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Family members' knowledge and support for medication adherence in patients with schizophrenia

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Abstract

Background: Schizophrenia is a serious mental disorder characterized by disorganization of the sufferer's thoughts, feelings and thoughts. The factors, namely family knowledge regarding mental health (schizophrenia) in adherence to taking routine medication and family support, are factors that greatly influence adherence to medication in the recovery of schizophrenia patients.

Purpose: To identify family members' knowledge and support for medication adherence in patients with schizophrenia.

Method: A quantitative research. The research design used Cross Sectional with a purposive sampling method, and a sample of 80 people. This research instrument used the schizophrenia knowledge instrument, the family support instrument for medication adherence and the MMS A-8 instrument.

Results: Based on the results of the Chi-Square test, the results showed a relationship between knowledge and medication adherence (p value 0.794) as well as a relationship between family support (p value 0.341) with medication adherence.

Conclusion: There is no relationship between knowledge and adherence to taking medication and there is no relationship between family support in schizophrenia patients in the working area of the Cadasari Health Center, Pandeglang Regency.

Keywords: Family Support; Knowledge; Medication Compliance; Schizophrenia.

INTRODUCTION

Mental health is a state of well-being associated with happiness, joy, satisfaction, achievement, optimism, and hope. It can develop into a serious mental disorder if not properly managed. One common form of severe mental disorder is schizophrenia (Stuart, 2016). Schizophrenia is a severe mental disorder characterized by disorganized thoughts, feelings, and perceptions (Larasati, Apriliyani, & Rahmawati, 2023). This disorder has two symptoms: positive and negative. Positive symptoms are characterized by disorganized speech, delusions, hallucinations, cognitive impairment, and perceptual disturbances. Negative symptoms are characterized by a lack of interest and drive, a reduced desire to talk

and a lack of content, a flat affect, and impaired personal relationships (Marlinda, 2023). The number of mental disorder patients worldwide is 300 million people (Qiyaam, Isnaini, & Nopitasari, 2024). Mental disorders include depression, bipolar disorder, dementia, and schizophrenia. According to the National Institute of Mental Health (NIMH), schizophrenia is one of the 15 leading causes of disability worldwide (Nabawiyati & Vrisaba, 2025). Data from the American Psychiatric Association (APA) in 2018 stated that 1% of the world's population suffers from schizophrenia (Zulaiha, Najmah, & Zulkarnain, 2022).

The mortality rate for people with schizophrenia is quite high. This is due to suicidal thoughts or the

inability to tolerate hallucinations, leading to suicide. Recent research estimates that approximately 50% of schizophrenia patients attempt suicide, and 13% of all suicide deaths are caused by schizophrenia. Compared to the general population, people with schizophrenia have an eightfold increased risk of suicide (Jaya, 2022). The prevalence of schizophrenia data reaches 6.7% of sufferers in Indonesia, related to the prevalence (per mil) of households with household members suffering from schizophrenia in Banten Province, ranked 19th at 5.7%. In 2021, according to the prevalence data, schizophrenia increased by 1.7% per 1,000 population, or approximately 400,000 people suffering from schizophrenia. In Banten Province, it ranks 23rd with a total of 62.5%. Based on the results of a preliminary survey of data on sufferers of mental disorders in the working area of the Cadasari Community Health Center in Pandeglang Regency, data showed that at the beginning of January 2024, there were 80 people with schizophrenia. This indicates an increase and requires immediate action and education for the community (Wati & Turingsih, 2020).

Schizophrenia is a common health problem in society that can impact not only sufferers but also their families and the government. The impacts on sufferers include decreased productivity and unmet basic needs. Furthermore, the impact on families includes dependence on family members, economic loss, and becoming a burden. The impact on the government includes a decreased quality of life, leading to high unemployment rates in Indonesia for sufferers who are already able to earn their own income, and becoming a burden on the state (Sandi, 2019).

Data from the 2018 Basic Health Research showed that 84.9% of patients with schizophrenia and psychosis had ever sought treatment at a hospital/health facility/health worker, while 15.1% did not receive treatment. Meanwhile, 48.9% of patients with schizophrenia and psychosis were taking medication, while 51.1% were not taking medication regularly. According to the data, the reasons for non-compliance with medication in the past month were: 36.1% felt healthy, 33.7% did not take medication regularly, and 23.6% could not afford regular medication. Non-compliance with medication is one of the causes of relapse in patients. When comparing

patients who are non-compliant with medication with patients who are compliant, relapse or worsening of symptoms is higher in patients who are non-compliant with medication is common in the treatment of mental disorders. This is a widely recognized phenomenon in the field of mental health (Fausia, Hasanuddin, & Darwis, 2020). Non-compliance with medication can lead to various negative consequences, including increased relapse rates. Furthermore, health education about schizophrenia is crucial for patients and their families. When families lack knowledge about adherence to medication, they may not regularly take patients for checkups. Health education about schizophrenia has a positive impact on medication adherence (Sibua & Watung, 2021).

Respondents with good knowledge were 23 respondents, of which 95.7% were compliant in taking medication and 4.3% were non-compliant. Respondents with sufficient knowledge were 29 people, of which 72.4% were compliant in taking medication and 27.6% were non-compliant. Meanwhile, respondents with knowledge were 11 respondents, of which 54.5% stated that patients did not take medication. The results of statistical tests using the Chi-Square test obtained a p value = 0.017, meaning there is a significant relationship between family knowledge and medication adherence (Stuart, 2016). There is a relationship between the level of family knowledge and medication adherence in schizophrenia patients. The better the family's knowledge about mental disorders, the higher the patient's medication adherence (Oktavina, Suryagustina, Satalar, & Sianipar, 2024). This lack of knowledge and family support for controlling medication intake and administration can lead to non-compliance in schizophrenia patients (Siagian & Siboro, 2022).

RESEARCH METHOD

Quantitative using a cross-sectional approach. The sample used in this study was 80 samples with a sampling technique using a non-probability technique with total sampling. This type of research uses a questionnaire sheet. The inclusion criteria in this study are for the inclusion criteria of clients willing to be respondents and cooperative, clients living with family members and for family inclusion criteria, namely families willing to be respondents, families of

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schizophrenia patients who are still in the process of treatment at the health center, families who care for and live in the same house with the patient, and families who can read and write. The location of the study was carried out in the Working Area of the Cadasari Health Center, Pandeglang Regency, Banten. This study was conducted from February 26 to March 19, 2024.

The data instrument in this study used a knowledge questionnaire about schizophrenia, for the family support questionnaire instrument which has been tested for validity and for the medication

adherence instrument using the Morisky Adherence Scale-8. Data processing was carried out using the statistical software program SPSS version 26. Univariate analysis was used to obtain an overview of the frequency distribution of each research variable. Bivariate analysis was used to test the hypothesis between two variables (independent and dependent). Bivariate analysis can be done with the Chi-Square test with a 2x2 table. This study uses human subjects as research respondents, then researchers must understand the ethics in research.

RESEARCH RESULTS

Table 1. Frequency Distribution of Respondents (N= 80)

Variable	Results	P-value
Knowledge (n/%)		
Good	27/33.8	
Poor	53/66.3	
Family Support (n/%)		
Enough	14/17.5	
Good	66/82.5	
Medication Adherence (n/%)		
Less	31/38.8	0.794
Good	49/61.3	

The table above shows that the number of respondents who have sufficient family support with low medication adherence is 7 respondents (50.0%), sufficient family support with high medication adherence is 7 respondents (50.0%), and good family support with low medication adherence is 24 respondents (36.4%), good family support with high medication adherence is 42 respondents (63.6%). The results of statistical tests using the chi-square test obtained a value of $P = 0.341$ because $P > 0.05$ then H_0 is accepted or rejecting H_a can be concluded that there is no relationship between family support and medication adherence in schizophrenia patients.

DISCUSSION

Family knowledge of schizophrenia patients in the Cadasari Community Health Center, Pandeglang

Regency. 53 (66.3%) had high knowledge, while 27 (33.8%) had low knowledge. The influencing factors were education, experience, culture, and socioeconomic factors (Adianta & Putra, 2017). Based on the description, the researcher argues that knowledge can be influenced not only by education, but also by experience in caring for schizophrenia patients, so that family knowledge can improve and the family's ability to care for schizophrenia patients can be better. Family support for schizophrenia patients. That adequate family support was obtained by 14 (17.5%) and good family support with a value of 66 (82.5%). This shows that family support is very important in the study. Low medication adherence was found in 31 (38.8%), while high medication adherence was found in 49 (58.8%). Throughout the study, respondents who were compliant with their

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medication demonstrated aspects of medication adherence based on patient discipline, independence, and awareness. The diversity of therapy components necessitates long-term and regular medication adherence, making it quite challenging. Therapy adherence is defined as a person's behavior in taking medication, followed by lifestyle changes and other recommendations (Silaen, Purba, Hasibuan, 2023).

The results of the study showed that there was patient independence in taking medication so that they were compliant in taking medication and patients also began to participate in daily activities such as trading, janitors and so on. Based on the chi square test, the results of the P value = 0.794 at a value of $\alpha = 0.05$ meant that the p value (0.794) > α (0.05) so that H_a was rejected. Because the P value > 0.05 then statistically stated that there was no relationship between knowledge and medication adherence in schizophrenia patients. Low knowledge with low medication adherence was 11 respondents (40.7%), low knowledge with high medication adherence was 16 respondents (59.3%), and for high knowledge with low medication adherence was 20 respondents (37.7%), high knowledge with high medication adherence was 33 respondents (62.3%). The results of this study indicate that knowledge with medication adherence is not related because knowledge is one factor in medication adherence so there are other factors that influence it, such as belief, family support, social support, and support from medical personnel (Hardiyanti, 2019). Some respondents have insufficient knowledge about the treatment and control of schizophrenia patients, according to researchers, this is caused by several factors in the field, such as minimal health education and information about schizophrenia care by nurses, so that families do not get sufficient knowledge as provisions for caring for schizophrenia clients at home (Umam, Wibowo, Natalia, Panglipurningsih, Agustini, Arnita, & Diliari, 2024).

Most health counseling is conducted by student interns. The second factor is the lack of nurses' role in maximizing the availability of counseling rooms to provide individual health education to patients and their families. The family is the primary support system for patients with mental disorders, providing direct care in all circumstances, whether healthy or sick (Butarbutar, Lasmawanti, Purba, & Bangun,

2022). Generally, families seek help from health professionals if they are no longer able to care for them. Therefore, family-focused nursing care not only recovers clients but also aims to develop and improve the family's ability to overcome health problems. Therefore, family knowledge greatly influences the level of patient medication adherence. Without family knowledge, families of patients with mental disorders cannot control their medication adherence (Setyaji, Marsanti, & Ratnawati, 2020).

Based on the chi square test, the P value = 0.341 at $\alpha = 0.05$ means that the p value (0.341) > α (0.05) so that H_a is rejected. Because the P value > 0.05 then statistically states that there is no relationship between knowledge and adherence to taking medication in schizophrenia patients. With sufficient family support with low adherence to taking medication as many as 7 respondents (50.0%), sufficient family support with high adherence to taking medication 7 respondents (50.0%), and good family support with low adherence to taking medication 24 respondents (36.4%), good family support with high adherence to taking medication 42 respondents (63.6%). The results of this study indicate that family support with adherence to taking medication is no relationship because family support is one of the factors of adherence to taking medication so there are other factors that influence it, namely knowledge, beliefs, social support, and support from medical personnel (Damayantie, Rusmimpong, & Elly, 2019).

CONCLUSION

Frequency distribution of family knowledge of schizophrenia patients, most respondents in Low knowledge obtained 27 (33.8%), and high knowledge 53 (66.3%). Then the frequency distribution of family support for schizophrenia patients, sufficient family support obtained 14 (17.5%) and good family support with a value of 66 (82.5%). The frequency distribution of medication adherence for schizophrenia patients shows that low medication adherence is obtained 31 (38.8%), and high medication adherence is obtained 49 (61.3%). Then for knowledge with medication adherence, namely based on the Chi-Square Test Results obtained a P value = 0.794 because $P > 0.05$, it can be said that there is no relationship between family knowledge with client compliance in taking medication, family support with medication

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adherence, namely based on the Chi-Square Test Results obtained a P value = 0.341 because $P > 0.05$, it can be said that there is no relationship between family support with client compliance in taking medication.

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