opinion of Thomas cited by Nursalam (2013 in Wawan&Dewi, 2010: 17), work is an activity to be done primarily to support his life and family life. Work is generally a time-consuming activity. Researchers argue that work affects the efforts of families to meet personal hygiene. Housewives have the freedom of time so that they will do their utmost to meet the personal hygiene of the sick family members. Research shows that families who have received information about personal hygiene fulfillment as much as 53.3% (16 people). Notoatmodjo (2014: 91) wrote information is experience, knowledge, and exposure to the media. Although someone has a low education if getting good information then can increase knowledge. According to researchers the more information about personal hygiene, someone more able to meet personal hygiene of the mental disorder people.

Personal hygiene like brushing the patient's teeth was also needed. Treating mouth and teeth was a nursing action in patients who were unable to maintain oral and dental hygiene by cleaning and brushing the teeth and mouth regularly (Mugianti&Suprajitno, 2013; Isro'in&Andarmoyo, 2012). Damaiyanti& Iskandar (2012: 147) lack of self-care people mental disorders occur due to changes in the process of thinking so that the ability to perform self-care activities decreased.

So, the family is expected to meet the primary health needs in order to protect and prevent the disease that may be experienced by the family (Suprajitno, 2004: 14). A healthy person wants to meet the needs of his own health, while in the sick mainly in persons with a mental disorder need assistance from that of others especially in his own family. The five family role in health are known the health problems, take the right decision, take care of the sick, modify the environment, and use health

service facilities (Suprajitno, 2004). Researchers argued that one of the goals of personal hygiene was to maintain one's personal hygiene and disease prevention. Therefore, although the patient had limited thinking processes and obstacles to do personal hygiene the family should accompany the patient self-sufficient and had confidence.

Mubarak & Chayatin (2007) wrote personal hygiene was the efforts made by individual in preserving cleanliness and health himself whether physical or mental. While efforts were any activity to maintain and improve health undertaken by governments and or society. This meant that the increase in health, good individual health, group or community attempts should also be made. The pursuit of health was carried out by individual, group, the community, government agencies, or non-governmental organizations (NGO) (Notoadmojo, 2005: 4).

Conclusion

Family efforts in fulfilling personal hygiene for mental disorders people was in good category, especially the fulfillment of body hygiene, oral and oral hygiene, hygiene while eating and drinking, dressing, and toileting.

Suggestion

Health provider through home care should provide health education to families who had family members with mental disorders in order to fulfill personal hygiene.

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