FAMILY SUPPORT FOR COMPLIANCE WITH MEDICATION IN SCHIZOPHRENIA

Sifa Fauziah*, Ummi Malikal Balqis, Siti Umaiyah
STIKes Permata Nusantara, Jl. Pasirgede Raya No.6-19, Bojongherang, Cianjur, Jawa Barat 43216, Indonesia
*Sifafauziah317@gmail.com

ABSTRACT
Schizophrenia cannot be defined as a separate disease, but is thought to be a syndrome or disease process that includes many types with various symptoms. Family support is assistance that can be given to other family members in the form of goods, services, information and advice that can make the support recipient feel loved, appreciated and at peace. The family provides support, attention and affection by caring for, administering treatment and controlling medication intake for mental disorders patients. This study aims to determine the relationship between family support and medication adherence for mental disorder patients. This research uses a quantitative research design with a cross sectional approach. The population in this study were patients with schizophrenia in the working area of the Karang Tengah Community Health Center. Samples were collected using a total sampling technique, namely 35 people. Data were collected using the family support questionnaire (KDK) and the Morisky Medication Adhrence Scale-8 (MMAS-8) questionnaire with an r table value of 0.056. The data was then analyzed using the chi square test ($\alpha < 0.05$). From the results of the bivariate chi square analysis statistical test, the p-value = 0.002 or $p < 0.05$ was obtained. Conclusion: H0 is rejected and H1 is accepted, thus indicating that there is a relationship between family support and medication adherence in schizophrenia. Suggestion: It is hoped that the family can provide optimal support to the patient, always controlling their treatment/taking the medicines that have been prescribed.

Keywords: family support; medication adherence; schizophrenia

INTRODUCTION
Schizophrenia is a serious mental disorder that is often found in society (Farkhah & Suryani, 2017), schizophrenia is a group of clinical syndromes characterized by changes in cognition, emotions, perception and other aspects of behavior (Sadock et al., 2009). Data from the World Health Organization (WHO) in 2016 stated that schizophrenia sufferers reached 21 million people worldwide. Schizophrenia is a chronic disease in which most patients are at risk of recurrence (Kamei, 2022). Relapse is when a schizophrenic patient returns to hospital after being discharged (Chaurotia et al., 2016). According to Weiden (2017), preventing relapse is the main goal in treating schizophrenia. Schizophrenia patients must receive antipsychotic medication for a long period of time, causing boredom in treatment (Weiden et al., 2017).

Relapse in schizophrenia patients is caused by non-compliance with treatment, lack of family support and living conditions that are vulnerable to increased stress and pressure. (Zhou et al., 2017). According to a basic health survey conducted in 2018, cases of people suffering from mental health problems are increasing in Indonesia. This is reflected in the prevalence of households with mental health problems, namely 7 households with serious mental health illnesses per 7 household miles, or 1000 households. Thus, it is estimated that around 50 thousand people suffer from serious mental disorders (Riskesdas, 2018) Efforts that must be made include intervention and treatment programs implemented not only in hospitals but also in the community (community-based psychiatric services) (Mousavizadeh & Jandaghian Bidgoli, 2023). Therefore, family involvement is an effort to reduce relapses in schizophrenia considering that the family is the most important support system that directly guarantees the

health status of every sick patient (McCarthy et al., 2023). The family is the most important support system that provides immediate assistance for clients with mental health problems in terms of health and illness. There are several factors that influence family motivation to provide support for schizophrenia, including knowledge, attitudes, beliefs, beliefs, environment and health services. The low role of the family is also triggered by the low motivation of the family as a driving force. Motivation is an important factor that influences a person's behavior, because with the support of motivation a person tries as hard as he can to achieve his goals (Ramdour et al., 2015).

Compliance with taking medication is important to prevent recurrence, so family support is very necessary because it can increase patient compliance. Without family support, it is difficult for patients to cope with treatment and maintain motivation to recover (Faturrahman et al., 2021). Several factors that determine compliance include patient factors, family support, drug side effects, medical relationships, and medical conditions. One of the reasons that differentiates schizophrenia treatment facilities in Indonesia from those in the western world is that schizophrenia treatment involves doctor-patient communication sessions with different approaches aimed at conducting treatment discussions (Susanti et al., 2022). Treatment compliance is an important factor that influences the success of treatment for sufferers of mental health disorders and is an important topic in the world of health, especially mental health (Sadock et al., 2009).

Compliance with taking medication is very important for patients with mental disorders because it can prevent patients from relapsing. During treatment, patients need support, help and encouragement from the family (Kaunang et al., 2015). Drug neglect causes a subjective burden on the family in the form of emotions and anxiety, as well as an objective burden experienced by the family, namely the family experiences a loss of good relationships and communication with the patient. Nurses play an important role in medication adherence for mental disorders patients. The task of nurses is to provide health education to family relatives and patients who do not understand the importance of medication, so that families and patients get more information (Gitasari & Savira, 2015). Based on the above background, researchers conducted research entitled the relationship between family support and medication adherence in schizophrenia patients. and aims to find out how family support is related to medication adherence in schizophrenia.

METHOD
This research design uses descriptive correlation research, which is a form of research that aims to find relationships or correlations between variables. This research uses a cross-sectional approach, where measurements or observations are made at the same time (one time) between risk factors or exposure and disease. Respondents are patients with schizophrenia. The sampling technique uses a total sampling technique. The research will be carried out in March 2022 and the research location will be in Cianjur Regency. The research data collection procedure was carried out by filling out a questionnaire to determine the relationship between family support and adherence to medication in schizophrenia.

RESULTS
Description of the demographic characteristics of respondents
The number of samples that meet the inclusion characteristics in this study is 35 people. The following is an explanation of the demographic characteristics of respondents which will be carried out in data tabulation.

Table 1.
Distribution of respondent data based on gender (n=35)

Gender	F	%
Man	17	48,6
Woman	18	51,4

Table 1 based on the table above, most of the respondents were female, namely 18 people (51.4%), and almost half of the respondents were male, namely 17 people (48.6%).

Table 2.
Distribution of respondent data based on age (n=35)

Age	F	%
14-29 years old	14	40,4
30 – 44 years old	15	42,9
45 – 59 years old	4	11,4
59 – 74 years old	2	5,7

Table 2 based on the table above of 35 respondents, almost half of the respondents were aged 30-44 years, namely 15 people (42.9%), almost half of the respondents were also aged 14-29 years, namely 14 (40.4%), a small portion of the respondents aged 45-59 years old, namely 4 people (11.4%) and a small portion of respondents were also aged 59-74 years, namely 2 people (5.7%).

Table 3.
Distribution of respondent data based on education (n=35)

Education	F	%
SD	7	20,0
SD	5	14,3
SMA	23	65,7

Table 3 based on the table above, most of the respondents had high school education, namely 32 people (65.7%), a small portion of the respondents had elementary school education, namely 7 people (20.0%), the small part had junior high school education, namely 5 people (14.3%)

Table 4.
The independent variable of this research is family support (n=35)

Support	F	%
Height	2	5,7
Currently	12	34,3
Low	21	60,0

Table 4 based on the table above, the majority of respondents have low family support, namely 21 people (60.0), almost half of the respondents have medium family support, namely 12 people (34.3%), and a small percentage of respondents have high family support, namely 2 people (5.7%).

Table 5.
Distribution table of compliance respondents (n=35)

Obedience	f	%
Comply	23	65,7
disobedient	12	34,3

Table 5 based on the table above, it shows that the majority of respondents adhere to taking medication, namely 23 people (65.7%) and almost half of the respondents do not comply with taking medication, namely 12 people (34.3%).

Table 6.
Relationship between family support and medication adherence (n=35)

Variable	Compliance with taking medication						P value
Family support	Comply		Disobedient		total		
	f	%	f	%	f	%	
Height	2	100	0	0	2,0	100	
Currently	12	100	0	0	12	100	0.002
Low	9	42,9	12	57,2	21	100	
Total	23						

Table 6 the table above shows the results from a total of 35 respondents stating that 2 (100%) respondents were in the category of high family support and adherent to taking medication. Respondents with moderate family support and adherent to taking medication were 12 (100%). Respondents with low family support and non-compliance were 12 (57.2).

DISCUSSION
Family support
Family support is assistance that can be given to other family members in the form of goods, services, information and advice that can make the support recipient feel loved, appreciated and at peace. This support is the attitude, actions and acceptance of the family towards the sick sufferer (Supinganto et al., 2021). Based on the distribution of family support, it shows that almost all respondents have low family support, namely 60.0% and a small number of respondents have high and medium family support. This is in line with research conducted by research that the majority of respondents had poor family support. Family support is very necessary for people with mental disorders to motivate them during care and treatment. The family must always guide and direct them so that clients with mental disorders can take medication correctly and regularly (Muhith, n.d.).The low family support factor is due to a lack of family acceptance in determining the recovery of clients with mental disorders (Refnandes, 2021). Because the family greatly influences the client's values, beliefs, attitudes and behavior. The family has basic functions such as providing love, a sense of security, a sense of belonging and preparing individuals for adult roles in society. If the family is a system, then family members who experience mental disorders will disrupt all systems or family conditions (Martin et al., 2021)

Family support can be a very influential factor in determining an individual's health beliefs and values and can also determine the treatment program the patient receives. The family provides support, attention and affection by caring for, carrying out treatment and controlling both taking medication and going to the health center and hospital (Iskandar, 2020). So, nurses need to collaborate with the patient's family in treating the patient during the recovery period (Harris & Panozzo, 2019). This is explained by research regarding the factors that cause relapse in schizophrenia patients. The results obtained in this study were ineffective therapeutic regimen factors (62.7%), unfavorable family attitudes towards schizophrenia patients (54.9%) and poor family behavior towards schizophrenia patients (60.8%) (Siringoringo & Haerati, 2019).

Compliance with taking medication
Based on the frequency distribution of compliance with taking medication, it shows that almost all of the respondents adhere to taking medication as much as 91.4% and a small portion of respondents do not comply with taking medication, namely 8.6%. This is in line with research conducted by Wea (2020) that the majority of respondents in patients with mental disorders were compliant in taking medication (Wea et al., 2020). Compliance is an attitude that is manifested in a person, which according to the rules is a reaction to something that must be fulfilled. This attitude occurs when individuals encounter stimuli that require an individual

response (Danzer & Rieger, 2016). Compliance occurs when the rules for using prescribed medication and administering it are followed correctly, regularly and routinely, in accordance with the research instrument carried out by researchers through the questionnaire regarding drinking discipline where the average indicator is 38.25%, the majority of respondents said they were not disciplined. take medicine because you feel bored. Obedience in a person can arise when a person has the will to achieve something that is expected. Patient compliance can be interpreted as a form of application by a patient to the treatment therapy that must be undertaken in his life. Compliance with taking medication is very important so that patients recover quickly from their illness (Smith et al., 2021).

Medication use must also be in accordance with the instructions and include use at the correct time. Based on the adherence theory discovered by Morisky, it was found that adherence to taking medication consists of several aspects, namely the patient forgetting to take medication, the patient's attitude of neglect in complying with medication-taking procedures, such as skipping the medication-taking schedule for reasons other than forgetting, and the reason the patient does not want to take medication is because he feels disturbed by the schedule for taking the medication which must be taken every day (Refnandes, 2021).

Relationship between family support and medication adherence
Based on data analysis and chi square statistical tests with a confidence level of 95%, the significance value shows 0.007. It can be concluded that H0 is rejected and H1 is accepted, meaning the relationship between family support and medication adherence in mental disorder patients. The results of this research are in line with research conducted by Martin (2021) regarding the relationship between family support and adherence to taking medication in mental disorder patients in the working area of the Manggopoh Lubuk Basung Community Health Center. Based on a statistical test using the chi square test, the value of p= 0.001 means there is a significant relationship. significant relationship between family support and medication adherence (Martin et al., 2021). The results of research conducted by Wea (2020) regarding the relationship between family support and adherence to taking medication in outpatients with mental disorders at the Renceng Mose Mental Clinic, Manggarai Regency, based on the results of analysis using the chi square test with a confidence level of 95%, the p-value was obtained. 0.002 < 0.05, which means there is a relationship between family support and medication adherence for outpatients with mental disorders (Wea et al., 2020).

The results of research conducted by Butarbutar (2022) entitled Family Support and Compliance with Medication in Mental Patients, based on the results of the chi square statistical test, the p value = 0.001, which means there is a relationship between support and compliance with taking medication in mental patients (Butarbutar et al., 2022). The results of research conducted by Dianty (2019) entitled the relationship between family support and medication adherence in schizophrenia patients in the outpatient unit of the Soeprapto special mental hospital, Bengkulu province, based on the results of the Pearson Chi-Square test and the Contingency coefficient test, it was found that there was a significant relationship Between family support and medication adherence in schizophrenia patients at the RSKJ Soeprapto Outpatient Unit, Bengkulu Province in the medium category with a value of C = 0.435 with approx.sig (p) = 0.007 < 0.05 (Dianty et al., 2019).

CONCLUSION
This research is quantitative research withcross sectional. Based on the results of research and discussion regarding the relationship between family support and adherence to taking medication for schizophrenia in the Karang Tengah Community Health Center working area, it

can be concluded that there is a relationship between family support and adherence to taking medication for schizophrenia. It is hoped that the family can provide optimal support to the patient, always controlling his treatment/taking the medicines that have been prescribed.

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