



ATTITUDE TOWARD BEHAVIOR AS A DOMINANT FACTOR IN THEORY OF PLANNED BEHAVIOR TO PREDICT COMMUNITY BEHAVIOR IN SUPPORT SOCIAL FUNCTION WITH SCHIZOPHRENIA PATIENTS

Titi Alfiani*¹, Sri Poeranto² and Lilik Supriati³

¹Master of Nursing Student, Postgraduate Program Faculty of Medicine, Universitas Brawijaya, Indonesia.

^{2,3}Lecturer of Medicine Faculty, Universitas Brawijaya, Indonesia.

Received date: 24 May 2018

Revised date: 14 June 2018

Accepted date: 05 July 2018

Corresponding Author: Titi Alfiani

Master of Nursing Student, Postgraduate Program Faculty of Medicine, Universitas Brawijaya, Indonesia.

ABSTRACT

The person suffering from schizophrenia experience a decline in social function that slows down recovery and high risk of recurrence. The existence of social support of schizophrenia by society is expected schizophrenia client can recover quickly and can minimize recurrence. The problem is that there is a public stigma. Community behavior can be caused by many factors. Theory of Planned Behavior (TPB) is used to predict the occurrence of behavior through intention to behave. The aim of this study was to analyze the factors and to find out the dominant factor related to community behavior in support social function of schizophrenia through TPB approach in Sukunolo Village, Malang Regency, Indonesia. This study using observational analytic design with cross-sectional approach. There were 150 respondents who contributed to this research which was obtained by using purposive sampling technique. The results showed a significant indirect correlation through the intention between attitude toward behavior, subjective norms, perceptions of behavioral control with community behavior in support of social function schizophrenia. Path Analysis results show that positive attitudes toward behavior indirectly through intention can predict people's behavior in supporting social function of schizophrenia, with $\rho_v = <0.001$, $\beta = 0.67$. It can be concluded that there is a significant indirect correlation through the intention between attitude toward the behavior, subjective norm, perception of behavior control indirectly through intention with community behavior in support of the social function schizophrenia, and attitude toward behavior as a dominant factor.

KEYWORDS: Attitudes, Subjective Norms, Intentions, Community Behavior, Support, Social Function, Schizophrenia.

INTRODUCTION

Schizophrenia is a term used to describe major and serious psychiatric disorders, this disease affects the brain with marked disruption of reality, thoughts, and emotions that can impede social relations and disruption of behavior (Videbeck, 2008; Fontaine, 2009; Sadock et al., 2015). The prevalence of schizophrenia according to WHO data (2016) reaches 21 million people worldwide. The number of psychiatric patients based on data from 33 hospitals throughout Indonesia in 2013 reached 2.5 million people. The prevalence of schizophrenia in Indonesia is about 0.6% or 5-6 per 1000 population (Riskseddas, 2013).

Schizophrenia patients have decreased productive activity, as well as impaired social function (Leung et al.,

2008). Social functions include work, interpersonal relationships, and self-care, which generally means the ability to function in society and communicate with others (APA, 2000; Burns and Patrick, 2007).

Social function is very important to do in people with schizophrenia. The patients with schizophrenia who do not perform social functions well will have an impact on the length of recovery and high risk of recurrence. Schizophrenic patients are expected to recur 50% in the first year, 70% in the second year and 100% in the fifth year after returning from the hospital (Wardani et al., 2009 & Kelliat, 2011). Therefore, community support in social functioning is necessary. The problem that inhibits the implementation of the social function of schizophrenia is community behavior which tends to bad and still negative.

Patients with mental disorders who live in the community still experience stigma and discrimination (Semrau et al., 2011). The community's negative behavior toward schizophrenia is largely the community keeping distance with schizophrenics (Leiderman et al., 2010). People do not want to be close to people with schizophrenia, so they are isolated, hidden, even in the pavement (Hawari, 2011). The existence of a trust, assume that schizophrenia caused by unseen things such as possessions of the spirit, the use of witchcraft and the like.

The community behavior can be caused by many factors. According to Theory of Planned Behavior (TPB), human behavior arises because there is intention or intention to behave. Behavioral intentions arise determined by three determinants of attitudes toward positive or negative behaviors, subjective norms, and control beliefs that lead to perceptions of perceived behavioral control (Ajzen, 1991; Javadi et al., 2013). Application of Theory of Planned Behavior from Mausbach et al. (2012) tested Theory of Planned Behavior (TPB) to predict prospective involvement in the functional behavior of schizophrenics. The results of this study explain that attitude toward behavior, subjective norms, and behavior control perceptions are positively correlated with intent in social function behavior. Intentions are also positively correlated with involvement in the behavior of social functions. However, there are studies that suggest that the attitude has no effect or no positive correlation to the intentions and behaviors associated with the social functioning of schizophrenia, and Hartong et al. (2011) study revealed that subjective norms are not positively correlated with intent, and the relationship between attitudes and outcomes is low.

Based on Preliminary Study in Sukonolo village in Malang Regency, Indonesia, with interviews on 10 communities who attended the health center, the result shows that in Sukonolo village there are 6.29% of people with mental disorders. Seven people (70%) said they had never been in touch with their mentally disturbed

neighbors, never greeted, shook hands, let alone talked. Two respondents (20%) said they had seen psychiatric patients in the pavement and had seen young children mock mental illness patients, one respondent (10%) said the female schizophrenic in his place was rape by one of the local residents. Based on the above background, researchers interested in conducting a factor analysis related to community behavior in support of social function of schizophrenic in Sukonolo Village through an approach of Theory of Planned Behavior.

MATERIALS AND METHODS

This research was a quantitative research. The design used was observational analytic with cross-sectional approach. This research has been done in Sukonolo Village, Malang Regency, Indonesia from March 15th, 2018 to April 15th, 2018. Independent variables included attitude toward behavior, subjective norm and behavior control perceptions. Dependent variable was community behavior in support social function of schizophrenia. Intervening variable was intention. The number sample was 150 respondents selected by purposive sampling technique. Inclusion criteria were person living close to people with schizophrenia (maximum of 5 houses), aged from 26 to 45 years, person who can read and write, and willing to be a respondent.

This study used the questionnaire as the instrument, namely constructing questionnaires based on the Theory of Planned Behavior (TPB) from Ajzen (2006) and questionnaires Personal and Social Performance (PSP) from Morosini et al. (2000). Univariate was used to visualize each variable. Multivariate analysis used Path Analysis to analyze factors related to community behavior in support social function of schizophrenia in Sukonolo Village through TPB approach either directly or indirectly.

RESULTS

The result of the respondent characteristics taken from Sukonolo Village, Malang Regency is shown in Table 1.

Table 1: Respondent’s Characteristics (N=150).

Characteristics	Frekuensi (n)	Percentage (%)
Age		
26-35	65	43
36-45	85	57
Total	150	100
Gender		
Male	57	38
Female	93	62
Total	150	100
Education		
Graduated from Primary School	11	7,3
Graduated from Junior High School	42	28
Graduated from Senior High School	76	50,7
Graduated from University	21	14
Total	150	100

Occupation		
Unemployed	23	15,3
Labor	60	40
Civil servant	15	10
Entrepreneur	52	34,7
Total	150	100
Exposed information about severe mental disorders		
Once	28	18,7
Never	122	81,3
Total	150	100

The survey result presented in Table 1 showed that the majority of the respondents were female (62%) aged 36-45 years old (57%) with their most recent education being at senior high school (50,7%). Most of them were

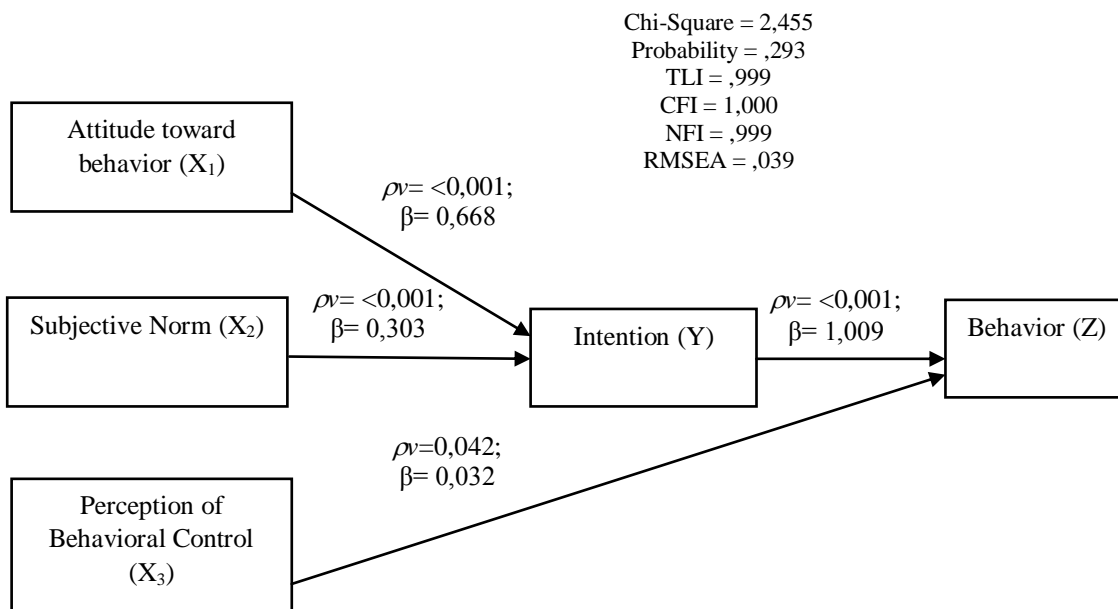
labor (40%) and never get information about severe mental disorders (81,3%). The result from the distribution of attitude toward behavior characteristics is shown in Table 2.

Table 2: Distribution of Attitude Toward Behavior Characteristics.

Variable	Score	Frequency	Percentage (%)
Attitude toward behavior			
Mean	145	-	-
Positive attitude toward behavior criteria	\geq mean (145)	82	54,67
Negative attitude toward behavior criteria	$<$ mean (145)	68	45,33
Total		150	100

Based on Table 2 above, it is seen that the mean score distribution of attitudes in support of social function of schizophrenia is 145, if the mean attitude toward behavior score ≥ 145 then has positive attitude criteria, on the contrary, if the mean attitude toward behavior score < 145 means having negative attitude criteria to support

the social function of schizophrenia. As many as 150 respondents have 54.67% have a positive attitude and 45.33% have a negative attitude in supporting the social function of people with schizophrenia. The result of multivariate analysis is shown is Picture 1 and Table 3.



Picture 1: Structural Model of Path with Standardized Beta (Multivariate Analysis).

Table 3: Result of Path Analysis.

Independent Variable		Dependent Variable	β	Effect
Direct Effect				
Attitude toward behavior (X_1)	→	Intention (Y)	0.668	Direct
Norm Subjective (X_2)	→	Intention (Y)	0.303	Direct
Perception of Behavioral Control (X_3)	→	Intention (Y)	0.032	Direct
Intention (Y)	→	Behavior (Z)	1,009	Direct
Perception of Behavioral Control (X_3)	→	Behavior (Z)	-0.024	Direct
Indirect Effect				
Attitude toward behavior (X_1)	→	Behavior (Z)	0.674	Indirect
Norm Subjective (X_2)	→	Behavior (Z)	0.305	Indirect
Perception of Behavioral Control (X_3)	→	Behavior (Z)	0.032	Indirect

The results of multivariate analysis are presented in Figure 1 and Table 3 shows that attitude toward behavior variable is significantly related to intent ($p_v = <0.001$), and the value of coefficient (direct $\beta = 0.668$ is positive). The subjective norm variable is significantly related to intent ($p_v = <0.001$), and the value of the coefficient (direct $\beta = 0.303$ is positive). The perception of behavior control is significantly related to intent ($p_v = <0.042$), and the value of coefficient (direct $\beta = 0.668$ is positive). The variable of significant intention is directly related to the behavioral variable ($p_v = <0.001$), and the value of coefficient (direct $\beta = 1,009$ is positive). Variable

perception of behavioral control is not significantly related to behavior ($p_v = <0.415$), and the value of coefficient (direct $\beta = -0,024$ is negative).

The value of an indirect coefficient of attitude toward behavior variable with behavior through intention (indirect $\beta = 0.674$ is positive). The coefficient of an indirect variable of norm subjective variable with behavior (indirect $\beta = 0,305$ is positive). Perceptual coefficient value of behavior control to behavior through intention (indirect $\beta = 0.668$ is positive).

Table 4: Goodness off Fit Test.

Goodness off Fit Test			
Goodness off Fit	Admission Limit Goodness off Fit	Result	Model Evaluation
Chi Square	$\leq 177,389$, where Chi Square to degree of freedom (DF) 148; Significant level 5% = 177,389	2,445	Good
RMSEA	$< 0,08$	0,039	Good
TLI	$> 0,9$ and ≤ 1	0,999	Good
CFI	$> 0,9$ and ≤ 1	1	Good
NFI	$> 0,9$ and ≤ 1	0,999	Good

Based on the result of the acceptance test criteria of goodness off fit test on the path diagram model, the absolute match size determines the degree of prediction of the overall model (structural model of measurement)

to the correlation and the covariance matrix is good. This means that the equation model of path analysis used in this study is acceptable.

Table 5: Normality Test.

Variable	C.R Skewness	C.R Kurtosis
Norm Subjective (X_2)	0,883	-2,676
Perception of Behavioral Control (X_3)	0,568	-1,589
Attitude Toward Behavior (X_1)	0,885	-2,674
Intention (Y)	0,979	-2,698
Behavior (Z)	0,982	-2,739
Multivariate		-,908

The test of univariate normality of attitude toward behavior variable (X_1) value critical ratio (C.R) skewness of 0.885 then the subjective norm variable (X_2) has a value of C.R of 0.883. Furthermore, behavior perception control variable (X_3) has value C.R 0.568. The variable of intention (Y) has a value of C.R skewness 0,979, and

behavioral variable (Z) equal to 0,982. In the table also shows a multivariate normality test that can be seen on C.R kurtosis is -0.908. It can be concluded that the distribution of univariate and multivariate data in this study is normal because all values both C.R skewness and C.R kurtosis are between -2.58 to +2.58.

DISCUSSION

Attitude toward behavior relationship has strong relation with society intention in support social function of schizophrenia patient, in accordance with result indicated using path analysis that is got value of p -value of attitude variable to intention or intention of <0.001 less than $0,05$, meaning there is relationship significant of attitude variable (behavior toward behavior) to variable intention or intention. And then, the value of path coefficient of attitude toward behavior variable to the variable of intention is positive equal to 0.668 which means every increase of 1 unit or 1% attitude, hence also happened increase of intention equal to $0,668$ or $0,668\%$. It can be concluded that the more positive the attitude of the community, the higher the intention of the community in social support to the neighbor with schizophrenia.

Attitude toward behavior is a feeling of partiality or favorable or feeling of impartiality or unfavorable of an object, especially in this study is a behavior in support of social function of people with schizophrenia. According to Theory of Planned Behavior (TPB), a person's behavior is influenced by the intention of a person to perform the behavior (behavioral intention). The relationship of attitude toward behavior with the intention to perform social functions in schizophrenia is in line with research conducted by Mausbach (2013) which states that positive attitudes toward behavior are positively correlated also with the intention to engage in behavioral social function in schizophrenic patients. The results also show that a person's attitude toward behavior is directly related to intent. The researcher's opinion that positive or negative attitude can determine the behavior of a person through his intention, if the more positive the individual attitude, then the intention to perform an action is also higher. High intention or intention in supporting the social function of its neighbor with schizophrenia tends to be influenced by the positive attitude of Sukonolo Village community. A positive attitude toward behavior will make the people of Sukonolo Village tend to act to support the social function of their neighbors with schizophrenia.

Mental health-related studies such as schizophrenia-based or community sampling are still limited, especially with the Theory of Planned Behavior (TPB) (Burgess *et al.*, 2016). However, the researchers found the results of previous studies using TPB although used for mental health care such as depression and non-community research samples but students. Results of research conducted by Bohon *et al.* (2016) suggests that the strongest predictor of intent to help a friend with depression is an attitude toward behavior. Similar results were also conducted by Lee *et al.* (2014) but have a different outcome, which has no effect on South Korean students' intentions in providing assistance facilities to friends who need mental health services. This difference in results is due to the culture of South Koreans who tend to seek a pluralistic approach (multiple and diverse) in overcoming their mental health, for example, seeking

help through professional medical personnel in Western and Eastern countries, religious leaders, social networks and traditional Korean methods south one by one or all together.

Furthermore, the discussion about the relationship between variables of the indirect relationship of attitude (X1) to behavior (Z) through the intention of looking at the coefficient value that Tabel 3 showed Indirect Effects on Path Analysis relationship X_1 with Z is 0.674 is positive. This means, if there is an increase in attitude variable of 1 unit or 1%, then indirectly also affect the behavioral variable of 0.674 units or 0.674% , and means the higher the attitude score, then indirectly by passing the intention or intention is also higher behavior score. The TPB intentions are the strongest direct predictions with behavior, meaning one's attitude is directly related to intent and indirectly related to behavior through intention (Fishbein & Ajzen, 2010). The relationship of attitudes to behavior that passes the intention is in accordance with Mausbach's (2013) study which states that positive attitudes are indirectly positively correlated as well with behavior to support social function in schizophrenic patients. The researcher's opinion that the positive and negative attitude of a person is based on the intention firstly formed positive or negative behavior. The higher the positive attitude, coupled with the positive intentions that are also high, then the behavior that appears on someone will be good, and vice versa.

CONCLUSION

There is a significant correlation between attitude toward the behavior, subjective norm, perception of behavior control indirectly through intention to behavior in supporting social function of schizophrenia patient in Sukonolo Village, Malang Regency. There is a significant correlation between attitudes toward behavior, subjective norm, a perception of behavior control directly to society intention in support of social function of schizophrenia. There is no significant relationship between perception of behavior control directly to behavior. Attitudes toward behavior are the dominant factors associated with community behavior in supporting the social function of people with schizophrenia compared with other factors. For further research, it is expected to be able to analyze the difference between the behavior of the community in supporting the social function of the various regions (urban and rural) based on the approach of the theory of planned behavior.

ETHICAL ISSUES

The study was approved by the ethical committee on Faculty of Medicine, Universitas Brawijaya

AUTHOR'S CONTRIBUTION

All authors contributed to the study concept, design, data analysis and manuscript preparation.

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