



THE RELATIONSHIP BETWEEN KNOWLEDGE AND FAMILY SUPPORT WITH FAMILY COMPLIANCE IN CONTROLLING THE CLIENT'S MEDICATION WITH SCHIZOPHRENIA

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ABSTRACT

Schizophrenia caused by confusion of thought, where individuals are unable to adapt to themselves, other people, society, and the environment. The prevalence of schizophrenic sufferers is around 0.2% to 2% or 24 hours of sufferers worldwide. Recurrence of schizophrenia is often caused by client noncompliance with treatment and lack of family support. The purpose of this study was to analyze the factors associated with family compliance in controlling the client's medication with schizophrenia. The research was conducted in March 2018 at NagariCupakSolok. Research design cross sectional study with a sample size of 38 respondents. Data collection using a questionnaire with the interview method. The results showed that 55.3% of respondents were not compliant in taking medication, 42.1% had low knowledge and 60.5% had poor family support. Based on the research results, it is found that there is a relationship between knowledge, and family support in medication adherence. This is influenced by the very low family support factor due to the busyness of each family member, so it is advisable to pay more attention to the family member's medication schedule. Solok District increased counseling on medication compliance.

Key Words: Education, Knowledge, Family support, Compliance with Schizophrenia Medication

INTRODUCTION

Schizophrenia is a disease that affects the brain and causes strange and disturbed thoughts, perceptions, emotions, movements, and behavior. Schizophrenia can not be defined as a disease in isolation, but as a disease process that includes many types with various symptoms such as types of cancer. For decades, schizophrenia has been misunderstood by society ((Videbeck, 2012). Schizophrenia is a disorder that occurs in brain function. According to Nancy Andreasen (2008) in Broken Brain, The Biological Revolution in Psychiatry, that the current evidence of attacks on schizophrenia is one thing that involves many factors. These factors include changes in the physical structure of the brain, changes in the chemical structure of the

brain, and genetic factors. According to Melinda Herman (2008), defining schizophrenia as a neurological disease that affects the client's perception, way of thinking, language, emotions, and social behavior (Neurological disease affects a person's perception, thinking, language, emotion, and social behavior)(Yosep et al., 2009)

Continuity of treatment in the management of schizophrenia is one of the main factors for the success of therapy. Patients who were not adherent to treatment had a higher risk of recurrence than patients who were adherent to treatment. This non-adherence to treatment is the reason the patient was hospitalized again. Patients who have relapsed take longer to return to their original condition and with recurrent



relapses, the patient's condition may worsen and it is difficult to return to the original state. This schizophrenia treatment must be carried out continuously so that the patient can be prevented from recurring the disease and can return to productive function and ultimately improve the quality of life.(Yuliantika, Jumaini, 2017)

Relapse can be caused by several factors, including non-adherence to taking medication, symptoms common to the treatment of stressful life events, high family emotional expression. (Sari, 2018) There are several things that can trigger a schizophrenia recurrence, including patients not taking medication and not seeing a doctor regularly, stopping drugs themselves without the approval of a doctor, lack of support from family and society, and the existence of serious life problems that make it stressful. relapse and need to be hospitalized. Various treatment efforts and mental nursing conceptual models have been implemented, but there are still many patients who experience re-treatment or recurrence and remain in mental hospitals (Widodo, 2013).

Family is a very important factor in the healing process for mental patients. The family is the patient's closest environment, with the family that is therapeutic and supportive of the patient, the patient's recovery period can be maintained as long as possible. Conversely, if the family is less supportive, the recurrence rate becomes faster. Based on the study, it was found that the recurrence rate in patients with mental disorders without family therapy was 25-50%. While the relapse rate in patients receiving family therapy is 5-10%.(Widodo, 2013). Family as caregiver plays an important role in supporting client adherence with mental disorders to the therapy regimen given Adherence in schizophrenic patients consists of adherence to therapy

aftertreatment (control), use of drugs appropriately, following behavior change recommendations (Kaplan & Sadok, 1997). According to classifying the factors that influence patient adherence are education, accommodation, modification of environmental and social factors, changes in therapy models, increasing the interaction of health professionals with patients. According to(Niven & Niven, 2006) proposes a five-point plan for overcoming patient non-compliance is to develop adherence goals, healthy behavior is strongly influenced by habits, behavior control is often not sufficient to change the behavior, social support in the form of emotional support from other family members and support from health professionals.

Based on Research (Wardani et al., 2012) about family support the factors that cause non-compliance with schizophrenia clients undergoing treatment where it is found that family support affects client compliance in taking medication. Research by Sulistyono (2014) on the factors that influence non-adherence to taking medication in schizophrenia patients at the Surakarta Hospital shows that family support affects patient compliance in taking medication in providing public health care. Research(Erwina, 2015) about factors related to treatment adherence. The research was conducted at RSJ. Prof. Dr. Hb.Saanin Padang shows that family knowledge about drugs is related to client compliance with medication.

The most important factor associated with relapse in schizophrenia is non-adherence to medication. One of the therapies in schizophrenia patients is giving antipsychosis. These drugs will work if used properly but it is found that many schizophrenic patients do not take their medication routinely. About 7% of people



who are prescribed antipsychotic drugs refuse to take them. Research on the prevalence of non-adherence shows that a large proportion of people with schizophrenia stop taking the drug over time. A follow-up study, for example, found that over a period of two years, three out of four patients studied refused to take their antipsychotic medication for at least a week ((Durand & Barlow, 2006)

According to Tambayong (2002) non-compliance factors with treatment are low education and lack of patient knowledge about the goals of treatment, patients do not understand the importance of following established treatment rules in relation to their prognosis, difficulty obtaining drugs outside the hospital, high prices of drugs, and lack of attention and caring family who may be responsible for purchasing or administering medication to patients. Effective and safe drug therapy can only be achieved if the patient knows the ins and outs of treatment and its uses. According to Siregar (2006) non-compliance with drug use will result in reduced use of a drug. Thus, the patient will lose the anticipated therapeutic benefit and possibly result in the condition being treated gradually becoming

worse.(Erwina, 2015) Regarding the factors associated with medication adherence to schizophrenia patients at RSJ Prof.HBSaanin Padang, it was found that education and family knowledge influenced patient recurrence.

The purpose of this study was to analyze factors related to family compliance in controlling medication in schizophrenic patients in NagariCupakSolok in 2018.

MATERIAL AND METHODS

Research quantitative research with a cross sectional study approach. The research was conducted in Solok Regency, Solok Regency. Data collection up to the study was conducted from January to March 2018. The population of the study was all schizophrenic client families in Solok Regency Solok Regency numbering 38 people. The sampling technique is the total population. The research instrument used a questionnaire with interview techniques that included questions from the independent variables (level of knowledge and family support). Before filling out the questionnaire, respondents filled out Informed Consent by applying research ethics of anonymity, autonomy, and confidentiality.

RESULTS

Univariate Analysis

Table 1 Univariate Analysis

No.	Variable	f	%
2	Knowledge		
	Low	22	57.9
	High	16	42.1
3	Family support		
	Not good	23	60.5
	Well	15	39.5



Table 1 shows that more than half of the respondents (57.9%) have low knowledge, more than half of the respondents (60.5%) with poor family support in NagariCupakSolok in 2018.

Bivariate analysis was performed using chi-square test with 95% degree of confidence, using the help of a computerized system. The relationship between the dependent and independent variables is said to be significant if the p value obtained is ≤ 0.05 .

Bivariate Analysis

Table 2 Bivariate Analysis

Variable	Obedience				Total		Pvalue
	Not obey		Obey				
	<i>f</i>	%	<i>F</i>	%	<i>f</i>	%	
Knowledge							
Low	14	87.5	2	12.5	16	100	0.003
High	7	31.8	15	68.2	22	100	
Family support							0.011
Not good	17	73.9	6	26.1	23	100	
Well	4	26.7	11	73.3	15	100	

Based on table 2, it can be seen that the results of the analysis of the relationship between knowledge and family compliance to control taking medication obtained p value = 0.003 for the results of the analysis of the relationship between family support and family adherence to control taking medication obtained p value = 0.011. So it can be concluded that there is a relationship between knowledge, and family support with family compliance in controlling medication in NagariCupakSolok

schizophrenia patients at RSJ Prof.HBSaanin Padang obtained the result that there is a relationship between knowledge and medication adherence to patients. p value = 0.002.

According to Notoatmodjo (2010) knowledge is the result of knowing and it occurs after people sense certain objects. In this study, knowledge is everything that respondents know about the treatment of schifrenia patients. Increased knowledge has a positive relationship with behavior change. Where knowledge can be obtained through education and health counseling. The level of education will affect the ability to absorb information. This information becomes knowledge for someone.

DISCUSSION

1. Relationship between Knowledge and Adherence to Medication in Schizophrenia Patients

Statistical test results p value= 0.002 there is a significant relationship between knowledge and client compliance with taking medication in the working area of

Solok Regency. This research is in line withErwina's (2015) research on factors related to medication adherence to

According to the researcher analysis, respondents with low knowledge were mostly not obedient to taking medication. On the other hand, respondents with high knowledge were mostly obedient to taking medication. It can be seen that the knowledge of respondents about the disease and benefits of drugs in schizophrenic



patients supports patient adherence in taking medication. Health workers provide counseling to family members which will be able to increase respondent knowledge and will further increase compliance in taking medication.

2. Relationship between family support and adherence to medication in schizophrenia patients

Statistical test results (*p value*= 0.011) there is a significant relationship between family support and client compliance with taking medication in the working area of Solok Regency. The results of this study are in line with Raharjo's (2014) research on the factors that influence recurrence in schizophrenic patients at RSJD dr. Amino Gondohutomo Semarang shows that there is a relationship between family support and client compliance with taking medication.

According to Friedman (2008) support is a condition that is beneficial to individuals obtained from others who can be trusted, so that someone will know that there are others who care, respect, and love. Family support is defined as verbal or non-verbal information, suggestions, real help or behavior provided by people who are familiar with the subject in their environment or in the form of presence and things that can provide emotional benefits and affect the recipient's behavior. . In this case, people who feel supported emotionally feel relieved because they are noticed, get suggestions or pleasant impressions of themselves (Friedman, 2010).

According to the researcher's analysis, there were a small number of respondents who had good family support but did not comply with taking medication, this was because the patient refused to take medication and also because the patient denied he had schizophrenia and a small proportion of respondents who had poor

family support but obeyed taking medication this was because the patient know the benefits of taking medicine for health. It is hoped that with family support, the support of health workers who conduct home visits and the counseling provided will motivate schizophrenic patients to take regular medication every day.

CONCLUSION

The conclusion of this study, there are several factors that influence family compliance in controlling the client's medication with schizophrenia, including knowledge and family support. From the results of the study it can be concluded that knowledge and family support play an important role in the patient's healing process, especially in controlling medication in schizophrenia patients, because schizophrenia patients really need family support in treatment, especially in controlling drinking drugs.

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