



PICTURE OF SOCIETY STIGMA TOWARDS PEOPLE WITH MENTAL DISORDERS (ODGJ)

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ABSTRACT

Mental disorders are caused by the instability of individual psychosocial functions, although some are related to the dysfunction of certain physical or neurological organs. Mental health is more difficult to observe and so often does not get enough attention from the public. Objective: to find out the community's stigma against ODGJ in Krompaan Village, Gemuh District. This study used a descriptive survey study design, a sample of 400 samples, the sampling technique used was purposive sampling. The questionnaire used is the community's stigma against ODGJ from 16 questions. Statistical analysis using univariate analysis. The stigma of the labeling community is mostly sufficient as much as 348 (87.0%), the stigma of the stereotyping community is sufficient as much as 335 (83.8%), the stigma of the separation community is sufficient as much as 171 (42.8%), the community stigma on the aspect of discrimination is sufficient, namely as many as 201 (50.3%), this is because there are some people who demean, do not consider and harass ODGJ patients.

Keywords: ODGJ; stigma; society

INTRODUCTION

Mental disorders are caused by instability of individual psychosocial functions, although some are related to the dysfunction of certain physical or neurological organs. Mental disorders are also a serious health problem because their numbers continue to increase, and are chronic diseases with a long healing process (Hartanto et al., 2021). Mental disorders are a syndrome or pattern of behavior that is clinically significant and associated with distress or suffering and causes disruption to one or more functions of human life (Suwaryo et al., 2016) WHO (World Health Organization) (2020) confirms that the number of clients with mental disorders in the world has reached 450 million people and at least 1 in 4 people in the world experience mental disorders. In Indonesia, the number of clients with mental disorders has reached 1.7 million, which means that 1 to 2 out of 1,000 people in Indonesia experience mental disorders and in Central Java, clients with mental disorders have reached 481,975 people and continue to increase every year (Risikesdas, 2020).

The number of People with Mental Disorders (ODGJ) is still quite high. In 2018, the number of OGDJ in Kendal Regency reached 1240 people, 29 of whom had been shackled (Kendal Regency Health Office, 2020). The main factors causing the increase in the number of mental disorders are economic factors and the burden of life due to the inability to cope with emotions and weak social support. The main cause is the lack of public awareness to prevent or anticipate the severity of illnesses suffered by family members with mental disorders (PH et al., 2017). The results of the stigma study (Putriyani & Sari, Hasmila, 2016b) obtained the results of the community towards people with mental disorders in Kuta Malaka District, Aceh Besar Regency, in the low category with a frequency of 35 and a percentage of 51.5%. Based on Renata's Ethnography research (2016) on the culture and language of the community more difficult to observe so that it often does not get enough attention from the public, even those involved in the world of health (Herdiyanto et al., 2017).

Stigma is a process of recognition or identification according to the use of the five senses. The impression received by an individual is highly dependent on all experiences that have been obtained through the process of thinking and learning, and is influenced by factors originating from within the individual, as an activity that allows humans to control the stimuli that reach them through their senses (Setiawan et al., 2019). The Mechanism of Stigma According to Major & O'Brien (Anggraeni, 2015), namely the existence of negative treatment and direct discrimination. The mechanism of stigma is divided into four, namely the existence of negative treatment and direct discrimination, stigma becomes a process through confirmation of expectations

or self-fulfilling prophecies, feelings and behavior of the individual, the emergence of stereotypes automatically and the occurrence of a process of threat to the identity of the individual (Setiawan et al., 2019). Rahman, (2016) argues that there are several forms of stigma in society, namely: labeling, stereotypes, separation and discrimination. Labels are given according to the differences of community members. Stereotypes are ideological or cognitive frameworks consisting of knowledge and beliefs about certain social groups and characteristics. Stereotypes are beliefs about characteristics. Separation is our separation (as the non-stigmatized or stigmatized party) from them. September 2021 in Krompaan Village, Gemuh District, interview method with 10 people, 7 people said they had carried out various forms of stigma against ODGJ, namely 6 people said they did not like, made differences with ODGJ (labeling), 7 people said they did not want to communicate and thought badly and carried out their own beliefs (stereotypes), 6 people said they had separated ODGJ such as placing them in the garden alone (separation) and 5 said they had insulted and embarrassed ODGJ in public places (discrimination) and 3 other people said they were concerned, sad and helped such as providing food and drink to people with mental disorders. Based on the background and phenomena, the researcher is interested in conducting research on "Description of community stigma towards people with mental disorders in Krompaan Village, Gemuh District" (Notoatmodjo, 2018).

METHOD

The type of research uses quantitative research with a descriptive survey design. This study aims to present data and figures that describe the stigma of society towards ODGJ. The population in this study was the community in Krompaan Village as many as 2,090 people aged 25-50 years. Purposive sampling is one of the sampling techniques with special considerations so that the data from the results of the research conducted becomes more representative (Nursalam, 2015). A study conducted by Subu, (2015) on 15 nurses and 15 patients at the Marzoekei Mahdi Mental Hospital in Bogor using a qualitative grounded theory method showed that stigmatization of people with mental disorders is often carried out by family members, community members, health services, and also by government agencies and the media. The stigmatization that arises includes violence, fear, exclusion, isolation, rejection, blame, discrimination, and devaluation. Physical, psychological violence and insults have caused people with mental disorders to be avoided, expelled, ignored, isolated, hidden, or abandoned on the streets. Law Number 18 of 2014 concerning Mental Health generally states that the 1945 Constitution of the Republic of Indonesia guarantees that everyone can live in physical and spiritual prosperity and obtain health services by organizing health development. However, the government still faces many obstacles in overcoming mental disorders (Ministry of Health of the Republic of Indonesia, 2014). Mestdagh and Hansen (2016) stated that people who have a negative stigma towards clients with mental disorders tend to avoid and are unwilling to provide assistance to people suffering from mental disorders, thus complicating the healing process (Purnama et al., 2016b).

RESULT

Table 1.
Description of the age of the community (n = 400)

Category	Meab mode	minimum	maximum
Age	37,4650	40,00	25,00 – 50,00

The table above shows the average age of respondents is 37 years, with the highest age being 40 years and the minimum age being 25 years and the maximum age being 50 years.

Table 2.
Description of education, gender, and occupation of the community (n = 400)

Characterisics	f	%
Education level		
No schooling	12	3,0
Primary School	91	22,8
JuniorHigh school	197	49,3
High school	84	21,0
Diploma	8	2,0
Bachelor's degree	8	2,0
Resondent gender		
Male	188	47,0
Female	212	53,0

Characteristics	f	%
Occupation		
Employee	77	19,3
Private	42	10,5
Civil servant	5	1,3
Trader	65	16,3
Farmer	84	21,0
Housewife	127	31,8

The table above shows that the majority of the community has a junior high school education of 197 (49.3%), female respondents of 212 (53.0%) and work as housewives of 127 (31.8%).

Table 3.

Characteristics of respondents based on age

Median	min	maxi	95% confiden interval	
			Lower	Upper
39,00	28	58	38,02	42,35

The table above shows the median age of respondents is 39 years, minimum age is 28 years and maximum age is 58 years.

Table 4.

Description of community stigma towards ODGJ (n = 400)

Labeling	f	%
Less	34	8,5
Enough	348	87,0
Good	18	4,5
Steriotipe		
Less	32	8,0
Enough	335	83,8
Good	33	8,3
Separation		
Less	106	26,5
Enough	171	42,8
Good	123	30,8
Diskriminasi		
Less	168	42,0
Enough	201	50,3
Good	31	7,8

Table 5.

Respondents' answers regarding the stigma of society towards ODGJ (n = 400)

No	Question	Answer			
		SS	S	TS	STS
	Labeling				
1	I believe that people with mental disorders are unable to cope with their problems on their own.	3 0,8%	26 6,5%	156 39,0%	215 53,8%
2	I believe that people with mental disorders can achieve good grades in school.	112 28,0%	182 45,5%	64 16,0%	42 10,5%
3	I believe that people with mental disorders cannot behave well like other friends.	14 3,5%	65 16,3%	190 47,5%	131 32,8%
4	I believe that people with mental disorders are not as good as normal people in general in carrying out daily activities.	14 3,5%	65 16,3%	194 48,5%	127 31,8%
5	I believe that people with mental disorders are as intelligent as normal people in general.	130 32,5%	198 49,5%	45 11,3%	27 6,8%
6	I believe that people with mental disorders cannot be trusted like normal people in General.	31 7,8%	70 17,5%	161 40,3%	138 34,5%
7	I believe that people with mental disorders can recover.	36	138	163	63
8	I believe that giving activities to people with mental disorders will not make them better.	76 9,0%	158 34,5%	124 40,8%	42 15,8%
9	I believe that people with mental disorders can achieve success.	151 19,0%	183 39,5%	53 31,0%	13 10,5%

No	Question	Answer			
		SS	S	TS	STS
Steriotipe					
10	I believe that most people are afraid of people with mental disorders.	14 3,5%	85 21,3%	180 45,0%	121 30,3%
11	I feel comfortable interacting with people with mental disorders	75 18,8%	210 52,5%	83 20,8%	121 8,0%
12	I believe that people with mental disorders are dangerous.	8 2,0%	77 19,3%	207 51,8%	108 27,0%
13	I believe that people with mental disorders are not dangerous.	89 22,3%	197 49,3%	78 19,5%	36 9,0%
Separation					
14	I feel uncomfortable having a neighbor with a mental disorder	39 98,%	67 16,8%	171 42,8%	123 30,8%
Diskrimination					
15	I feel that the company's decision to employ people with mental disorders was the wrong decision.	58 14,5%	106 26,5%	145 36,3%	91 22,8%
16	I look down on someone who visits a counselor for mental health problems.	88 22,0%	207 51,8%	74 18,5%	31 7,8%

The table 5 shows the stigma of society towards ODGJ labeling on the question "I believe that people with mental disorders can achieve good grades in school" as much as 45.5%, "I believe that people with mental disorders are as intelligent as normal people in general" as much as 48.5%. On the Stereotype "I feel comfortable interacting with people with mental disorders as much as 52.5%, on I feel uncomfortable if I have a neighbor with a mental disorder as much as 42.8% and on Discrimination "I feel that the company's decision to employ people with mental disorders is the wrong decision" as much as 36.3%.

DISCUSSION

Age

The results of the study show that society has sufficient labeling as evidenced by the stigma of late adulthood society with sufficient stereotype stigma as many as 154 (38.5%). the average age of respondents is 37 years, with the most age being 40 years, the youngest age being 25 years and the oldest age being 50 years. The largest number of Indonesians is aged 10-14 years, which is 24.13 million people. After that there are residents aged 5-9 years as many as 24.03 million people. Then, the population aged 20-24 years is 22.98 million people. A total of 21.98 million people are aged 35-39 years. A person's age reflects maturity in making a decision, this shows that the older they are, the more their knowledge will increase (Sari, 2018). Notoadmodjo (2012) revealed that increasing age will affect physical and psychological changes, this occurs due to the maturation of organ function. The psychological level of a person's thinking level is increasingly mature and adult. The average age of respondents is 37 years, so from the comparison above, age is directly related to society's view of stigma because adulthood is the age where someone is ready to play a role and be responsible and accept a position in society, the time to work, be involved in social relations in society and establish relationships with others. Respondents who are adults can understand and accept ODGJ. In this case, the results of the study are in accordance with the theory which states that the more mature a person is, the more mature and regular the way of thinking is in carrying out an action (Mane et al., 2022). Notoadmodjo's opinion (2012) Age differences also affect the level of community participation, so that in society there are differences in position and degree based on seniority, so that it will give rise to the old and young groups, which differ in certain things, for example in channeling opinions and making decisions. Age is also a level of maturity of a person because the older a person is, the more knowledge they have, not only from the environment but also their experience in facing reality towards maturity of thought.

Education

The results of the study showed that the majority of people had junior high school education, as many as 197 (49.3%). Education can affect a person's ability to perceive. The higher the education, the more information they have and the better they are at processing information (Dewi et al., 2020). People with higher education will have a good ability to perceive the act of restraint on clients with mental disorders in the community that disturbs the community. Conversely, in people with low education, the information they get is likely to be less and there is difficulty in processing information, so they have a negative perception of clients with mental disorders who are restrained. Collins (2018) also stated that stigma can be reduced in three ways,

namely process, education, and contact. Increasing education that synergizes with increasing knowledge is a factor related to a more positive and beneficial attitude (Van der Kluit MJ and Goossens PJ, 2017). Research conducted by Dewi et al., (2020) revealed that people with high knowledge about mental disorders can have a more positive attitude towards ODGJ.

Community-based care for clients with mental disorders will not be hampered if the community is willing to socialize with clients with mental disorders. Education plays an important role in increasing public knowledge about mental disorders (Herdiyanto et al., 2017). Health education delivered through the mass media can be used as a medium to socialize knowledge about mental health so that it can make the public aware that mental disorders can live normally and must be served fairly (Dewi et al., 2020). According to Sari & Nauli (2016), rural communities are more easily influenced by the stigma that develops in society than urban communities aged 36-45 years. This is because rural communities may have relatively lower knowledge and education compared to urban communities.

Work

The results of the study showed that the majority of the community worked as housewives as many as 127 (31.8%). Women who take care of all household needs, a wife whose main job is to do all household chores and not work in the office (Purnama et al., 2016a). In general, a woman who is called a housewife does all the housework and does not work outside the home (Berman et al., 2016). Work can affect a person's information or knowledge. According to Subu et al., (2017), the work environment can provide a person with experience and knowledge both directly and indirectly. Work is a factor that influences a person's perception and attitude. A person who often interacts with other people has more knowledge than a person without interaction with other people. The experience of housewives learning at work that is developed provides professional knowledge and skills and the experience of learning at work will be able to develop the ability to make decisions which are an integration of scientific and ethical reasoning (Notoatmodjo, 2012). Being a housewife does not mean that mothers are free from all pressure. Housewives are actually prone to stress or even depression if they do not have good stress management. Housewives need extra patience, especially without the help of a household assistant to take care of the needs of their husbands, children and housework, because mothers are used to not being easily stressed, so they can accept ODGJ patients (Mahardika, 2021).

Knowing the description of labeling on ODGJ

The results of the study showed that the stigma of labeling society is mostly sufficient, this is because the community around the patient's residence gives nicknames to ODGJ patients. Labeling is giving labels or naming based on the differences that members of the community have, what is more prominent is that individual differences are not considered relevant in social life, so they are given a negative label by society (Yosep, 2019). The selection of characteristics in creating labels for individuals or groups is a social achievement that needs to be understood as an important component of stigma. Based on the explanation above, labeling is naming based on the differences that certain groups have (Nashriana, 2020). The results of respondents' answers "I believe that people with mental disorders can achieve good grades in school" were 45.5%, "I believe that people with mental disorders are as intelligent as normal people in general" were 48.5%. This labeling not only affects the patient, but more than that, it also affects the closest people to the patient or the patient's family. Patients and their families will experience negative impacts due to this labeling, such as tending to be shunned, belittled, and considered to have shame (Ibad et al., 2021). The results of the study by Angermeyer, M.C., and Matschinger (2016) explain that labeling or nicknames for mental illness will have an impact on people's attitudes towards ODGJ, with a greater negative effect than a positive effect. Stereotypically, it has a stronger negative effect on a person's perspective in perceiving or responding to ODGJ and then avoiding them. When the community around the patient's residence gives a nickname or label, it will actually make the patient think negatively about himself and become a stressor that can worsen the condition of the patient with mental disorders, especially if at that time the patient is undergoing psychotherapy, it will affect the success of the therapy (Viedebeck, 2018).

Knowing the stereotype picture of ODGJ

The results of the study showed that the stigma of the stereotype community was quite high. This is because there are some people who consider ODGJ bad, which can endanger society. Stereotypes are cognitive aspects or frameworks of thinking that are divided into knowledge and beliefs about certain social groups

and certain traits (Murdianto, 2018). According to (Fatimah, 2014) stereotypes are beliefs about the characteristics of members of a particular group. Stereotypes are components or cognitive collections based on beliefs about personal attributes possessed by people in a particular group or social category. Stereotypes can be the basis for prejudice, although this does not mean that someone who has a negative stereotype about a particular group will definitely display bad prejudice (Putriyani & Sari, Hasmila, 2016b) The results of respondents' answers to the stereotype "I feel comfortable interacting with people with mental disorders as much as 52.5%

The results of the study by Angermeyer, M.C., & Matschinger, (2016) explain that labeling or nicknames for mental illness will have an impact on people's attitudes towards schizophrenia sufferers, with a greater negative effect than a positive effect. Stereotypically, it has a stronger negative effect on a person's perspective in perceiving or responding to schizophrenia patients and then avoiding them. This is also supported by Murdianto's opinion (2018) that a schizophrenic attacks another person, society is encouraged to believe that some people with schizophrenia tend to be violent. As a result, it is not surprising that most of the 904,000,000 people in the United States are afraid of individuals with mental disorders and do not want to interact with them. Lestari & Wardhani (2014) said that the stigma against people with mental disorders in Indonesia is still very strong. With this stigma, people with mental disorders are isolated and can worsen mental disorders that suffered. Although stereotypes are the basis of prejudice and discrimination, it does not mean that someone who has a negative stereotype about a particular group will definitely display prejudice and discrimination. Negative perceptions, stereotypes and expectations can lead individuals to behave according to the stigma given so that it affects the thoughts, feelings and behavior of the individual. The stereotype of society towards people with mental disorders is in the high category influenced by the beliefs held by society where society assumes that people with mental disorders are the same as crazy people (Putriyani, Sari & Hasmila, 2016b)

Knowing the picture of separation in ODGJ

The results of the study showed that the stigma of separation society is quite high. This is because there are some people who think that ODGJ is dangerous. Separation is the separation of us "as parties who do not have stigma or give stigma" with them "groups that get stigma" (Putriyani, Sari & Hasmila, 2016a). The relationship between social labels and negative attributes will be justified when individuals who have been labeled believe that they are indeed different so that it can be said that the process of giving stereotypes is successful. Society considers people with mental disorders to be dangerous so they stay away from them (Herdiyanto et al., 2017). The results of respondents' answers to I feel uncomfortable if I have a neighbor with a mental disorder as much as 42.8%. Research conducted by Pamungkas et al., (2016) said that social support from the community is needed for the recovery of mental disorders by providing support psychologically, examples of psychological support include frequently communicating about hobbies, things that are liked, or experiences that make the patient happy, listening to the patient's complaints, being able to keep secrets/things told by the patient, being empathetic/understanding the patient's feelings and thoughts, giving appreciation for the patient's efforts in healing (praise, hugs, gifts), not labeling or judging the patient with less positive words, so that with the support given, ODGJ does not feel humble, most people with mental disorders feel inferior when they return to living in society after treatment in a mental hospital. The community must be involved in the recovery of people with mental disorders by providing social support, especially for safe housing and a supportive environment. This is in line with research conducted by Putriyani, Sari & Hasmila, (2016b) which revealed that the attitude of the community in the supportive or positive category, the majority of the community believes that people with mental disorders are the same as ordinary people who have the right to live normally like people who are mentally healthy, so if there is a neighbor who has a mental disorder, the community says that it is better to be treated or treated in a Mental Hospital immediately.

Knowing the description of discrimination against ODGJ

The results of the study showed that the stigma of society in the aspect of discrimination was sufficient, this was because there were some people who belittled, did not consider and harassed ODGJ patients. Discrimination is behavior that harasses and degrades others, because there is something in a particular group (Rahman, 2016). According to Putriyani, Sari & Hasmila, (2016a) discrimination is a behavioral component with negative behavior towards individuals, because the individual is a member of a particular group. Based on the explanation above, it is slightly concluded that discrimination is a behavioral component that degrades individuals because the individual is a member of a particular group. According to (Putriyani & Sari, Hasmila,

2016b) discrimination can be caused by a negative view of others. Discrimination is behavior that is produced by stereotypes or prejudices and then shown in open actions or closed plans to eliminate, avoid or open distance either physically or socially with certain groups. Discrimination is based on variations in forms of identity that may be institutional (through certain rules or organizations) and through interpersonal relationships Liliweri (2002) quoted in (Romadhon, 2011). The results of respondents' answers there is discrimination "I feel that the company's decision to employ people with mental disorders is the wrong decision" as much as 36.3%.

CONCLUSION The results of the study showed that the average age of respondents was 37 years, with the most age being 40 years and the youngest age being 25 years and the oldest age being 50 years

The majority of people had junior high school education as many as 197 (49.3%), female respondents as many as 212 (53.0%) and worked as housewives as many as 127 (31.8%)

The stigma of labeling society was mostly sufficient as many as 348 (87.0%), stereotype stigma was sufficient as many as 335 (83.8%), separation stigma was sufficient as many as 171 (42.8%) and discrimination stigma was sufficient as many as 201 (50.3%).

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