

Impact of Health Education on People with Mental Disorders (ODGJ) on Public Knowledge (Literature Study)

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ABSTRACT

The World Health Organization (2016) states that the problem of mental health disorders around the world has become a very serious problem. In fact, there are about 35 million people affected by depression, 60 million people affected by person with maniac depression, 21 million people affected by schizophrenia, and 47.5 million affected by dementia. The picture of mental health disorders is also found in Indonesia. The data used in this study is secondary data obtained not from direct observation, but obtained from the results of research that has been carried out by several previous researchers. Mental disorders are clinical manifestations of forms of behavioral deviations due to emotional distortions, so that abnormalities are found in behavior (Nasir and Muhith, 2011).

INTRODUCTION

The World Health Organization (2016) states that the problem of mental health disorders around the world has become a very serious problem. In fact, there are about 35 million people affected by depression, 60 million people affected by person with maniac depression, 21 million people affected by schizophrenia, and 47.5 million affected by dementia. The picture of mental health disorders is also found in Indonesia.

Basic Health Research Data (Rikesdas) in 2018 in Indonesia shows that there are 7 out of 1000 households with family members experiencing schizophrenia / psychosis, even more than 19 million people over the age of 15 years are affected by mental emotional disorders, and more than 12 million people over the age of 15 years are estimated to experience depression. The number of cases of severe mental disorders was 286,654 people. The number of people with mental disorders continues to increase, as evidenced in 2013, the proportion of severe mental disorders was only 1.7% and in 2018 it increased to 7%

One of the serious public health problems in Indonesia to overcome is the increase in the number of people with mental disorders (ODGJ). The existence of OGDJ in the community is addressed and responded to by the community with different attitudes. People's views on the problems of people with mental disorders are always identified with the term crazy. This designation is contrary to the Mental Health Act. This is a wrong and negative and threatening response to society, even though mental disorders are a disease whose status is the same as other physical diseases, which need to be treated and cured. It is undeniable that there are still many people who think badly. It turns out that minimal knowledge and understanding of mental disorders is one of the causative factors. Their

ignorance of mental problems makes people tend to act spontaneously, which has a negative effect on people with mental disorders (Żyłka, Dąbrowski, Gogina, & Yancen, 2018)

There are similarities in understanding and response of people with mental disorders in Singapore and Indonesia, but the most prominent is the stigma as stated by (Bartsch et al., 2016) that most people still prejudice and discriminate against people with mental disorders. They often get ridiculed, shunned, ignored, ostracized, and considered a disgrace in society. There are still many people who think badly of people with mental disorders. Society considers ODGJ to be a terrible, shameful, scary, and disgraceful person who must be hidden. Some residents also still discriminate, such as social isolation (exile), violence and bullying. One of the reasons is the lack of education and public knowledge about mental health. (Abdin et al., 2019) in Singapore there is a common negative understanding of society towards people with mental disorders. It is known from 500 respondents studied aged between 16-18 years consider people with mental disorders dangerous, feared and unpredictable that they hurt others. Similarly, in Bululawang District, Malang Regency, they still reject the existence of ODGJ and say they are afraid of people with mental disorders because they are considered dangerous.

Stigma against mental disorders is influenced by ignorance, prejudice and discriminatory behavior towards someone with a mental disorder (Mosanya, Adelufosi, Adebowale, Ogunwale, & Adebayo, 2014) Public perception of mental disorders can damage social interaction in society and the worst case is suicide in ODGJ families or individuals (Zhao, Mu, Wen, Wang, & Gao, 2013). It is necessary to prevent as early as possible the dangers that may occur in the community (Fathonah, Hernawaty, & Fitria, 2017), especially because people who have low knowledge and understanding of people with mental disorders, certainly have a very detrimental impact and aggravates the condition of sufferers. One of the right ways to change attitudes and increase community knowledge is through health education programs in the form of counseling about people with mental disorders, as an effort to improve the knowledge, attitudes and skills of the community to be able to recognize and care for sufferers. The findings of (Alfianto, Istiyani, & Priyono, 2019) prove that health education has an effect on increasing family knowledge and attitudes. Health counseling has a positive impact on family understanding and behavior in caring for people with mental disorders.

Based on the results of the study of the above problems, the author is interested in describing the impact of health education about people with mental disorders (ODGJ) on public knowledge, according to literature studies.

RESEARCH METHODS

The data used in this study is secondary data obtained not from direct observation, but obtained from the results of research that has been carried out by several previous researchers. Secondary data sources are obtained in the form of reputable articles or journals with a predetermined theme. The literature search in this study used databases, namely Google Scholar, Pubmed and Science Direct.

HASIL DAN PEMBAHASAN

Table 3. Results and analysis of literature studies of the effect of health education on people with mental disorders on public knowledge.

Artikel no	1
Author	Indra Maulana
Year	2019
Volume	Vol. 2 No. 2
Heading	Mental health counseling to increase public knowledge about mental health problems in the surrounding environment
METHOD	Design: Crosssectional <i>research method</i> . Sample: 57 people. Variable: Independent (mental health counseling to improve public health

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	<p>Instrument : Questionnaire. Analysis: <i>paired t-test</i> with regression correlation test</p>
Research Results	<p>Data pretest :</p> <ol style="list-style-type: none"> 1. Family knowledge about mental health for people who experience psychosocial disorders at home is only 20% 2. Family enthusiasm 80% 3. People's knowledge to convert anxiety into positive energy at home is 25% <p>Intervention: Provide mental health education, using lectures, discussions, simulations and role-play methods</p> <p>Data post test</p> <ol style="list-style-type: none"> 1. Family knowledge can explain mental health for people who experience psychosocial mental disorders at home appropriately increased by 80%. 2. 90% family enthusiasm 3. People's knowledge to transform anxiety into positive energy at home increased by 85% <p>Mental health education in the community increases knowledge by 60%, while transforming anxiety into positive energy at home, supported by very high enthusiasm 90%.</p>
Database	Google Scholar
Article no.	2
Author	Uswatun Hasanah
Year	2019
Volume	Vol. 7 no. 2
Heading	The influence of health counseling on changes in public knowledge and attitudes in people with mental disorders.
METHOD	<p>Desain : <i>Quasi Experimental</i> One group pretest-post test Sample: 47 people were taken purposive sampling as much as 10% in the working area of the Mulyojati Health Center in Lampung Metro City. Variables: Independent variables of health counseling, and variables of knowledge and community attitudes in people with mental disorders. Instruments: Questionnaire, counseling with <i>power point media</i> and <i>leaflets</i> Analisis : Uji paired sample t-test.</p>
Research Results	<p>Research results</p> <ol style="list-style-type: none"> 1. The age of respondents 26-45 years is 80.84% and the age of 46-55 years is 13.36% 2. Knowledge Data The Pretest is good at 38.3% and less 61.7%, while in the post test it is good 78.7% and less than 21.3%. 3. Data on family/community attitudes in people receiving mental health treatment: In the pretest, it was negative 55.3% and positive 44.7%, while in the post test-negative 25.5% and positive 74.5%. 4. Interventions :

	<p>Conducting mental health counseling with PowerPoint media and leaflets using lecture and presentation methods in the form of text, images and animations to attract attention.</p> <p>Mental health counseling activities have proven to increase the knowledge and attitudes of families and communities. This shows a positive impact as an effort to improve the degree of mental health of patients. The community and family participate in motivating and supporting behavior change in people receiving mental health treatment. A good level of knowledge affects people's attitudes towards people receiving mental health treatment. A positive attitude from family and community providing support is the first step in the motivation to provide support to mental patients, especially so that the healing process runs quickly, attitudes in providing such support as information support, self-esteem support, and practical support must be had, so that the motivation for providing support to clients of mental disorders is high.</p>
Database	Google Scholar
Artikel no.	3
Author	Ertiana Ertiana, Aryanti Saleh
Year	2020
Volume	Vol. 5 no. 1
Heading	The efficiency of Health Education on family knowledge and attitudes in caring for people with mental disorders in Palopo City
METHOD	<p>Design: Quasi Experiment pre-post two design groups</p> <p>Sample : each group of 21 families</p> <p>Variable:</p> <p>Independent : health education</p> <p>Dependent: knowledge and family attitudes in caring for people with mental disorders</p> <p>Instrument : Questionnaire.</p> <p>Analysis: Wilcoxon test. Whitney's Mann Test.</p>
Research Results	<p>1.Karakteristik reply : Intervention group Age 46-65 total 47.7 %, Female gender 66.7 %), High School / Vocational / PT Education 80.9 %, Homemaker Work (IRT), as many as 25 families 47.6 %</p> <p>2.Data pre-test Family knowledge intervention group: sufficient 61.9% and less 38.1% while control group: sufficient 4.8% and less 95.2%</p> <p>Family attitudes of the intervention group: positive 33.3% and negative 66.7% while the control group, positive 4.8% and negative 95.2%.</p> <p>3. Intervention: provision of health counseling on the treatment of mental disorder clients.</p> <p>4.Data post-test Family knowledge intervention group: good 57.1%, sufficient 42.9% and less 0, while control group: good 0, sufficient 14.3% and less 85.7%</p>

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	<p>Family attitudes of the intervention group: positive 81% and negative 19% while the control group was positive 9.8% and negative 90.2%.</p> <p>The test results found that the median family knowledge value of the intervention group before treatment was 6.00. After the intervention 11.00 and the mean value of change was 4.00,, the Wilcoxon test results were obtained by $p = 0.000$, which means that there were differences in family knowledge before and after treatment. In the control group, the mean before treatment was 4.00, after the treatment was 4.00, and the mean change was 0.00, the Wilcoxon test result was $p = 0.739$, meaning that there was no change in knowledge before and after treatment. Based on the results of Mann Whitney, obtained $p = 0.000$, it can be concluded that there is a difference in knowledge between the intervention and control groups that have been given mental health education.</p> <p>Likewise, the results of the test on family attitudes illustrate that in the intervention group the median value before treatment was 28.00, after treatment 36.00, with a mean value change of 6.00, tested using Wilcoxon obtained $p = 0.000$. This means that there was an improvement in family attitudes in the intervention group after treatment. In the control group, the median value before health education was 28.00, after treatment it was only 28.00, and the mean value of change was 0.00, with the Wilcoxon test obtaining $p = 0.107$. This shows that there is no difference in the attitude of the chat group. Based on Mann-Whitney analysis on both teams after the action, a meaningful result was obtained ($p = 0.000$) that there were differences in family attitudes between the two groups after health education.</p> <p>.</p>
Database	Google Scholar
Artikel no.	4
Author	Ahmad Guntur Alfianto, Frengki Apriyanto, Maltri Diana
Year	2019
Volume	Vol. 2 no. 2
Heading	The effect of psychoeducation on the level of knowledge about the stigma of mental disorders.
METHOD	<p><i>Quasi-experimental research design with Non-Randomize Control Group design</i></p> <p>Sample: each group of 50 respondents</p> <p>Variable: Independent is psychoeducation Dependent : level of knowledge about the stigma of mental disorders</p> <p>Instrument: Knowledge questionnaire <i>about mental illness</i>.</p> <p>Analysis: The statistical test used is the t dependent test.</p>
Research Results	<p>Karakteristik responded :</p> <p>Age 26-35, 32 people (27.1%), 36-45 years, 68 people (72.9%) Gender: Male 14 (28.8%) and female 86 (71.2%), Elementary Education 2 people (1.7%), Junior High School 30 people (27.1%), High School 50 people (44.1%), Higher Education 16 people (22%)</p> <p>The test results are known Differences in Psychoeducation on the Level of Knowledge about Stigma of Mental Disorders in the Community of Bululawang District, Malang Regency as follows: Pretest psychoeducational knowledge 25.28% and posttest 27.94%</p>

	<p>Pretest control knowledge 24.56% and posttest 24.78%</p> <p>The family psychoeducation group (2.66) and the control group (0.222) had different values on the level of knowledge about mental disorder stigma in the community of Bululawang District, Malang Regency. So there was an influence on the family psychoeducation group ($p < 0.05$).</p> <p>Intervention:</p> <p>The intervention group was given psychoeducation for 5 sessions, namely:</p> <ol style="list-style-type: none"> 1. Identify problems faced by the community through assessment 2. Management of the burden experienced by the community 3. Anxiety management 4. Education for the community 5. Community empowerment <p>The frequency of psychoeducation for each respondent for 5 sessions. Each session is 45-60 minutes the Media used worksheets on psychoeducation and used psychoeducation modules on mental disorder stigma. As well as leaflets containing mental disorder strategies, anxiety management, burden management and empowerment in the community for people who are in neighborhoods with neighbors who experience mental disorders. Meanwhile, the control group was given in one meeting and the duration of health education provision was 45-60 minutes using the medium of turning sheets and leaflets.</p> <p>There is an influence of psychoeducation on the level of public knowledge about the stigma of mental disorders in Bululawang District.</p>
Database	Google Scholar
Artikel no.	5
Author	Faizatur Rohmi,S.Kep,Ns,M.Kep
year	2018
Volume	Vol. 6 no. 2
Heading	The effect of counseling with electronic media on community stigma in people with mental disorders
METHOD	<p>Design: <i>Quasi experimental pre-post test</i></p> <p>Sample : 35 respondents</p> <p>Variable:</p> <p>Independent counseling with electronic media</p> <p>Dependency is society's stigma on people with mental disorders</p> <p>Instruments: Media used <i>power points, leaflets</i>, questionnaires.</p> <p>Analysis : Wilcoxon Test</p>
Research Results	<p>Data pretest</p> <p>People who have stigma 24 people (69%) and positive thinking 11 people (31%).</p> <p>Intervention: providing health education about mental disorders using electronic media <i>power points, leaflets</i>.</p> <p>Data Post test</p> <p>People have positive thinking 29 people (83%) and stigma 6 people (17%)</p> <p>The results of the Wilcoxon statistical test show that there is a difference in public stigma against people with mental disorders before and after health education with electronic media with a <i>P value</i> of 0.0001 ($P > 0.05$).</p>

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Database	Google Scholar
Artikel no.	6
Author	Ellaisha Samari, Esmon Seow, Boon Yiang Chua, Hui Ling Ong, Edimansyah Abdin, Siow Ann Chong, Mithily Subramaniam
Year	2018
Volume	
Heading	Stigma towards people with mental disorders Stigma against people with mental disorders
METHOD	Design: Cross-sectional Sample: 500 students Variables: Independent variables of people with mental disorders and dependent variables stigma. Instrument: Questionnaire Analysis: T-test
Research Results	The characteristics of the respondents consisted of 83 men and 417 women aged between 16 years to 18 years. The stigma of nursing students in Singapore towards people with mental disorders is dangerous and unpredictable as there is a tendency to be violent. nursing education and clinical placement is essential to form a better understanding of the stigma placed against people with mental disorders.
Database	Scient Direct
Artikel no.	7
Author	Gilang Purnama, Desy Indra Yani, Titin Sutini
Year	2016
Volume	Vol. 2 no. 1
Heading	Depiction of Community Stigma against Mental Disorder Clients in RW 09 Cileles Village, Sumedang
METHOD	Design : Descriptive design Sample : 155 households. Variable: Independence is a societal stigma on mental clients. Instrument: Questionnaire Analysis : Frequency distribution and median score
Research Results	The stigma of society is that people with mental disorders are weak individuals and need coercive (abusive) treatment. Factors causing mental disorders due to stress (90.3%) and punishment from God (3.9%). Characteristics of respondents: Age 36 – 45 years, Sundanese (95.5%). Education level of respondents SD (Elementary School) (45.2%).
Database	Google Scholar
Artikel no.	8
Author	Ignasius Parera,Zainuddin Munadhir
Year	2019
Volume	Vol. 2 no. 1
Heading	Community stigma against people with mental disorders

METHOD	<p>Design : qualitative research Sample: 30 people in the working area of the Kewapante Health Center, Kewapante Village, Sikka Regency, East Nusa Tenggara Province Variable: Independent of the variable is societal stigma against people with mental disorders. Instruments: using interview guidelines and recording aids Analysis : Presented in the form of a narrative.</p>
Research Results	<p>Some stigmas given by society to people with mental disorders: Stigma forms stereotypes. Society considers people with mental disorders caused by individual factors, such as stress and environmental factors consisting of the environment in the family and the surrounding environment.</p> <ol style="list-style-type: none"> 1. Stigma forms labeling. The community name to people with mental disorders as wairumang or crazy people on the grounds that the behavior or actions of people with mental disorders are unnatural. 2. Stigma forms discrimination. Society accepts people with mental disorders to be in a certain environment. People will avoid it when people with mental disorders approach them, because there is a tendency to commit violent or disruptive acts. The community also agrees with the act of shackling if people with mental disorders tend to commit acts of violence or disturb the surrounding environment, and shackling is considered an alternative after medical treatment.
Database	Google Scholar

DISCUSSION

Mental disorders are clinical manifestations of forms of behavioral deviations due to emotional distortions, so that abnormalities are found in behavior (Nasir and Muhith, 2011). People with mental disorders are sometimes unable to have social relations with people or the environment in which they are. There are several factors that cause mental disorders, namely: household conditions (quarrels, misunderstandings, unhappiness), repeated unpleasant childhood experiences, heredity and changes in the brain. Other factors such as poverty, unemployment, injustice, insecurity, severe competition and social discrimination can cause mental disorders (Suliswati & TA, n.d.).

The behavioral characteristics of mental disorders are very specific. Therefore, families and communities must know the various behavioral changes experienced by each family member, in order to detect mental disorders as early as possible.

Some people receiving mental health treatment are treated in health care institutions for certain reasons, but there are also those who live with their families while doing outpatient treatment. People in Indonesia still view negative disorder as patients who are dangerous and the disease cannot be cured. This happens because people do not understand well the causes and ways of treatment for patients with mental disorders. The negative views that exist in society cause people with mental disorders to get inappropriate treatment and, in their own families, shackle, ignore, humiliate, and alienate family members who have mental disorders. They assume that the cause of mental disorders occurs due to demonic possession, punishment of social or religious offenses (Torrey, 2011).

The lack of public knowledge about mental disorders makes society form a bad stigma against people with mental disorders (Cabassa et al., 2013). Based on the results of this lack of knowledge, people finally fear people with mental disorders and ultimately form discriminatory attitudes towards people with mental disorders such as avoidance, expulsion, exclusion and the worst is pasung (Brohan, Gauci, Sartorius, Thornicroft, & Group, 2011). Health education and psychoeducation are very useful to prevent disease recurrence, reduce stigma, help ODGJ to have better social relationships and reduce depression and anxiety. In addition, in research (Awad, Abd-Elmageed, Saleh, & Elhadidy, 2018), health

education is also very helpful in changing self-stigma and recovering from people who experience mental disorders.

Based on the results of the literature review study, it was found that there was an influence of providing health education and psychoeducation about people with mental disorders on increasing public knowledge and attitudes. The provision of health education is an important factor, so that people better understand why someone has a psychiatric disorder.

Knowledge is the result of "knowing" and this happens after people have sensed a particular object. Sensing of objects occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. The time of sensing to produce knowledge is greatly influenced by the intensity of attention and perception of objects. A person's knowledge of mental disorders includes two aspects, namely positive and negative aspects. These two aspects will determine a person's attitude. The more positive aspects and objects that are known, the more positive attitudes towards certain objects will cause. The attitude of society towards people receiving mental health treatment is accepting, ostracizing, talking about and viewing patients differently from society (Setiawati & Edwar, 2012). (Izquierdo et al., 2015) states that the higher a person's knowledge about mental disorders, the higher the person's tolerance of mental patients.

The factor that can affect knowledge is the level of education. Education affects a person's perspective in determining decisions and actions (Soummer et al., 2012). Education plays a role in human survival. With education we can get knowledge from sharing the sources of information we get, so it can be concluded that with higher education a person can have a different quality of life from others (Notoatmodjo, 2010). Knowledge is related to education. It is expected that with higher education people can have broad knowledge insights. But that doesn't mean someone who has low education or low knowledge. They can improve their knowledge through education.

The use of educational aids such as leaflets, turning sheets and modules in implementing health education is very influential. This can be proven by increasing family knowledge and they are very enthusiastic because they are presented with something new and interesting. This data is supported by Notoatmodjo (2011), saying that the use of learning media in health care helps the receipt of information conveyed to the community. Research by (Wirawan, Abdi, & Sulendri, 2014), states that the use of audiovisual and conventional means has an effect on increasing student knowledge.

According to researchers, the provision of health education and psychoeducation is very important and very useful to improve people's knowledge and attitudes. A good level of knowledge forms a positive attitude to society towards people receiving mental health treatment. A positive attitude from family and community providing support is the first step in motivation for the healing process to run quickly. A positive attitude in providing such support as information support, self-esteem support, and practical support must be owned by the family so that the motivation in providing support to clients of mental disorders is high (Hasanah, Dewi, & Rosyida, 2019).

KESIMPULAN

Based on the results of literature study research, the following conclusions can be drawn:

1. The lack of public knowledge about mental disorders makes society form a bad stigma in the form of stereotypes, lebbing and discrimination against people with mental disorders. Society considers ODGJ to be a terrible, shameful, scary, and disgraceful person who must be hidden. They need to be placed in a specific location because it is dangerous and disturbs others.
2. Health education and psychoeducation about mental disorders with electronic media, modules, leaflets and power points accompanied by lectures have an impact on changing family knowledge for good and community attitudes, to be positive and to support the patient's healing process faster.

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