

A Retrospective Descriptive Study of the Characteristics of Schizophrenia Patients

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Abstract

Schizophrenia is a chronic mental disorder that significantly affects patients' quality of life and contributes to a substantial global health burden. This research aimed to analyze the epidemiological profile and sociodemographic characteristics of schizophrenia patients at Bantarjaya Health Center, Bogor Regency, Indonesia. A retrospective descriptive design was employed using secondary data from the medical records of patients diagnosed with schizophrenia between January and June 2025. A total of 76 patients aged 16–75 years were included in the study. The variables analyzed consisted of age, gender, and marital status. The results showed that male patients slightly outnumbered female patients, with a ratio of 1.3:1 (56.5% vs. 43.5%). The highest prevalence was found in the young age group (16–30 years) at 38.1%, followed by the productive age group (31–45 years) at 36.8%. In terms of marital status, most female patients were married (60.6%), while the majority of male patients were unmarried (67.4%). The findings indicate a significant association between gender, age at onset, and marital status, where early onset in males may interfere with psychosocial development, including the ability to establish marital relationships. Conversely, later onset in females allows greater opportunities for marriage. In conclusion, schizophrenia predominantly affects individuals in their productive years, with notable differences in demographic characteristics between genders. These findings highlight the importance of early detection and tailored intervention strategies at the primary healthcare level to improve patient outcomes and social functioning.

INTRODUCTION

Schizophrenia is a chronic mental disorder with symptoms that tend to persist and often recur, thereby reducing the quality of life of affected individuals. According to the Global Burden of Disease and Injury Incidence and Prevalence Collaborators, (2018), because it often appears during the productive years, this disorder is one of the top 20 causes of disability worldwide. The economic burden is very high, with approximately one-third resulting from loss of productivity due to unemployment, and the remainder from direct medical costs (Ministry of Health of the Republic of Indonesia, 2025).

Schizophrenia, a serious mental illness, affects approximately 1% of the world's population and is characterized by hallucinations, delusions, disorganized speech, markedly disorganized behavior, as well as negative symptoms such as reduced emotional expression, avolition, and cognitive impairment (Hjorthøj et al., 2017; Huhn et al., 2019; Jauhar et al., 2022). Symptoms generally appear in late adolescence or early adulthood, and the disorder may be more common in men. Its causes include genetic, environmental, and neurobiological

factors. No single factor is solely responsible for the development of schizophrenia; rather, it results from the interaction of multiple contributing factors (Charlson et al., 2018; Correll et al., 2022; Mendrek & Mancini-Marie, 2016). Environmental influences include prenatal and perinatal risks, psychosocial stressors, and substance use. Neurobiologically, schizophrenia is associated with neurotransmitter dysregulation in the dopamine and glutamate systems, as well as structural brain changes (Hany & Rizvi, 2024).

The prevalence of schizophrenia varies but remains relatively consistent across countries, ranging from 0.5% to 1% of the population, or an estimated 24 million people worldwide (Brand et al., 2022; Jongsma et al., 2019). In Indonesia, the number of individuals with schizophrenia is estimated at 2.6 million. The 2023 Indonesian Health Survey (SKI) reports that the prevalence of households with psychosis/schizophrenia in Indonesia is 3 per 1,000 households (Indonesia, 2025).

Several previous studies have highlighted the importance of demographic characteristics in understanding schizophrenia (Giordano et al., 2021; Laursen et al., 2014). (Li et al., 2022) reported that schizophrenia exhibits gender-related differences, particularly in age at onset, clinical presentation, and psychosocial outcomes, with men generally experiencing an earlier onset than women. (Häfner et al., 2004) and (Häfner et al., 2020) also found that schizophrenia often begins earlier in males, which may interfere with psychosocial development and social roles, including education, employment, and marital relationships. Furthermore, (McGrath et al., 2023) emphasized that although schizophrenia occurs in both sexes, male patients often demonstrate slightly higher incidence rates in clinical populations. In relation to marital status, (Thara & Srinivasan, 2022) explained that women with schizophrenia tend to have higher marriage rates than men, partly because the onset in females is usually later, allowing better opportunities for social adjustment before illness progression. In older populations, (Folsom et al., 2006) and (Peritogiannis et al., 2022) noted that the prevalence of schizophrenia tends to decline in later life, either due to symptom improvement in some patients or increased mortality related to physical comorbidities.

Puskesmas serve as the frontline of health services in Indonesia, and their role is crucial in the early detection and outpatient management of patients with schizophrenia. However, data on the demographic profile of patients at the community level remain limited, especially in the Bogor Regency area. The data for this study were obtained from records of schizophrenia patient visits during the first semester, namely January–June 2025.

Although previous studies have provided important insights into the epidemiology of schizophrenia, most have focused on global or national data, hospital-based populations, or broader psychiatric settings. Data at the primary healthcare level, especially from community health centers in Indonesia, remain limited. In fact, puskesmas play a crucial role as the frontline of health services, including early detection, referral, and outpatient follow-up for patients with schizophrenia. Information on the sociodemographic profile of schizophrenia patients at the primary care level is therefore essential to support more targeted community-based mental health interventions.

Therefore, this study was conducted to examine the epidemiological profile and sociodemographic characteristics of schizophrenia patients at the Bantarjaya Health Center. Based on this gap, the present study focuses on schizophrenia patients at the Bantarjaya Health Center, Bogor Regency, using medical record data from January to June 2025. This study aims

to describe the epidemiological profile and sociodemographic characteristics of schizophrenia patients based on age, gender, and marital status. The benefit of this study is that it provides local empirical data that can support early detection programs, improve patient management strategies at the primary healthcare level, and serve as a reference for planning more personalized and effective mental health services in accordance with the latest National Clinical Practice Guideline for Schizophrenia as stipulated in KMK No. 970 of 2025.

METHOD

This study used a retrospective descriptive design to analyze the epidemiological profile of schizophrenia cases at the Bantarjaya Health Center, Bogor Regency. Data was collected from the medical records of patients with a diagnosis of schizophrenia who underwent outpatient treatment or hospital referral in January-June 2025, with a total sample of 76 patients in the age range of 16 to 75 years. The variables of this study include the demographic characteristics of the sufferers which include age, gender, and marital status.

Data collection was carried out through a documentation technique by reviewing and extracting relevant information from patients' medical records that had been recorded in the health center database. The researcher ensured that the data collected were complete, valid, and relevant to the research variables by cross-checking the available records and excluding incomplete data. All data were anonymized to maintain patient confidentiality and comply with research ethics standards. The data analysis technique used in this study was descriptive statistical analysis. The collected data were processed and presented in the form of frequency distributions and percentages to describe the patterns of age, gender, and marital status among schizophrenia patients. The results were then interpreted to identify trends and relationships between variables, particularly in relation to epidemiological patterns and sociodemographic characteristics. This descriptive approach aims to provide a clear and systematic overview of schizophrenia cases at the primary healthcare level, which can serve as a basis for further analysis and intervention planning.

RESULTS AND DISCUSSION

The results of the research conducted in collecting data on the medical records of schizophrenic patients who came both outpatient at the health center and referral to the patient's hospital obtained the following data

Table 1. Frequency Distribution by Age, Gender, Marital Status (n=76)

| No. | Age-sensitive | Women | | Male | |
|-----------------|-----------------|-----------|-----------|-----------|-----------|
| | | Married | Unmarried | Married | Unmarried |
| 1 | 16-30 years old | 4 | 10 | 1 | 14 |
| 2 | 31-45 years old | 8 | 2 | 6 | 12 |
| 3 | 46-60 years old | 6 | 1 | 6 | 3 |
| 4 | 61-75 years old | 2 | 0 | 1 | 0 |
| Quantity | | 20 | 13 | 14 | 29 |

Source: Medical records data, Bantarjaya Health Center (2025), processed by the author

From the table above, the following data results are obtained:

1. Based on Gender and Marital Status

Based on the table, the total number of research subjects amounted to 76 patients consisting of 43 males and 33 females. The distribution of marital status showed that in the female group, the majority of the patients were married at 20, while the other 13 were unmarried. On the other hand, in the male group, the distribution between married and unmarried patients was recorded to be balanced, amounting to 14 people each.

2. Based on Age Range

Age distribution data provides an idea of when the highest prevalence occurs:

- Young Age (16–30 years): This group has the largest number of patients at 29 people. In this range, the majority of patients, both male and female, with unmarried status, amounted to 24 people.
- Productive Age (31–45 years): This group has a total of 28 patients. The number of married female patients began to increase by 8 people.
- Mature Age (46–60 years): This group has a total of 16 patients.
- In the elderly category (61-75 years old), only 3 people were found.

3. Overview of Research Subjects Based on Demographics

a. Characteristics Based on Gender and Marital Status

Based on research data, the distribution of patients by gender with details of 43 male patients (56.5%) and 33 female patients (43.5%) with a ratio of 1.3:1. This is in line with a global epidemiological study by McGrath et al., (2023) which states that although the prevalence of schizophrenia tends to be the same between the sexes, men often show slightly higher incidence rates in the population. The gender comparison is also in line with the medical literature stating that the incidence of schizophrenia is higher in men than in women by (Li X et al., 2022).

There are significant differences in marital status between the two sexes. In the female group, the majority of patients were married, namely 20 people (60.6%). On the other hand, in the male group, the highest prevalence was found in the unmarried category, which was 29 people (67.4%). This phenomenon supports the theory of (Thara & Srinivasan, 2022) which states that there is a *marriage gap* in people with schizophrenia, where women with schizophrenia have a better chance of marrying or maintaining a marriage than men. This is associated with sociocultural factors and gender roles where men with severe mental disorders are often considered incapable of fulfilling the role of head of the family or breadwinner, thus hindering the marriage process.

b. Characteristics by Age Range

When viewed from the aspect of age, the highest prevalence of schizophrenia is found in young and productive age groups. The age range of 16-30 years is the group with the highest number of patients, namely 29 people (38.1%), followed by the age range of 31-45 years as many as 28 people (36.8%). These findings are in line with the concept of *early-onset schizophrenia* described by (Häfner et al., 2020), where the peak of the first symptom onset generally occurs in early adulthood. The data shows that in the 16–30 age group, there are 14 unmarried men, which is the highest number in one category. The onset of an earlier age in males is usually between the ages of 18-25, this coincides with a vulnerable period in which individuals are supposed to build social independence and good interpersonal relationships.

As we age, the number of schizophrenic patients in this study showed a downward trend in old age. In the elderly age group (61–75 years), the number of patients was only recorded as 3 people (3.9%). This decline is often associated with *the rule of thirds* in the prognosis of schizophrenia, where some patients experience symptom improvement with age, but others may experience a decrease in life expectancy due to physical comorbidities or other risk factors.

Correlation of Gender and Onset of Age to Marital Status

Based on the results of the study, an interesting phenomenon was found where the group of unmarried men in the age range of 16–30 years was the group with the highest frequency, namely 14 people. This is in line with *the theory of gender dimorphism* in schizophrenia, which states that men tend to experience the onset of symptoms earlier than women.

According to a study by Häfner et al., (2004) in the *European Archives of Psychiatry and Clinical Neuroscience*, men typically experience the onset of schizophrenia 3–5 years earlier than women. Onset that occurs in young adulthood (16–30 years) often interferes with psychosocial development, including the ability to build romantic relationships and the economic independence necessary for marriage.

Marital Status in Female Patients

Data shows that 20 married women have a significant number compared to other categories. Although marriage is often considered a social support factor, in the context of schizophrenia, the burden of dual roles as a wife/mother can be stressful in itself.

Research by Thara & Srinivasan, (2022) in the journal *Schizophrenia Bulletin* states that women with schizophrenia have a higher marriage rate than men due to different social stigmas. However, they are also at high risk of relapse if they do not receive adequate emotional support from their partner, considering that female onset often appears later at the age of 25–35 years when they are already in the institution of marriage.

Decreased Prevalence in the Elderly

The decrease in the number of patients in vulnerable 61–75 years old, namely there were 3 people in the research data. This decrease in number is in accordance with global epidemiological patterns. This can be attributed to a decrease in positive symptoms with age or a high mortality rate in schizophrenia patients due to physical comorbidities. In a national study in South Korea conducted by (Kim et al., 2017), which processed data from 107,190 cases of mentally disturbed patients with 9387 patients with schizophrenia, over a 12-year period, it was found that patients with schizophrenia had a 2.4 times higher risk of death compared to the general population (Peritogiannis, V et al., 2022).

CONCLUSION

Based on the results of this retrospective descriptive study involving 76 schizophrenia patients at the Bantarjaya Health Center during January–June 2025, schizophrenia was found to predominantly affect individuals in young, productive age groups, with a slightly higher prevalence among males than females. Notable gender differences were observed in marital status, with male patients more often unmarried—likely due to earlier onset disrupting psychosocial development—while female patients were more frequently married, reflecting a later onset. Additionally, the number of cases declined significantly in the elderly population, consistent with epidemiological patterns associated with symptom improvement or increased

mortality due to comorbidities. These findings underscore the importance of considering demographic characteristics in schizophrenia management at the primary healthcare level and highlight the need for strengthened early detection programs and targeted psychosocial interventions, particularly for younger patients, to improve outcomes and social functioning. Future research is recommended to include larger, multi-center samples and longitudinal designs to better understand disease progression, treatment responses, and the impact of sociodemographic factors over time.

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