

Original Research Article

The Effect of Health Education on Family Knowledge about the Care of Hallucinatory Patients at the Ponre Health Center

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Abstract: Number of cases schizophrenia in the work area of the Ponre Health Center there were 95 cases. There were 30 people who experienced hallucinations. The most common hallucinations were hearing, 22 people and the remaining 8 people experienced visual hallucinations. Families who have family members who experience hallucinations often don't receive adequate attention and care due to the lack of family knowledge in caring for family members who experience hallucinations and the impacts that arise if hallucinations aren't handled properly. This research is research pre-experimental quantitative with approach one-group pretest-posttest design. The sample in this study was 30 family members using total sampling. Be found the influence of health education and the media booklet on family knowledge about treating patients with auditory and visual hallucinations at the Ponre Community Health Center with a P value $< \alpha$ (0.000 $<$ 0.05), tested by test marginal homogeneity wilcoxon. There is an influence of providing health education interventions the media booklet in increasing family knowledge about treating patients with auditory and visual hallucinations at the Ponre Community Health Center. Research suggestions can be a valuable guide in encouraging the use of health education to increase family understanding regarding caring for patients with auditory and visual hallucinations.

Keywords: Health education, Booklet, Knowledge, Hallucinations.

INTRODUCTION

Worldwide, about 1% of the population suffers from schizophrenia, which means that about 24 million individuals are affected by this condition. In other words, one in every 300 people has schizophrenia (WHO, quoted in Sitawati *et al.*, 2022). In the work area of the Ponre Health Center, there were 95 cases in 2022. Of the total 95 cases of schizophrenia, as many as 30 individuals experienced hallucinations. Hallucinations are one of the symptoms that are often encountered in individuals suffering from schizophrenia (Nuraeni *et al.*, quoted in Herawati, 2021).

One of the challenges in managing hallucinations is the risk of recurrence (Ramadhani *et al.*, 2022). One of the actions that families can take to provide support to family members who experience hallucinations is to participate in helping clients control their hallucinations by having knowledge about hallucinatory treatments that can be achieved through health education (Yusnipah, quoted in Widyaningrum *et al.*, 2019).

From the results of interviews with psychiatric nurses, it was revealed that at the Ponre Health Center, programs related to handling hallucinations in terms of providing health education through home visits, showed suboptimal results. One factor is the lack of specialized communication tools to convey information about caring for patients experiencing hallucinations. Therefore, a health education approach that utilizes media, such as booklets, is needed as a means to provide better information. According to the results of research conducted by Syuhada (2021), it was conveyed that there was an increase in the knowledge of companions with schizophrenia after receiving health education through booklet media.

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METHOD

The research design used in this study is a *pre-experimental design* with a type of quantitative research. The design uses a *one-group pretest-posttest design* that involves pretest before the treatment is given and posttest after the treatment is given.

In this study, the sampling method applied is *total sampling*, which is a sampling technique where the number of samples taken is equal to the number of population.

In health education (independent variable) about the treatment of auditory and visual hallucinations patients using booklet media. Meanwhile, at the Level of Knowledge (dependent variable), the researcher used a research instrument in the form of a questionnaire that had been tested for validity using *the Pearson* formula and a reliability test with *the Cronbach Alpha* formula which was valid and reliable consisting of 15 questions (patient care, auditory and visual hallucinations) with the Guttman scale and each question answered "wrong" got a score of 0, and the "correct" answer was given a score of 1. Questionnaires are given before and after health education.

RESULTS AND DISCUSSION

Table 1: Distribution of Family Knowledge on the Care of Auditory and Visual Hallucinations Patients Before Health Education in Families at the Ponre Health Center

| Family Knowledge | Frequency (F) | Percentage (%) |
|------------------|---------------|----------------|
| Good | 1 | 3,33 |
| Enough | 14 | 46,66 |
| Less | 15 | 50 |
| Total | 30 | 100,0 |

Based on table 1, most of the respondents with less knowledge were 15 people (50%) respondents, 14 people (46.66%) had sufficient knowledge and 1 person (3.33%) respondents.

Table 2: Distribution of Family Knowledge on the Care of Auditory and Visual Hallucinations Patients Before Health Education in Families at the Ponre Health Center

| Family Knowledge | Frequency (F) | Percentage (%) |
|------------------|---------------|----------------|
| Good | 1 | 3,33 |
| Enough | 14 | 46,66 |
| Less | 15 | 50 |
| Total | 30 | 100,0 |

Table 2 shows that out of 30 respondents, most of the respondents had good knowledge as many as 1 person (3.33%) respondents, 14 people (46.66%) respondents had sufficient knowledge and 15 people (50%) respondents lacked knowledge.

Table 3: Distribution of Family Knowledge on the Care of Auditory and Visual Hallucination Patients After Health Education in Families at the Ponre Health Center

| Family Knowledge | Frequency (F) | Percentage (%) |
|------------------|---------------|----------------|
| Good | 22 | 73,33 |
| Enough | 5 | 16,66 |
| Less | 3 | 10 |
| Total | 30 | 100,0 |

Table 3 shows that out of 30 respondents, most of the respondents with good knowledge are 22 people (73.33%) respondents, 5 people (16.66%) respondents have sufficient knowledge and 3 people (10%) have less knowledge.

Table 4: The Effect of Health Education with Booklet Media on Family Knowledge about the Care of Auditory and Vision Hallucinations Patients at the Ponre Health Center

| Health education | Family Knowledge Level | | | | | | P value |
|------------------|------------------------|-------|--------|-------|------|----|---------|
| | Good | | Enough | | Less | | |
| | F | % | F | % | F | % | |
| Pre-test | 1 | 3,33 | 14 | 46,66 | 15 | 50 | 0.000* |
| Post-test | 22 | 73,33 | 5 | 16,66 | 3 | 10 | |

Based on table 4, it can be seen that before being given health education, the number of respondents with good knowledge was 1 person (3.33%) of respondents, sufficient knowledge of 14 people (46.66%) of respondents and lack of knowledge of 15 people (50%). After being given health education, there are 22 people (73.33%) respondents had good knowledge, 5 people (16.66%) respondents had sufficient knowledge and 3 people (10%) respondents had less knowledge. The results of the statistical test using *Wilcoxon* obtained a value of $P = 0.000$. Because the P value < 0.05 , it can be concluded that H_0 is rejected, which means that there is a difference in proportion before and after being given health education.

The Level of Knowledge before Being Given Health Education

The results of this study showed that the level of knowledge of respondents before being given health education (*pre-test*) from 30 respondents, 15 people (50%) had insufficient knowledge, 14 people (46.66%) had sufficient knowledge and 1 person had good knowledge (3.33%). Before being given health education, there were several families who said that they had been given education about giving drugs to patients, but there were also some who had not received health education about the treatment of hallucinatory patients. Based on the above results, it can be seen that family knowledge is still lacking related to the treatment of hallucinatory patients. Several things can affect family knowledge including age, gender, education and occupation.

One of the internal factors that affect knowledge is age, the older you are, the more mature and strong an individual will be in thinking and working. The results of the study on the distribution of respondents based on age in table 1 illustrate that families who are respondents with the age of 15-21 years have sufficient category knowledge, while ≥ 22 years old have a good level of knowledge as many as 1 person and enough as many as 9 people. According to Notoatmodjo in Darwan *et al.*, (2019) Age can stimulate a person's reasoning and grasp. If the age of the family increases, then the reasoning and grasp are more developed. This study is in accordance with the research conducted (Arsita & Syam, 2020) which states that there is a relationship between age and the level of family knowledge with a value of $p = 0.000$.

Another internal factor that affects knowledge is gender. Based on the results of this study, it was shown that the majority of female respondents with a good level of knowledge were (3.8%) while male respondents had a good level of knowledge (0.0%). Researchers assume that gender affects knowledge. According to the theory of Darsini *et al.*, (2019) that women have language centers or *verbal centers* located on both sides of their brains, while men usually only have language centers or *verbal centers* on the left side of their brains. In line with research (Widyaningrum *et al.*, 2021) that there is an influence of gender on knowledge with a *p value* of 0.000 ($p < 0.05$).

One of the external factors that affect knowledge is education. According to Arikunto (2012) education is categorized into primary education (SD-SMP) and higher education (SMA-Higher Education). The results of the study showed that the level of knowledge before being given health education, families with higher education with a good knowledge category of 1 person and a sufficient category of 9 people, while there were no family members with low knowledge who had a good level of knowledge but at a sufficient level of knowledge there were 3 family members, meaning that there was a tendency for families with higher education to understand more about patient care hallucinations compared to families with low education before being given health education. This research is in line with research conducted by Darwan *et al.*, (2019) showing that education can affect a person's perspective on the new information they receive, so it can be said that the higher the level of education, the easier it is for a person to receive the information he gets.

Work is something that someone does that will provide a wide opportunity to gain knowledge will access information. From the results of the study, it is known that the most respondents, namely housewives with a sufficient level of knowledge (58.3%), while working respondents have a sufficient level of knowledge (8.3%) before being given health education. And as many as 18 respondents in this study had a relationship with patients as mothers who had a good level of knowledge (5.6%) before being given health education. So the researcher assumes that this shows that work and family relationships do not affect family knowledge about the care of auditory and visual hallucinations patients, on the contrary, people who work as housewives have enough time to get information through various information media, in addition to having free time families have the opportunity to attend various counseling about the treatment of hallucinatory patients which can add to their knowledge.

According to Friedman's theory in Yunirawati (2021), in the formal role of wives and mothers, among others, as *providers* or providers, household organizers, nurses for children both healthy and sick, child socialization, maintaining family relationships, therapeutic roles and social roles. In line with the research conducted by Sari (2019) explained that housewives also have a lot of time to play an active role in community activities and look for useful information for themselves and their families, such as following health counseling carried out by health centers so that housewives' knowledge will increase about how to treat hallucinatory patients at home.

Level of Knowledge after Being Given Health Education

Based on the results of the study, it can be seen that most of the respondents' knowledge level after being given health education interventions is that they have a good level of knowledge of 22 people (73.33%) from the previous only 1 person (3.33%)

Respondents had good knowledge, before being given health education, the level of knowledge was less as many as 15 people (50%) respondents decreased after being given health education to 3 people (10%) respondents.

Based on the results of the study, after crosstabbing on each respondent's characteristics, the distribution of respondents with higher education with a low level of knowledge after health education became (0.0%) which was previously (28.6%) while respondents with low education with a low level of knowledge after health education became (25.0%) who were before being given health education as many as (81.3%) respondents with less knowledge, meaning that there were increase in knowledge before being given health education and after being given health education, both in respondents with low education and higher education levels. The distribution of respondents based on occupation also showed an increase in knowledge after being given health education, where the level of family knowledge increased to (63.3%). There was also an increase in knowledge after health education was carried out in families based on the characteristics of gender respondents, families with female sex with good knowledge as many as (61.5%) and families with male sex as many as (75.0%). The characteristics of the respondents showed an increase in knowledge after being given health education to (63.3%) which was previously only (3.3%). Likewise, the characteristics of the relationship between respondents and patients who experienced an increase in knowledge to (63.3%).

The results of this study show that the existence of an intervention in the form of health education has an effect on increasing the knowledge of respondents or families based on a value of $P = 0.000$. The results of this study are in line with Syuhada (2021) who concluded that there is a relationship between the use of various types of mass media and the level of knowledge, one of which is *booklet media*. Health education on the care of auditory and visual hallucinations patients aims to provide information to patients' families on how to treat auditory and visual hallucinations patients, by providing such information, it is hoped that respondents' knowledge about the treatment of auditory and visual hallucinations patients will increase well. Goldman in Jalal *et al.*, (2022) defines health education as a form of education or training for a person with a psychiatric disorder that aims at the treatment and rehabilitation process, so that the provision of health education in this study has an effect on increasing family knowledge.

Notoatmodjo (2018) said that to increase knowledge effectively, effective health education media is also needed. Educational media functions as a tool that contains educational materials and provides attraction for educational goals. Educational media include *booklets*, *leaflets*, *flipcharts* or posters, and so on.

A *booklet* is a graphic media in the form of a media of images or photos and writings containing important information that is clear, simple, easy to understand, concise, concise and interesting in the form of a booklet that has at least five pages but no more than 48 pages outside the cover count. *Booklets* can be used as a practical learning medium because *booklets* can be taken anywhere and anytime, have material content that is easier, can be multiplied and durable. The booklet media in this study is interpreted as effective in increasing family knowledge about the care of auditory and vision hallucination patients in the working area of the Ponre Health Center.

In line with research conducted by Razak *et al.*, (2022) with the results of health education proven to be influential in increasing public knowledge about schizophrenia in the working area of the Tangebhan Health Center, Masama district. This research also emphasized the results of research conducted by Syuhada (2021), namely obtaining a *p value* of 0.000 ($p < 0.05$), there is an influence of booklet media on improving the knowledge of companions with schizophrenia at the Sadananya Health Center, Ciamis district.

Researchers assume that one of the factors influencing the recurrence of hallucinatory patients is the lack of family knowledge about the treatment of auditory and visual hallucinations patients. Knowledge affects behavior, the higher the knowledge, the better the treatment of auditory and visual hallucinations patients that the family can do.

Based on the results of the study, it was shown that the majority of the family's level of knowledge before being given health education about auditory and visual hallucinations through *booklet* media was lacking and after providing health education about auditory and visual hallucination treatment through *booklet* media There is an increase in knowledge to become well-knowledgeable. Further analysis in this study concluded that there was an influence of health education with *booklet media* on family knowledge about the treatment of auditory and visual hallucinations patients at the Ponre Health Center with the results of the *marginal homogeneity test of wilcoxon* obtained a value of $p = 0.000$ Thus, H_0 is rejected and H_a is accepted, it is concluded that there is a significant difference in knowledge between before and after being given health education.

Yusniphah (2018) explained that as many as 57.7% had high knowledge in treating hallucinatory patients, 25% had a moderate level of knowledge and 17.3% had low knowledge. This high level of knowledge will make it easier for families to recognize problems, treat and be able to handle patients with hallucinations if the patient experiences a recurrence. Meanwhile, Muttaqin (2021) found that 70% of families have good knowledge about how to treat hallucinatory patients at home so that families can use their knowledge to deal with the patient's problems with hallucinations so that the recurrence rate of hallucination patients is low and even lost with the knowledge possessed by family members.

Knowledge is the result of knowing and this happens after people sense a certain object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Some of human knowledge is obtained through the eyes and ears (Notoatmodjo, 2018). According to Machfoedz (2018), health education is a process of change in human beings that has to do with the achievement of individual and community health goals. Health education is not something that one can give to others and nor is it a series of procedures to be implemented or results to be achieved, but a process of development that is always changing dynamically where a person can accept or reject new information, new attitudes and new behaviors that are related to the goal of a healthy life (Nyswander in Machfoedz, 2018).

Yudistira *et al.*, (2021) revealed that the health education process provided for approximately 35 minutes with a frequency of 1 health education was known to increase the knowledge of respondents by 2.6% where before health education the average knowledge was 22.4%, after health education it increased to 25.1% with a value of $p = 0.000$. The meaning of the results of this study shows that the provision of information, in this case health education carried out in 1 meeting, is influential in increasing a person's knowledge.

The researchers assumed that health education about the treatment of auditory and visual hallucinations patients was given to family members using the right media is effective in increasing family knowledge because through health education a person can get information directly from the source in two directions. Health education aims to arouse the awareness of family members to supervise and control family members who experience auditory and visual hallucinations while at home because the recovery of patients with mental disorders is one of the factors that requires an active role and family support. Success in treatment for auditory and visual hallucinations patients is one of the active roles of family members in knowing the treatment of hallucinations according to their type by including them in the patient's daily activity schedule at home. The role of the family is expected after having good knowledge about how to treat hallucinations, followed by unidirectional changes in their attitudes and behaviors.

CONCLUSION

The level of family knowledge about the care of auditory and visual hallucinations patients before being given health education with *booklet* media is less, in terms of frequency in the category of less and the level of family knowledge about the treatment of auditory and visual hallucinations patients after being given health education with *booklet* media that is, good, in terms of frequency in the good category. So that there is an effect of providing health education with *booklet* media on family knowledge about the treatment of auditory and visual hallucinations patients at the Ponre health center.

Suggestion

The suggestion in this study is that it can be a useful guide or information medium for the use of health education to increase family knowledge about the treatment of auditory and visual hallucinations patients.

BIBLIOGRAPHY

- Arsita, C. N., & Syam, N. S. (2020). Evaluasi Program Pendidikan Keluarga di Instalasi Kesehatan Jiwa Masyarakat Rumah Sakit Jiwa Grhasia Daerah Istimewa Yogyakarta. *International Journal of Healthcare Research*, 3(1), 1–12.
- Darsini, (2019). Pengetahuan; Artikel Review. *Jurnal Keperawatan*, 12(1), 13.
- Darwan, (2019). Pengaruh Pendidikan Kesehatan Pencegahan Pasung Terhadap Intensi Pasung Pada Keluarga Odg Di Rumah Sakit Jiwa *Keperawatan*, 7(1), 1–9. <https://doi.org/10.35790/jkp.v7i1.24352>
- Herawati, Y. A. dan N. (2021). Perbedaan Kemampuan Mengontrol Halusinasi Pasien Skizofrenia Melalui Terapi Aktivitas Kelompok Stimulasi Persepsi. *Jurnal Keperawatan Jiwa (JKJ): Persatuan Perawat Nasional Indonesia*, 9(2), Hal 445-452.
- Jalal, (2022). Psikoedukasi Non Pelatihan melalui Media Poster untuk Mengatasi Kecemasan Menghadapi Ujian pada Peserta Didik. *Dikmas: Jurnal Pendidikan Masyarakat Dan Pengabdian*, 2(2), 337. <https://doi.org/10.37905/dikmas.2.2.337-344.2022>
- Kemenkes, R. (2022). *No Title*. <https://www.kemkes.go.id/article/view/22101200002/kemenkes-perkuat-jaringan-layanan-kesehatan-jiwa-di-seluruh-fasyankes.html>
- Machfoedz. (2018). Pengaruh Pendidikan Kesehatan Terhadap Tingkat Pengetahuan Pada Keluarga Di Puskesmas Dharma Kecamatan Beringin. *China's Naval Operations in the South China Sea*, XI(2), 227–228. <https://doi.org/10.2307/j.ctt1zqrm98.25>

- Muttaqin, Z. (2021). *The Effect of Family Empowerment on Knowledge of Family Attitude in Preventing and Overcoming Hallucinations*, 07(02), 30–34.
- Notoatmodjo, S. (2018). *Metodologi Penelitian Kesehatan*. 144.
- Ramadhani, (2022). Faktor-Faktor Yang Berhubungan Dengan Kekambuhan Skizofrenia Di Wilayah Kerja Puskesmas Kumun. *REAL in Nursing Journal*, 5(1), 37. <https://doi.org/10.32883/mj.v5i1.1640>
- Razak, (2022). *Pengaruh Edukasi Kesehatan Terhadap Peningkatan Pengetahuan Masyarakat Tentang Skizofrenia Di Wilayah Kerja Puskesmas Tangeban*. 2, 355–362.
- Riskesdas. (2019). Kementerian Kesehatan Republik Indonesia. *Kementerian Kesehatan RI*, 1(1), 1. <https://www.kemkes.go.id/article/view/19093000001/penyakit-jantung-penyebab-kematian-terbanyak-ke-2-di-indonesia.html>
- Sari, L. A. (2019). Efektivitas Media Booklet Dan Leaflet Terhadap Pengetahuan Remaja Putri Tentang Dampak Kehamilan Remaja. *Jambura Journal of Health Sciences and Research*, 1(2), 47–53. <https://doi.org/10.35971/jjhsr.v1i2.2388>
- Sitawati, (2022). *Mendampingi Orang Dengan Skizofrenia*. Airlangga University Press. <https://books.google.co.id/books?id=YzGgEAAAQBAJ>
- Syuhada, F. (2021). Pengaruh Media Booklet Terhadap Peningkatan Pengetahuan Pendamping Penderita Skizofrenia Di Puskesmas Sadananya Kabupaten Ciamis Tahun 2021. *Frontiers in Neuroscience*, 14(1), 1–13.
- Widyaningrum, (2019). Edukasi Kesehatan Terhadap Peningkatan Pengetahuan Keluarga Dalam Merawat Pasien Halusinasi. *Jurnal Keperawatan* 2019, 12(2), 1–6. <http://e-journal.lppmdianhusada.ac.id/index.php/jk/article/view/45%0Ahttps://e-journal.lppmdianhusada.ac.id/index.php/jk/article/download/45/>
- Widyaningrum, (2021). Pengaruh Usia dan Jenis Kelamin Terhadap Pengetahuan Serta Perilaku Penggunaan Suplemen di Masa Pandemi pada Mahasiswa Iik Bhakti Wiyata. *Majalah Farmasetika*, 6(Suppl 1), 49. <https://doi.org/10.24198/mfarmasetika.v6i0.36675>
- Yudistira, (2021). Pengaruh Pendidikan Kesehatan Terhadap Kemampuan Keluarga Merawat Pasien Skizofrenia Dengan Halusinasi. *Jurnal Keperawatan Jiwa (JKJ)*, 9(2)(2), 435–444. <https://jurnal.unimus.ac.id/index.php/JKJ/article/view/7125>
- Yunirawati, T. (2021). *Hubungan Pengetahuan Dan Dukungan Keluarga Terhadap Kekambuhan Pasien Skizofrenia Di Rumah Sakit Jiwa Menur Provinsi Jawa Timur*, 3(2), 6.
- Yusnipah. (2018). *Tingkat Pengetahuan Keluarga Dalam Merawat Pasien Halusinasi Di Poliklinik Psikiatri Rumah Sakit Marzoeki Mahdi Bogor*.