How to Cite:
Darni, D., Tukan, R. A., Lesmana, H., Damayanti, A., Handayani, F., Zulfia, R., Hasriana, H., & Amir, H. (2022). Phenomenological study: Family behavior towards family members with schizophrenia due to the COVID-19 pandemic. *International Journal of Health Sciences*, *6*(S3), 3355–3368. https://doi.org/10.53730/ijhs.v6nS3.6452

Phenomenological study: Family behavior towards family members with schizophrenia due to the COVID-19 pandemic

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***Abstract*---**Family behaviour is the expression of caring for outpatients with schizophrenia to prolong the relapse. One of the factors is due to family behaviour. Other factors are the lack of support from society, the family, the environment, and the side effects of drugs. This research used a descriptive qualitative with a

Manuscript submitted: 27 Dec 2021, Manuscript revised: 09 March 2022, Accepted for publication: 18 April 2022

phenomenological approach. The number of study participants was eight families with family members who experienced schizophrenia. Data collection used in-depth interviews with interview guidelines and field notes. Analyzed using Colaizzi. Resulted in 7 themes, namely: 1) forms of treatment in the healing process; 2) non-adherent treatment; 3) family behaviour; 4) feeling capable of caring for family members with mental disorders; 5) getting unpleasant behaviour; 6) the family accepted the situation; 7) the family saw life as a decree from God. Family behaviour towards mental disorders is identifying understanding of treatment forms in the healing process; non-adherent treatment; family behaviour; feeling able to care for family members with mental disorders; getting undesirable behaviour; the family accepts the situation and the family values life as a decree from God. Ethical Approval" No: 013/KEPK-FIKES UBT/IX/2021.

***Keywords*---**phenomenology, acceptance, family, schizophrenia, COVID-19.

Introduction

Mental disorders are behavioural deviations due to emotional distortion resulting in irregular behaviour. This occurs due to a decrease in all mental functions (Prabowo Eko, 2014). Commonly, mental disorders are characterized by fundamental symptoms and deviations from thoughts, perceptions, and the presence of unnatural or blunt effects (Yusuf, Tristiana, & Purwo, 2019). Patients with mental disorders have a good quality of life if they regularly take medication and get support from the family at the hospital. However, it is still a lack of care and family support for patients with mental disorders in hospitals (Yunindra, 2018). Patients who are declared cured are not picked up by their families, resulting in increased patient numbers in mental hospitals. As a result, the relapse rate increased, the number of relapsing patients increased, and the number of people with mental disorders on the streets (Paul & Nadkarni, 2017). One of the efforts made to improve family care for people with mental health conditions is to increase family acceptance. The observation results showed that the number of patients treated at the Tarakan mental hospital who could go home without being picked up by their families was 31 out of 45 patients.

Mental health in the world, especially in Indonesia, is an increasing health problem. World Health Organization (2020) presented statistical data stating that around 450 million people worldwide experience mental health problems. One-third of them occur in developing countries. In addition, data found by two researchers at Harvard University and University College London said mental illness in 2016 accounted for 32% of all types of disability worldwide after disability caused by a stroke 40%. This number increased from the previous year to 15.8 % (Visa On Arrival Indonesia, 2016). Basic Health Research (Riskesdas) of the Ministry of Health in 2018 showed a significant increase in the proportion of mental disorders, which rose from 1.7% to 7% compared to Basic Health Research 2013. The ratio of households with schizophrenic mental illness who

were shackled by the place was 10.7% live in urban areas, 17.7% in rural areas, and 14% in Indonesia. The prevalence of pasung in the last three months of 2018 was 31.1% in urban areas, 31.1% in rural areas, and 31.5% in Indonesia.

Data in North Kalimantan Province showed 226 people in 2017 with mental disorders. There were 242 people in 2018 and 245 people in 2019. The results of the 2020 research study of families with people living with schizophrenia in the Gunung Lingkas Public Health Center work area amounted to 67. The study results found that 15 families received family members who had mental disorders, and every month home visits were made to family members who received family members who had schizophrenia. On July 3, 2021, it was found that from 15 families, nine family members experienced changes in behaviour and attitudes towards family members who had schizophrenia due to the COVID-19 pandemic. The interviews results with nine families showed that people with schizophrenia experienced changes in behaviour, such as not regularly taking medication. As a result, the patient experiences relapse and the number of mentally ill patients on the street increases. Besides that, the family stated that they were unwilling to take care of their family members who had schizophrenia because they felt they could no longer take care of them due to the impact of the COVID-19 pandemic.

The family must follow behaviour in caring for outpatients with schizophrenia to prolong the relapse period. But unfortunately, many sufferers do not regularly take medication. One of them is due to changes in family behaviour, such as lack of support from social factors. They lack support from family and environment for sufferers, and side effects of the drug for sufferers (Minarni, 2020). The result of family behaviour research is the thought process or families behaviour who have difficulty caring for family members who experience mental disorders in the healing processes (Soetji Andari, 2017). The results showed that the family's lack of knowledge about schizophrenia, emotions, attitudes of schizophrenic patients, and environmental assessment were problems for family members with schizophrenia. The process of family behaviour was the assumptions of care, health, and the environment (Laksmi & Herdiyanto, 2019).

Materials and Methods

This research was a descriptive qualitative design with a phenomenological approach. Qualitative research was conducted to determine whether problems were found, starting from unique facts in the field (Yusuf et al., 2019). The participants in this study were eight out of thirty-seven people whose behaviour did not change family members who experienced mental disorders. They were selected through in-depth interpretation of the participant's subjectivity. As a result, understanding, meaning, and phenomena were obtained. The interview method was used face-to-face. The behaviour of a family member with a mental disorder must meet the following criteria: 1) Families who have family members as schizophrenic patients with illness >6 months were with a recurrence frequency of more than one time. 2) Outpatient treatment in a mental hospital was for more than three months. 3) Willing and agreeing to participate in the research was by signing the consent form to become a participant. 4) The nuclear family was the main person in charge of people with schizophrenia due to the

COVID-19 pandemic. 5) Using Indonesian was easy for researchers and participants to understand. 6) Willing and agreeing to participate in the research was by signing the consent form to become a participant.

Table 1
Characteristics of Participants (n=8)

No.	Variables	P1	P2	P3	P4	P5	P6	P7	P8
1.	Participant Code	P01	P02	P03	P04	P05	P06	P07	P08
2.	Initial	Mrs S	Mr R	Mrs H	Mrs B	Mr H	Mrs N	Mrs S	Mrs M
3	Age	40 years old	70 years old	42 years old	60 years old	65 years old	43 years old	41 years old	46 years old
4.	Religion	Islam	Islam	Islam	Islam	Islam	Islam	Islam	Islam
5.	Latest Education	SHS	SHS	Elementary School	Elementary School	Elementary School	SHS	Elementary School	Elementary School
6.	Occupation	House maid	Unemployed	Trader	Farmer	Entrepreneur	House maid	Housemaid	Housemaid
7.	Sex	Female	Male	Female	Female	Male	Female	Female	Female
8.	Role in Family	Parents	Parents	Siblings	Parents	Parents	Siblings	Parents	Female
9.	Relationship with Sufferer	Biological children	Biological children	Younger sister/brother	Biological children	Biological children	Older sister/brother	Biological children	Biological children
10	Patient name (initials)	Mr R	Mr R	Ms Y	Mr A	Mr R	Mr B	Mr A	Mr R
11.	Patient age (years)	24 years old	30 years old	32 years old	36 years old	38 years old	39 years old	32 years old	38 years old
12.	Duration of sick (years)	2 years	2 years	3 years	7 years	10 years	5 years	7 years	6 years

Table 2
Theme Distribution

Theme	Sub Theme
Treatment Forms in the healing process	Conducting medical treatment for free and in cash
Non-adherent Treatment	Failure to take treatment.
Family behaviour	Behavioural and supporting factors.
Feeling able to care for family members with mental disorders	Trying to heal with alternative medicine and making treatment efforts.
Getting unpleasant behaviour	Uncaring behaviour from family and

	society
The family accepts the situation	Acceptance factor
The family sees life as a provision from God	Restlessness

This study was conducted in the Tarakan City in North Kalimantan over two months in April 2021. Participants were visited at home by the researcher for approval. Interviews were conducted after participants agreed to contribute to the research. The instrument in this research was the researcher; the researcher's presence in the data collection cannot be represented. Besides that, the researcher developed a voice recorder, field notes, and interview guide using another semi-structured interview to express the participants' points of view and opinions. The duration of the interviews in each meeting was 25 minutes and was conducted in two sessions. The first meeting explained the research, signing of informed consent, and interviews. The second meeting was filled with clarification of the results of previous interviews and the submission of unanswered questions. The validation data was a checking technique used member check by bringing back a report on a particular theme in front of the participants to check whether they felt that the theme was accurate.

Interview data were analyzed using Colaizzi analysis. Research data analysis used a manual system because the sorting vocabulary used by the participants was already broad, with different meanings for each question. The stages explained the phenomenon under study, collected a description of the phenomenon through participant opinions or statements, read the full description of the phenomenon that all participants have submitted, reread the interview transcript, quoted meaningful statements from all participants, explained the meaning of the essential statements, organized the collection continuously into theme groups, wrote a complete description, met participants to validate the description of the analysis results, and combined the validation of the data results into a description of the analysis. Those would be added to the final description. Universitas Borneo Tarakan Ethics Committee approved the Faculty of Health Sciences study ethics number 013/KEP-FIKES UBT/IX/2021.

Results

Based on the participant code at the interview, the participant code was (PO1) - (P8), and the initials of the participants with mental disorders were used differently. The youngest was 25 years old, and the oldest was 70 years old. The age of family members experiencing mental disorders ranges from 20 to 66 years. The religion was Islam. The last education of the participants was varied, such as Elementary School with as many as 5 participants, Junior High School with as many as 2 participants, and Senior High School with as many 8 participants. The majority of participant occupation was a housemaid. The participants were five males and ten females. Roles in the family varied, such as 7 participants were parents, 6 participants were siblings, and a couple of married people. The relationship between sufferers was biological children, as many as seven people, younger siblings were four people, older brothers were two people, and a couple of married people. The illness duration of family members with mental disorders

varied, such as 5 participants was two years, 6 participants were three years, and a person experienced 4, 5, 6, and 7 years. Besides that, 5 participants graduated from elementary school, but there were no difficulties understanding what the participants received in answering the questions and vice versa. The researcher had no difficulty understanding the participants' submissions. Although the participants used the local language (Bugis) several times, both the researcher and the participants were able to understand the meaning (Table 1). The study results identified seven themes: treatment forms in the healing process, medication disobedience, family behaviour, feeling able to care for family members with mental disorders, getting unpleasant behaviour, families accepting circumstances, and families assessing life as a provision from God. Themes and sub-themes (Table 2).

The behaviour of the family in schizophrenic patients can be shown through caring, attachment, support and nurturing, where the family can provide care in the form of treatment needed by family members with mental disorders as a manifestation of the principle of kinship and expressions of family acceptance of the existence of patients with mental disorders in the family. The form of treatment in the healing process is classified into two sub-themes: medical and accessible treatment and cash treatment. Based on observations and interview data on participants, the results that most often appear during interviews are being treated at a hospital, getting treatment at a health centre, getting treatment at a hospital, and using Social Security Administrator for Health (BPJS). Treatment carried out by families with family members who experience mental disorders has many ways. Although treatments that are carried out often involve alternative medicine, some use medical treatment by doing regular treatments. The action from the family that the participants often said during the interview was being treated in a hospital using Healthy Indonesia Card (KIS), Basarnas assistance, and social services assistance (Quote 1, 3). (Look at the quote in table 3). Theme 2. Non-adherent Treatment.

Compliance in taking medication is a behaviour that is not easy to carry out. To be healed from the disease, treatment is needed for every patient. In treatment, a person is said to be disobedient. If the family neglects treatment, it can cause delays in healing. Families who have family members who experience mental disorders try as much as possible to heal their family members who experience disorders. However, there are also obstacles that families often experience when doing the treatment. This non-adherent treatment is classified into one sub-theme: failure to take treatment. Based on observations and interview data on participants, the results of non-adherent treatment that most often appeared during the interview were treatment dropping out of money, taking medication irregularly and not wanting to take medication (Quote 6,7). Theme 3. Family Behavior

Health behaviour is the activities of a person which can be observed directly (observable), or that cannot be observed directly by others (unobservable) related to the maintenance and improvement of health. For example, the family's behaviour in schizophrenic patients can be shown through caring, attachment, support and nurturing if the family can provide care in the form of treatment

needed by family members with mental disorders. It was a manifestation of the principle of kinship and expressions of family acceptance of the patients' existence with mental disorders. Behavioural attitudes in the behaviour of family members with mental disorders are classified into two sub-themes, namely behavioural factors and supporting factors. Based on observations and interview data on participants, the results of family behaviour that most often appeared during interviews were old, unemployment, elementary school education, difficulty to understand, rough family, caring for until healed, treating until recovered, assisting in treatment, and delivering to a mental hospital (Quote-15).

Theme 4. Feeling able to take care of the family members with mental disorders. Families or parents can take care of family members who experience schizophrenia. Families caring for their children never feel emotions again and continue to accept their child's condition no matter what the situation is. The attitude of the family or parents remains patient even though family members who have mental disorders have been in a lot of trouble and have often embarrassed the family. I have spent a lot of money on medical expenses. All treatment efforts have been carried out until the cost of treatment has run out, but family members who experience mental disorders still have no change in their illness. They often recur, especially if they take their medicine irregularly.

Feeling able to care for family members with mental disorders is an effort made by participants to heal their family members with mental disorders. The family makes efforts by mobilizing energy and thoughts to solve alternative and medical problems. Feeling able to care for family members with mental disorders is classified into two sub-themes: trying to heal with alternative medicine and taking treatment efforts. Based on observations and interview data on participants, it was found that they felt able to care for family members with mental disorders that most often appeared during interviews were rukiah shaman treatment, rukiah treatment, shaman treatment, acupuncture treatment, psychiatrist treatment, providing medicine, routinely taking medicine, taking medicine in the morning and afternoon (Quote 17-21).

Theme 5. Getting Bad Treatment. Behaviour is all activities or activities of a person, both those that can be observed directly (observable) or that cannot be observed directly by others (unobservable) related to the maintenance and improvement of health. For example, the behaviour of the family in schizophrenic patients can be shown through caring, attachment, support and nurturing, where the family can provide care in the form of treatment needed by family members with mental disorders as a manifestation of the principle of kinship and expressions of family acceptance of the existence of patients with mental disorders in the family. On the other hand, unpleasant behaviour from family or society often occurs toward family members with mental disorders. Getting unpleasant behaviour from both the family and the community is classified into one sub-theme: uncaring behaviour from family and society. Based on observations and interview data on participants, the results of unpleasant behaviour that most often appear during interviews are rude behaviour, disrespectful words, getting insulted, and feeling disgraceful (Quote 22, 23).

Tema 6. Family accepting the situation. The behaviour of the family in schizophrenic patients can be shown through caring, attachment, support and nurturing, where the family can provide proper care to family members with mental disorders as a manifestation of the principle of kinship and the expression of family acceptance of the existence of patients with mental disorders in the family and The family has reasonable expectations so that his heart feels at ease. Therefore, family acceptance of family members who experience mental disorders began to be carried out by participants to their families. Families accepting this situation are classified into one sub theme: the acceptance factor. Based on observations and interview data on participants, the results that often appear during interviews are recovering, sister support, and brother support (Quote 25, 26).

Theme 7. Family values life as a provision from God. Families or parents can care for a family member who has schizophrenia. The attitude of the family or parents remains patient even though family members who have mental disorders have been in a lot of trouble and have often embarrassed the family. The family accepts this situation because it is a provision from God. Therefore, the family feels able to care for family members who have mental disorders. Families view life as a provision from God for family members with mental disorders, classified into one sub-theme, namely Insecurity of heart. Based on the observations and interview data of the participants, the results of the family assessing life as a provision from God that most often appear during interviews are destiny and trials from God (quote 27 dan 28). (Look at table 3).Table 3. Summary of Participants' Statements

Quotes	Statements
1.	"Yes... we immediately called the Satpol PP to pick them up and take them to be treated at the hospital. Six months in the Mental Hospital, he was treated there, back home and my child has been going back and forth to the Mental Hospital" (P1) (P3)(P4)(P6)
2.	"I took medicine because the place for the treatment was at the Health Service Center if it ran out again" (P1) (P3) (P4) (P6) (P8)
3.	"Other treatments such as treatment at the Mental Hospital are supported by the family, relatives, and father..." (P1) (P4) (P6) (P7).
4.	"For the treatment, we use a BPJS card, so everything is free" (P1) (P2) (P3) (P4) (P5) (P6) (P8)
5.	" During this COVID-19, I never returned the medicine to the hospital again, ma'am, for fear of getting a covid disease. I always seek treatment at a practising doctor at my own expense, ma'am" (P2) (P6) (P7) (P8).
6.	"There are some of our family member who understands the condition of my child having a mental disorder" (P1) (P2) (P3) (P4) (P5)
7.	"When she first got out of the Mental Hospital, my sister didn't want to take her medicine, ma'am..? regularly" (P1) (P3) (P5) (P7) (P5) (P7).
8.	" Yes, sometimes I don't take my child's medicine regularly because I'm already old"(P1) P2) (P4) (P5)
9.	" Ma'am, I'm old and no longer working. That's why sometimes it's difficult to buy medicine for my child" (P1) (P2) (P4) (P5) (P8)
10.	"Yes, I only have elementary education, it's difficult to understand the explanation from the health side, but I'm still trying to help my child ma'am"

(P1)
(P2) (P3) (P4) (P5) (P6).

11. "I, ma'am,... often don't understand the information conveyed. It's hard for me to understand maybe because I'm already old when I bought it..." (P1) (P3) (P6) (P8)
12. "There are, ma'am, some family members who being rude towards my child who has gone crazy. poor him"(P1) (P3) (P4) (P5) (P6)
13. "I'm sure to help my child with treatment until he recovers"(P1-P8)
14. "Yes.. me as a parent, I will take care of my child until he recovers, I pity her.." (P1-P8).
15. "If my child has a relapse, the community will help take him to the hospital, ma'am"(P1-P8).
16. "Uuhhh….I feel sad, Ma'am?" (P1-P13)
17. "Yes... I took him to the shaman for treatment, ma'am" (P1) (P3) (P6) (P8)
"I took Rukiah for her treatment, but it didn't get better" (P1).
18. (P3) (P4) (P6) (P8).
"If my child's medicine runs out, I routinely provide medicine every month
19. and go to the Mental Hospital at the Poli or Public health Center" (P1-P8).
"I pay attention to the medicine because if I don't take medicine and it comes
20. back again, eventually every time the medicine runs out, my wife or I routinely take medicine to the Public Health Center" (P 1-P6)
21. "Regularly take medicine in the morning and evening, we routinely take medicine when it is finished at the health centres" (P1-P8)
22. "Once ma'am...at that time my son got sick again he was screaming in front of people's houses and people came angry with me with rude behaviour telling me to remember and lock my child so as not to disturb other people" (P1) (P3) (P5) (P6) (P7).
23. "There is ma'am... when he was out of the Mental Hospital he was looked down upon by the public and was never considered again and even often gets insulted (they said crazy people)" (P1) (P3) (P4) (P6).
24. "My hope is ma'am... I hope my child can recover as before, have a wife and be good like before" (P1-P7).
25. "Thank God for my child's treatment. His sister is very supportive"(P1) (P4) (P5).
26. "All the treatment that we do, our brother give supports ma'am......." (P1)(P3) (P4) (P5) (P6).
27. "I'm resigned to this situation. How else can this be? It is my child's destiny" (P1-6).
28. "Surrender, this is a trial from God, and I have to keep trying" (P1-P6) (P8).

Discussion

Health behaviour is all activities or activities of a person, both that can be observed directly (observable), or that cannot be observed directly by others (unobservable) related to the maintenance and improvement of health. Therefore, this health behaviour is broadly grouped into two, namely: healthy behaviour (Health Behavior), which is the behaviour of healthy people to stay healthy or improve their health and health-seeking behaviour (Health Seeking Behavior), which is the behaviour of people who are sick or have exposure to health

problems to obtain healing or solving health problems (Notoatmodjo, 2014). Participants' family behaviour towards family members who have mental disorders has reasonable expectations so that their hearts feel calm. Based on observations and interview data on participants, the results that most often appear during interviews are being treated at a hospital, seeking treatment at a health centre, seeking treatment at a hospital, using BPJS, KIS assistance, Basarnas assistance, social service assistance, buying medicine, seeking treatment at the practice and seeking treatment at a specialist. The results of other supporting studies stated that the treatment undertaken as an effort in the healing process of schizophrenic patients is undertaken using various methods. This method is used to cure and restore the social functioning of people with schizophrenia. In addition to using a medical approach and seeking treatment at a hospital, the public health centre has collaborated with officers from the social service to approach families and communities as a method of social work in the healing process of people with schizophrenia. In this social work method, family and community are considered the closest environment that can positively or negatively stimulate the recovery of schizophrenic patients (Pairan, Akhmad, & Nugraha, 2018).

A non-adherent was taken if the family neglects treatment, causing delays in healing. The study results were "Families who have family members who experience mental disorders" attempt as much as possible to recover their family members who experience disorders. However, there are also obstacles that families often experience in undertaking treatment. Therefore, this non-adherent treatment is classified into one sub-theme: failure to take treatment. Based on interviews with participants, the results obtained from non-adherent treatment were classified into discontinued treatment due to ran out of money and the patient refusing to take medicine.

Supporting research results found that the family experienced an economic downturn, where the family had lost their source of income and had no more assets because they had gone all out for treatment. Consequently, the treatment was dropped due to no longer any resources. A strong urge to seek ways to recover the affected family member makes the family willing to sell all their possessions, which is described by selling their rice fields, gold, houses, and livestock to heal the affected family member. However, the healing range takes a long time and requires no small money. In addition, families have problems giving medication because sometimes patients refuse to take medication (Kissa Bahari, Imam Sunarno, & Mudayatiningsih, 2017).

The results of other supporting studies stated that even if patients have one type of drug that is not available in hospitals, patients must wait until they get the money to buy it and medical services away from home. Lack of money causes the family not regularly to purchase medicine, and they must wait a few more weeks before buying the medicine. The lack of funds for transport and medication for patients is a major obstacle to patient improvement and frequent relapses (Iseselo, Kajula, & Malima, 2016). The results of other supporting studies indicate that schizophrenic patients still face problems of non-compliance in taking drugs. This happens for several reasons stated by the interview participants, including

the patient's laziness, side effects of drugs, money runs out to buy drugs, and the boredom felt by the patient. These reasons result in the emergence of symptoms of recurrence and even relapse (Konadi, Nauli, & Erwin, 2017).

In caring for their ill family members, family behaviour greatly supports the healing process. Such behaviours came from the family and the environment. This family behaviour is classified into two sub-themes: behavioural factors and supporting factors. Based on data from interviews with participants, family behaviour resulted from factors: they were old, unoccupied, had elementary school education, difficult to understand and had a rough family. The results of other supporting studies showed factors that cause behaviour to change. They can be classified as predisposing factors such as age, job education, and attitudes or behaviour. In addition, they were influenced by occupational factors, including problems in the treatment process if the family is fired or does not work, stress on environmental conditions and stigma (cause of relapse of schizophrenic patients) (Helmiati Dilfera & Resnia, 2018).

Other research supporting the study of family behaviour results is all activities or activities carried out, both those that can be observed directly (observable) or that cannot be observed directly by others (unobservable) related to the maintenance and improvement of health. It is broadly grouped into two: healthy behaviour (the behaviour of healthy people to stay healthy or improve their health) and health-seeking behaviour (the behaviour of people who are sick or had a health problem, seeking a solution to their health problem). (dharmawan). Feeling able to care for family members with mental disorders is an effort made by participants to heal their family members. They made efforts by mobilizing energy and thoughts to solve alternative and medical problems. It is classified into two sub-themes: attempt to heal with alternative medicine and undertake medical treatment. The interview results showed that feeling able to care for family members with mental disorders was through ruqyah shaman treatment, ruqyah treatment, shaman treatment, providing medicine, routinely taking medicine, and preparing medicine in the morning and afternoon.

The supporting research results show that the family uses alternative medicine by going to a shaman. A shaman is a person who treats or helps sick people by giving spells, namely enchantments and witchcraft. Kyai is a term for scholars or teachers of supernatural powers who make families seek alternative medicine. On the one hand, the family believes that the illness suffered by one of the family members can be cured with the supernatural powers of a shaman. However, on the other hand, the family also believes that the patient's illness can be cured with spiritual power, namely prayers and remembrance; thus, the family takes the patient for treatment to a kyai (Kissa Bahari et al., 2017).

Other supporting research states that families seek treatment for their ill families. Several treatments were undertaken, such as Treatment at Islamic boarding schools and alternative medicine (Sari and Savira 2015). The results of other studies stated that the family had undertaken treatment efforts in achieving healing. They had attempted any alternative medicine and health services. All participants explained that they had tried to go to a traditional healer to get cured

(Diorarta & Pasaribu, 2018).

Other supporting research results show that access and availability of mental health services in rural areas, far from medical services, is still a concern. Family distrust and frequent relapses are two pieces of evidence. In addition, families often seek alternative treatments readily available in rural areas, such as traditional healers and ruqyah. For them, mental health services are relatively better and well-coordinated in urban environments, which are characterized by medical treatment and psychological counselling to change the behaviour of people with schizophrenia (Laila, Mahkota, & Krianto, 2018).

The family's behaviour in schizophrenic patients is shown through caring, attachment, support, and nurturing, exactly what patients need. These are also the manifestation of the kinship principle and an expression of their acceptance. The acceptance behaviour of participants towards ill family members came from reasonable expectations. Therefore, their hearts feel calm. Based on observations and interview data on participants, the results that most often appear during interviews are 1) acceptance factors such as family expectations. Families support their ill family members by understanding the conditions experienced by patients. They hope that their sick family member can be fully recovered, be rehabilitated, and stop taking drugs. 2) Acceptance factors such as family attitudes. Their attitudes such as mutual support between siblings. Based on observations and interview data on participants, the results that often appear during interviews are mutual support between siblings.

Both supporting research and the results of this study indicated that most families could accept with a calm attitude and support schizophrenia patients. However, there was a feeling of worry and resignation with this situation, yet they remained hopeful that the schizophrenic patient could recover (Yundari & Dewi, 2018). The family also revealed that their life was hard for a long time and was uneasy. However, they rebuild the spirit through the mind to stay strong, keep trying, not complain and feel able to endure it. The family feeling that participants most often expressed during the interview was surrender and accepting trials from God. They said it was fate, and they had to accept it. Supporting research results stated that in addition to the mentioned above, families also have insecurities in caring for their ill family members, which is not easy to live with. However, they also decided that destiny and a trial from God must be endured. In addition, they think that the life they live is miserable and makes them suffer, but they remain solid and enthusiastic in facing life's problems(Bahari, Sunarno, & Mudayatiningsih, 2017).

Other supporting research results stated that the family did medical treatment, but there was no progress in the patients' healing. Thus they did non-medical treatment (alternative medicine). Participants said they had undertaken health service actions at a hospital as a referral from a community health centre and took alternative treatment such as rukyah or a traditional healer (Konadi, Nauli, & Annis, 2017). The family behaviour of schizophrenic patients can be shown through caring, attachment, support, and nurturing. These are the manifestation of the family principle and expression of family acceptance. However, unpleasant

behaviour sometimes also arises from families and communities who reject the existence of circumstances of family members with mental disorders. Unpleasant behaviour from family and society is classified into one sub-theme: uncaring behaviour from family and society. Based on data from interviews with participants, uncaring behaviour from family and society can be seen through their rude behaviour, disrespectful words and insults. This study is supported by other studies' results regarding their attitudes and behaviours in controlling the patient's emotions to prevent the recurrence of the patient's violent behaviour. It can be seen through permissiveness (the source of the trigger for recurrence of violent behaviour), using a rude approach, and threatening the patients. Some of the behaviours merely let the patients do whatever they want (Wuryaningsih, Emi W, S, & D, 2016).

Conclusion

This study can be concluded that the behaviour of families with schizophrenic patients during the COVID-19 pandemic is divided into three parts. The first part is about family behaviour towards schizophrenic patients: 1) Identifying the understanding of family caregivers about the behaviour of family members. This understanding consists of two themes: adhering to the healing process and non-adherence treatment; 2) Knowing how the schizophrenia family member behaves. This behaviour consists of two themes: family behaviour and feeling able to care for their ill family members; 3) Knowing how the behaviour of the environment towards them. This behaviour consists of one theme: getting unpleasant behaviour; 4) Knowing how the family feels about their ill family members. This feeling consists of two themes: accepting the situation and seeing life as a decree from God.

In the second part, the research results show similarities and differences between the theories used. First, from the results of this study, there are differences such as the causes of difficulties (stress, physical, and effective adaptation). Second, this result showed in theory but was not found during interviews. Third, the similarities from the results of this study are (i) family perceptions, which can be found in Dorothy E. Johnson's theory on themes one and six, (ii) family support according to Dorothy E. Johnson's theory on themes four and (iii) the existence of family behaviour characterized by behavioural factors and supporting factors.

Acknowledgments

Thank you to the Chancellor, LPPM Borneo University Tarakan and all related institutions.

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