

*Original Article*

# Analysis of community perceptions of families of patients with mental disorders at Lesung Batu Community Health Center: A cross-sectional study

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## Abstract

### Background

Individuals with mental illness often face social stigma that not only affects them personally but also extends to their families. Public perception of families caring for persons with mental illness plays a crucial role in supporting rehabilitation efforts and social reintegration.

### Objective

This study aimed to examine the factors associated with community perceptions toward the families of individuals with mental illness in the working area of Lesung Batu Health Center, South Sumatra, Indonesia.

### Methods

A cross-sectional quantitative study was conducted involving 100 respondents selected through purposive sampling. Data were collected using a structured questionnaire and analyzed using chi-square tests and multivariate logistic regression.

### Results

The results showed that 60% of respondents had a positive perception of the families of persons with mental illness. No significant association was found with age ( $p = 0.83$ ), gender ( $p = 1.00$ ), or educational level ( $p = 0.13$ ). However, knowledge ( $p = 0.00$ ; OR = 14.14) and attitude ( $p = 0.00$ ; OR = 9.3) were significantly associated with community perception. Knowledge was identified as the most dominant factor influencing public perception.

### Conclusion

Knowledge and attitude are key determinants of community perception toward families of individuals with mental illness, while demographic factors such as age, gender, and education showed no significant impact. Community-based mental health education programs are strongly recommended to enhance knowledge, foster positive attitudes, reduce stigma, and build stronger community support for families caring for individuals with mental illness.

## Background

Mental illness is a global health issue that significantly impacts individuals, families, and communities (Nyblade et al., 2019). Mental health is an essential component of human well-being, encompassing the ability to manage stress, work productively, and contribute to society (Hamid, Keliat, & Putri, 2020). Despite this, mental disorders remain a leading cause of disability and mortality, particularly among the productive age group (Jester et al., 2023). Armstrong-Mensah et al. (2022) reported that mental illness was the third leading cause of death among individuals aged 15–29 years, with over 703,000 suicide cases recorded in 2019. These figures underscore the urgency of prioritizing mental health services in global health systems.

In Indonesia, the prevalence of mental health problems continues to rise annually. It is

estimated that 7 out of every 1,000 people suffer from severe mental disorders. The Ministry of Health also reported that approximately 19 million children and adolescents in Indonesia experience mental health issues. In 2022, 9.8% of individuals aged 15 years and older experienced mental health problems, with 6.1% showing symptoms of emotional mental disorders. These data indicate that the burden of mental illness affects not only patients but also their caregiving families (Ministry of Health RI, 2024).

A similar situation is observed in South Sumatra, particularly in Empat Lawang Regency. According to the Provincial Health Office report (2019), 12.95% of individuals aged 15 years and older experienced emotional mental disorders, while 2.48% had severe mental illnesses. A total of 341 community health centers (Puskesmas) provided services for individuals with severe

mental illness, and 5,924 patients were recorded in the regency, with only 37.6% receiving treatment. This suggests that despite the availability of services, many patients do not receive optimal care—likely due to stigma and negative public perceptions (Provincial Health Office of South Sumatra, 2024).

Community perception of people with mental illness (PMI) and their families is a critical factor in the success of rehabilitation efforts (Carrara, Bobbili, & Ventura, 2023). Stigma and social discrimination often extend beyond the individual patient to their families, affecting their quality of life, social acceptance, and access to community support (Thornicroft et al., 2022). Several studies have shown that public knowledge and attitudes strongly influence perceptions of PMI and their families (Codjoe et al., 2021). Schroeder et al. (2021) also found a correlation between public perception and family acceptance of PMI, reinforcing the importance of education as a strategic intervention.

However, research specifically examining public perceptions of the families of PMI remains limited, especially in rural community settings such as the Lesung Batu Health Center service area. This gap highlights the need for a deeper understanding of how the public views the roles, burdens, and contributions of families in the caregiving process (Usnaini & Setyani, 2025; Wijayanti et al., 2025). Research focused on the factors influencing public perception is essential to inform appropriate, locally based interventions (Afriansyah et al., 2025).

This study employs a cross-sectional approach to analyze the relationship between demographic characteristics—such as age, gender, education level—as well as knowledge and attitude, with community perceptions. Preliminary findings suggest that while age, gender, and education are not significantly associated, knowledge and attitude are strongly correlated with public perception. This emphasizes the potential of mental health education and promotion in reducing stigma and enhancing community support for the families of PMI.

Therefore, this study aims to analyze the factors associated with public perception toward families of people with mental illness in the Lesung Batu Health Center area.

## Methods

### *Study Design*

This study employed a quantitative design with a cross-sectional approach to examine the relationship between selected factors and community perceptions of families caring for individuals with mental illness (PMI) in the service area of Lesung Batu Health Center. The cross-sectional design allowed for the simultaneous collection of data to identify associations between independent and dependent variables at a single point in time. The study was conducted in May 2025 in Babatan Village, within the working area of Lesung Batu Health Center, Lintang Kanan Subdistrict, Empat Lawang Regency.

### *Sampling*

The population consisted of all residents of Babatan Village, which totaled 6,540 individuals. The sample size was determined using Slovin's formula with a 10% margin of error, resulting in 100 respondents. A purposive sampling technique was employed based on inclusion and exclusion criteria. The inclusion criteria were: residents of Babatan Village who were able to communicate effectively. Individuals who were unwilling to participate were excluded from the study.

### *Instruments*

Data were collected using a questionnaire developed based on the operational definitions of each variable. The questionnaire included five independent variables: age, gender, educational level, knowledge, and attitude, and one dependent variable: community perception toward families of people with mental illness. An ordinal scale was used to categorize responses into “positive” and “negative” perceptions based on the median score. The validity and reliability of the questionnaire were tested in a pilot study involving a population with similar characteristics.

### *Data Collection*

Data collection took place from April to May 2025 using guided interviews assisted by structured questionnaires. Trained researchers conducted face-to-face interviews to ensure data accuracy and alignment with research objectives. Additionally, direct observation was carried out to capture the social context

influencing community perceptions. All responses were systematically recorded for further processing.

#### *Data Analysis*

Data processing involved three main stages: editing, coding, and tabulation. The data were analyzed in three steps: univariate analysis was used to describe the frequency distribution of each variable; bivariate analysis was conducted using the chi-square test to examine associations between two variables; and multivariate analysis was performed using multiple logistic regression to identify the most dominant factor influencing community perception.

#### *Ethical Consideration*

This study received ethical approval from the authorized institutional review board at STIK Bina Husada Palembang. All respondents were provided with clear information about the

study's objectives, procedures, benefits, and their rights, including the right to decline or withdraw at any time without penalty. Informed consent was obtained prior to data collection. The confidentiality of the data was strictly maintained and used solely for research purposes. The researchers ensured that no physical or psychological harm occurred to participants throughout the study.

## **Results**

Univariate analysis was conducted to describe the characteristics of respondents based on the variables examined in this study. These variables included community perception toward the families of individuals with mental illness (PMI), age, gender, educational level, knowledge, and attitude. The total number of respondents was 100 individuals residing in Babatan Village, the working area of Lesung Batu Health Center. The frequency distribution of each variable is presented in Table 1.

**Table 1.** Frequency Distribution of Respondents' Characteristics by Community Perception, Age, Gender, Educational Level, Knowledge, and Attitude

Variables	Frequency (n)	Percentage (%)
<b>Community Perception</b>		
Positive	60	60
Negative	40	40
<b>Age</b>		
Older	55	55
Younger	45	45
<b>Gender</b>		
Male	34	34
Female	66	66
<b>Educational Level</b>		
High	77	77
Low	28	28
<b>Knowledge</b>		
Good	52	52
Poor	48	48
<b>Attitude</b>		
Positive	50	50
Negative	50	50
<b>Total</b>	<b>100</b>	<b>100</b>

The majority of respondents (60%) had a positive perception of families of people with mental illness. A total of 55% of respondents were categorized as older adults, while 45% were younger adults. Most respondents were female (66%), with the remaining 34% being male. Regarding educational level, 72% of respondents had a high level of education, and 28% had a low level. In terms of knowledge,

52% demonstrated good knowledge, while 48% had poor knowledge. Meanwhile, respondents' attitudes were evenly distributed, with 50% showing a positive attitude and 50% a negative attitude.

Bivariate analysis was conducted to examine the relationship between respondent characteristics and community perception of

families of individuals with mental illness. The statistical tests were performed on the variables of age, gender, education, knowledge, and

attitude using the Chi-Square test. The complete results are presented in Table 2.

**Table 2.** Analysis of Factors Associated with Community Perception Toward Families of Individuals with Mental Illness

Variables	Community Perception				Total		Pvalue	PR (95% CI)
	Positive		Negative					
	n	%	n	%	n	%		
Age								-
Older	32	58,2	23	41,8	55	100	0,83	
Younger	28	62,2	17	37,8	45	100		
Gender								-
Male	20	58,8	14	41,2	34	100	1,00	
Female	40	60,6	26	39,4	66	100		
Educational Level								
High	47	65,3	25	34,7	72	100	0,13	
Low	13	46,4	15	53,6	28	100		
Knowledge								14,14
Good	45	86,5	7	13,5	52	100	0,00	(5,18-38,57)
Poor	15	31,2	33	68,8	48	100		
Attitude								9,3
Positive	42	84	8	16	50	100	0,00	(3,60-24,16)
Negative	18	36	32	64	50	100		

The test results showed no significant association between age ( $p = 0.83$ ), gender ( $p = 1.00$ ), and educational level ( $p = 0.13$ ) and community perception toward families of individuals with mental illness. In contrast, significant associations were found between knowledge ( $p = 0.00$ ; OR = 14.14) and attitude

( $p = 0.00$ ; OR = 9.3) and community perception. This indicates that respondents with good knowledge were 14.14 times more likely to have a positive perception, while those with a positive attitude were 9.3 times more likely to demonstrate a favorable perception toward families of people with mental illness.

**Table 3.** Results of the Multiple Logistic Regression Analysis for Knowledge

Variable	B	p value	OR
Knowledge	2,64	0,00	14,14
Constants	-4,51		

The results of the logistic regression analysis showed that knowledge was the most dominant variable influencing community perception toward families of individuals with mental illness. The logistic regression model obtained was  $Z = 3.93 - (-6.67 \times \text{knowledge})$ , which, when knowledge was categorized as good (value = 1), resulted in a Z score of 10.6. Using the logistic function, this corresponded to a probability of 0.99 or 99%. This means that respondents with good knowledge had a 99% likelihood of exhibiting a positive perception toward families of people with mental illness. Furthermore, the Cox & Snell R Square value of

0.43 indicated that knowledge accounted for 43% of the variation in community perception, while the remaining 57% was influenced by other factors not examined in this study. These findings highlight the critical role of education as a primary intervention to improve social acceptance of families affected by mental illness within the community.

## Discussion

The statistical analysis revealed no significant relationship between age and community perception toward families of individuals with

mental illness. This finding suggests that chronological maturity does not necessarily correspond with greater acceptance of families affected by mental illness. Although older age is often associated with cognitive maturity (Javed et al., 2021), in reality, understanding of mental health is shaped by various factors, such as personal experience, knowledge, and cultural values (Wahyuhadi et al., 2022). Monnapula-Mazabane and Petersen (2023) found that adults tend to be more accepting of people with mental illness; however, their findings were not fully aligned with the results of this study. Therefore, age may not serve as a sole indicator in forming positive perceptions toward the families of individuals with mental illness (Daniel et al., 2021).

Similarly, the gender variable did not show a significant association with community perception. This indicates that both males and females had relatively equal opportunities to express either positive or negative perceptions of families caring for individuals with mental illness. While gender differences are biologically linked to varying social roles and burdens (Ahad, Sanchez-Gonzalez, & Junquera, 2023), the influence of gender on perception appeared negligible in this study. Hence, health promotion strategies should not solely rely on gender-based approaches but rather emphasize equitable psychosocial and educational interventions (Washburn et al., 2022).

Regarding educational level, the statistical analysis also showed no significant relationship between education and community perception. Although education is generally perceived as a tool to enhance understanding and acceptance of mental health issues, this study found no statistical evidence to support that assumption. While education contributes to knowledge and cognitive frameworks (Mejia-Lancheros et al., 2021), it does not always directly influence one's attitude or perception of individuals with mental illness. This finding is supported by other studies that found no significant correlation between education and attitudes toward people with mental disorders (Carrara et al., 2023). Thus, interventions aimed at improving public perception may require more than just formal education-based strategies

(Krstanoska-Blazeska, Thomson, & Slewa-Younan, 2021).

In contrast to the three demographic variables above, this study found that knowledge had a significant and strong relationship with community perception. This indicates that individuals with better knowledge about mental illness are more likely to have a positive perception of affected families. Knowledge is the result of sensory and learning processes that can influence attitudes and behaviors in response to social issues (Kapadia, 2023). Studies have confirmed that knowledge is significantly correlated with attitudes and stigma toward people with mental illness (Ran et al., 2021). Therefore, public education emerges as a key strategic approach to reduce social stigma toward individuals with mental illness and their families (Ran et al., 2022).

In addition to knowledge, attitude was also found to have a significant relationship with community perception. Attitude reflects both affective and cognitive responses toward a particular object or situation—in this case, families of individuals with mental illness. A positive attitude is often reflected in social acceptance, support, and reduced stigma (Marcussen, Gallagher, & Ritter, 2021). Thus, shaping positive attitudes through interpersonal communication and mental health campaigns represents a strategic step toward building a more supportive social environment (Manescu, Henderson, Paroiu, & Mihai, 2023; Radez et al., 2021).

Moreover, the multivariate analysis reinforced the earlier findings by identifying knowledge as the most dominant factor influencing community perception of families of individuals with mental illness. Although both knowledge and attitude were significant in this study, it is important to acknowledge that public perception is also shaped by broader social and cultural contexts (Warren et al., 2022). Social norms, personal experiences with mental illness, and access to information all contribute to this complexity. Therefore, interventions focused solely on knowledge improvement may not be fully effective unless they are accompanied by culturally grounded



approaches and active community participation (Hellström, Gren Voldby, & Eplov, 2023; Kafami et al., 2023).

In conclusion, this study provides valuable insights into the factors that influence public perception toward families of people with mental illness. Knowledge and attitude were confirmed as key determinants, while demographic factors such as age, gender, and education showed no significant impact. These findings may serve as a foundation for policy development at the community health center (Puskesmas) and local health department levels to design more targeted and effective educational and promotional programs. Strengthening community-based mental health services through collaboration among health workers, families, and the wider community is essential. With a comprehensive and sustainable approach, it is expected that stigma toward individuals with mental illness and their families can be significantly reduced.

### Conclusion and Recommendation

This study concludes that community perception toward families of individuals with mental illness is influenced by the level of knowledge and attitude held by the community itself. The better the knowledge and attitude, the more positive the perception expressed. In contrast, factors such as age, gender, and educational level showed no significant association with perception. These findings suggest that cognitive and affective aspects play a more critical role in shaping social acceptance of families of people with mental illness than demographic factors. Therefore, efforts to build positive perceptions should focus on improving public knowledge and strengthening supportive attitudes that foster social inclusion.

Community health centers (Puskesmas) and local policymakers are encouraged to design more intensive and targeted educational programs aimed at enhancing public mental health literacy. Educational materials should be presented in engaging and accessible formats suitable for all social groups and disseminated through effective communication channels. Socialization activities should also involve

community leaders, religious figures, and health cadres to ensure broader message acceptance. Moreover, cross-sector collaboration is needed to create a socially supportive environment for families caring for individuals with mental illness. Further research using qualitative approaches is also essential to explore in greater depth the lived experiences and social dynamics that influence community perceptions in various contexts.

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### Declaration of conflict of interest

The authors declare no competing interests.

### Declaration on the Use of AI

No AI tools were used in the preparation of this manuscript.

### References

- Afriansyah, M., Parmin, S., Safitri, S. W., & Saputra, A. U. (2025). The Relationship Between Physical Activity, Stress Level, and Eating Habits on the Incidence of Gastritis in Adolescents at the Outpatient Polyclinic: A Cross-sectional Study. *Lentera Perawat*, 6(2), 271-278. doi:10.52235/lp.v6i2.439
- Ahad, A. A., Sanchez-Gonzalez, M., & Junquera, P. (2023). Understanding and addressing mental health stigma across cultures for improving psychiatric care: A narrative review. *Cureus*, 15(5).
- Armstrong-Mensah, E. A., Tetteh, A. K., Ofori, E., & Ekhsosuehi, O. (2022). Voluntary Counseling and Testing, Antiretroviral Therapy Access, and HIV-Related Stigma: Global Progress and Challenges. *Int J Environ Res Public Health*, 19(11). doi:10.3390/ijerph19116597
- Carrara, B. S., Bobbili, S. J., & Ventura, C. A. A. (2023). Community Health Workers and Stigma Associated with Mental Illness: An Integrative Literature Review. *Community Ment Health J*, 59(1), 132-159. doi:10.1007/s10597-022-00993-z
- Codjoe, L., Barber, S., Ahuja, S., Thornicroft, G., Henderson, C., Lempp, H., & N'Danga-Koroma, J. (2021). Evidence for interventions to promote mental health and reduce stigma in Black faith

- communities: systematic review. *Social psychiatry and psychiatric epidemiology*, 56, 895-911.
- Daniel, M., Maulik, P. K., Kallakuri, S., Kaur, A., Devarapalli, S., Mukherjee, A., . . . Praveen, D. (2021). An integrated community and primary healthcare worker intervention to reduce stigma and improve management of common mental disorders in rural India: protocol for the SMART Mental Health programme. *Trials*, 22, 1-13.
- Dinas Kesehatan Provinsi Sumatera Selatan. (2024). *Profil kesehatan Provinsi Sumatera Selatan tahun 2023*. Palembang: Dinas Kesehatan Provinsi Sumatera Selatan.
- Hamid, A. Y. S., Keliat, B. A., & Putri, Y. S. E. (2020). *Asuhan keperawatan jiwa*. Jakarta: EGC.
- Hellström, L., Gren Voldby, K., & Eplov, L. F. (2023). Stigma towards people with mental illness in the Nordic countries - a scoping review. *Nord J Psychiatry*, 77(4), 319-328. doi:10.1080/08039488.2022.2105946
- Javed, A., Lee, C., Zakaria, H., Buenaventura, R. D., Cetkovich-Bakmas, M., Duailibi, K., . . . Arifeen, S. (2021). Reducing the stigma of mental health disorders with a focus on low-and middle-income countries. *Asian journal of psychiatry*, 58, 102601.
- Jester, D. J., Thomas, M. L., Sturm, E. T., Harvey, P. D., Keshavan, M., Davis, B. J., . . . Jeste, D. V. (2023). Review of Major Social Determinants of Health in Schizophrenia-Spectrum Psychotic Disorders: I. Clinical Outcomes. *Schizophr Bull*, 49(4), 837-850. doi:10.1093/schbul/sbad023
- Kafami, Z., Farhoudi, F., Alimoradi, M., Sangsefidi, Z., Delshad, N., & Khadem-Rezaian, M. (2023). Persian translation and validation of community attitudes toward the mentally ill scale: a tool for assessing social stigma about mental illness. *Int Clin Psychopharmacol*, 38(1), 40-44. doi:10.1097/yc.0000000000000419
- Kapadia, D. (2023). Stigma, mental illness & ethnicity: Time to centre racism and structural stigma. *Sociol Health Illn*, 45(4), 855-871. doi:10.1111/1467-9566.13615
- Kementerian Kesehatan RI. (2024). *Survei Kesehatan Indonesia (SKI)*. Jakarta: Badan Kebijakan Pembangunan Kesehatan Kemenkes RI.
- Krstanoska-Blazeska, K., Thomson, R., & Slewa-Younan, S. (2021). Mental Illness Stigma and Associated Factors among Arabic-Speaking Religious and Community Leaders. *Int J Environ Res Public Health*, 18(15). doi:10.3390/ijerph18157991
- Manescu, E. A., Henderson, C., Paroiu, C. R., & Mihai, A. (2023). Mental health related stigma in Romania: systematic review and narrative synthesis. *BMC Psychiatry*, 23(1), 662. doi:10.1186/s12888-023-05147-3
- Marcussen, K., Gallagher, M., & Ritter, C. (2021). Stigma Resistance and Well-Being in the Context of the Mental Illness Identity. *J Health Soc Behav*, 62(1), 19-36. doi:10.1177/0022146520976624
- Mejia-Lancheros, C., Lachaud, J., Woodhall-Melnik, J., O'Campo, P., Hwang, S. W., & Stergiopoulos, V. (2021). Longitudinal interrelationships of mental health discrimination and stigma with housing and well-being outcomes in adults with mental illness and recent experience of homelessness. *Social Science & Medicine*, 268, 113463.
- Monnapula-Mazabane, P., & Petersen, I. (2023). Mental health stigma experiences among caregivers and service users in South Africa: a qualitative investigation. *Current psychology*, 42(11), 9427-9439.
- Nyblade, L., Stockton, M. A., Giger, K., Bond, V., Ekstrand, M. L., Lean, R. M., . . . Wouters, E. (2019). Stigma in health facilities: why it matters and how we can change it. *BMC medicine*, 17(1), 25-25. doi:10.1186/s12916-019-1256-2
- Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *Eur Child Adolesc Psychiatry*, 30(2), 183-211. doi:10.1007/s00787-019-01469-4
- Ran, M. S., Hall, B. J., Su, T. T., Prawira, B., Breth-Petersen, M., Li, X. H., & Zhang, T. M. (2021). Stigma of mental illness and cultural factors in Pacific Rim region: a systematic review. *BMC Psychiatry*, 21(1), 8. doi:10.1186/s12888-020-02991-5
- Ran, M. S., Peng, M. M., Yau, Y. Y., Zhang, T. M., Li, X. H., Wong, I. Y. L., . . . Lu, L. (2022). Knowledge, contact and stigma of mental illness: Comparing three stakeholder groups in Hong Kong. *Int J Soc Psychiatry*, 68(2), 365-375. doi:10.1177/0020764021997479
- Schroeder, S., Tan, C. M., Urlacher, B., & Heitkamp, T. (2021). The role of rural and urban geography and gender in community stigma around mental illness. *Health Education & Behavior*, 48(1), 63-73.
- Thornicroft, G., Sunkel, C., Aliev, A. A., Baker, S., Brohan, E., El Chammay, R., . . . Fekadu, W. (2022). The Lancet Commission on ending stigma and discrimination in mental health. *The Lancet*, 400(10361), 1438-1480.
- Usnaini, H., & Setyani, F. A. R. (2025). The Relationship between Family Support and Adherence to Taking Medication in Hypertension Patients at the Internal Medicine Polyclinic. *Lentera Perawat*, 6(1), 101-108. doi:10.52235/lp.v6i1.408

- Wahyuhadi, J., Efendi, F., Al Farabi, M. J., Harymawan, I., Ariana, A. D., Arifin, H., . . . Levkovich, I. (2022). Association of stigma with mental health and quality of life among Indonesian COVID-19 survivors. *PLOS ONE*, 17(2), e0264218.
- Warren, A. M., Khetan, R., Bennett, M., Pogue, J., Waddimba, A. C., Powers, M. B., & Sanchez, K. (2022). The relationship between stigma and mental health in a population of individuals with COVID-19. *Rehabil Psychol*, 67(2), 226-230. doi:10.1037/rep0000436
- Washburn, M., Brewer, K., Gearing, R., Leal, R., Yu, M., & Torres, L. (2022). Latinos' conceptualization of depression, diabetes, and mental health-related stigma. *Journal of Racial and Ethnic Health Disparities*, 1-11.
- Wijayanti, S., Wijayanti, M. I. E., & Amigo, T. A. E. (2025). Relationship between Family Knowledge and Prevention of Recurrent Stroke Attacks at the Neurological Polyclinic. *Lentera Perawat*, 6(1), 12-19. doi:10.52235/lp.v6i1.407