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# THE EFFECT OF FAMILY PSYCHOEDUCATION ON THE COMPLIANCE OF PATIENTS IN TAKING MEDICATION

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## ABSTRACT

**Introduction**: Severe mental disorders, such as schizophrenia result in a burden on the government, family, and society due to decreased patient productivity and a large burden on patients and families. The condition in most families lacks good knowledge about health so often has difficulty in caring for or assisting in taking patient medication. Family psychoeducation is a kind of psychotherapy that can be used in the care and mental health sectors by providing information and education through therapeutic communication. This study is was aimed to determine the effect of family psychoeducation on patients compliance in taking medication.

**Methods:** In this study researchers used quasi-experimental pre and post one group design with a number of respondents of 20 families and 20 schizophrenic patients. The design of this study was to analyze the effect of family psychoeducation on patients compliance in taking medication .

**Results:** The results of the study showed that the compliance of patients in taking medication increased from 55% to 85% after family psychoeducation. The effect test using the dependent T test obtained a significant value (p value) 0,000. This results demonstrated that there was a significant effect of family psychoeducation on patients compliance in taking medication.

**Conclusion:** The level of compliance of patients in taking medication before intervention was 55%, while after intervention was 85%.and there is a significant effect of family psychoeducation on patients compliance in taking medication.



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## INTRODUCTION

Health is a healthy condition both physically, mentally, spiritually and socially which enables everyone to live productively socially and economically (1). According to the World Health Organitation of Mental Health mental disorders account for 13% of the overall disease and are expected to grow to 25% in 2030. The prevalence of severe mental disorders in the Indonesian population was 1.7 per mile. The most severe mental disorders were in Yogyakarta (2.7%), Aceh (2.7%), South Sulawesi (2.6%), Bali (2.3%), and Central Java (2.3%) (2).

Household Survey that once overwhelmed Household Members with severe mental disorders 14, 3 percent and most in the population living in rural areas (18, 2%), and in the population group with the lowest ownership index quintile (19.5%). emotional in Indonesian population 6.0%. Provinces with the highest prevalence of mental emotional disorders were Central Sulawesi (11.6%), South Sulawesi (9.3%), West Java (9.3%), Yogyakarta (8.1%), and East Nusa Tenggara (7.8%)

Interviews from several client families that led his family to control outpatient out of 10 people, 8 said that the family was still confused and struggling to treat sick family members while at home. Often the client while at home may not leave the house, often told in the room, if there are guests may not leave the room

The results of hospital observations on the condition of patients being treated are as follows: Patients treated in mental hospitals are usually assisted by health workers such as doctors, nurses, midwives and others in taking medicines given according to treatment programs tend to be obedient in taking medication, while patients who have returned from hospital and live together with their families and are not accompanied in taking their medication tend to be less obedient.

The family has its duties and functions one of which is the function of health, to carry out the role and function of health the family should have good knowledge about health so that if a family member is sick can quickly make a decision in caring for him. The condition in most families lacks good knowledge about health so often has difficulty in caring for or assisting in taking patient medication.

The family's understanding in caring for family members who experience bad pain is proven by often being confused if the patient relapsed, was less concerned with assisting patients in taking medication, what often happens is that patients relapse because they don't take medication regularly.

The independence of patients while in the hospital is often stimulated by health workers by being trained to meet their daily needs such as eating, drinking, bathing properly and taking medication. But once the patient returns home, the tendency of patients to be less stimulated or given an opportunity to be able to do their daily activities freely, the family tends to prohibit or limit so that over time the patient does not want to do it himself or not even able to do it himself

In theory, to manage patients and families with the above conditions is a family empowerment approach to assist patients at home. A good empowerment approach is with family psychoeducation

This research is in line with previous research which stated that psychoeducation is one way for nurses to be done in the community, especially in hospitals in solving psychological problems and physical problems of families (3)

This family psychoeducation is to increase family knowledge about disease, teach techniques that can help families to know the symptoms of behavioral irregularities, and can increase family support for the family itself. Several other researchers found that family psychoeducation can function to increase family knowledge, reduce family burden, increase patient independence and reduce patient recurrence rates. The purpose of this study was to determine whether family empowerment can improve the independence of mental patients at home.

Families with schizophrenia will feel scared and confused because the changes in activities and beliefs are wrong, energy levels decrease, loss of motivation and cessation of routine. Most often families do not know how to respond to changes in family members with scozifrenia who need guidance and direction

Families must learn about schizophrenia, disruption of patient behavior, loneliness, lack of community support, lack of reciprocity in relationships with patients, grieving continuously for loss of productivity, fear of unexpected patient mood changes, including the emergence of violence that usually appears in chronic patients.

## METHODS

Design in this study used Quasi Experiments with pre and post intervention. The design of this study was to analyze the effect of family psychoeducation on knowledge, ability, family burden and patient satisfaction in taking medication.

The sample in this study was a family of patients whose family members had been treated at the Mental Hospital of West Java Province and their patients, with a total sample of 20 patients and 20 families.

## RESULTS

### 1. Characteristics of the patient's family

Family characteristics of patients with mental disorders include; gender, marital status, employment, education, age.

**Table 1.** Characteristic of the patient,s family.

| No | Characteristic | frequency | Percentage |
|---|---|---|---|
| 1 | Gender: | | |
| | Man | 5 | 25% |
| | Women | 15 | 75% |
| 2 | Marital status | | |
| | Marriage: | 15 | 75% |
| | Widower | 5 | 5% |
| 3 | Employment status: | | |
| | Work: | 18 | 90% |
| | Not working: | 2 | 10% |
| 4 | Education: | | |
| | SD | 4 | 20% |
| | SLTP | 10 | 50% |
| | SLTA | 6 | 30% |
| | PT | 0 | 0% |

Based on table 1 regarding the family characteristics of patients with mental disorders consisting of 75% women and 25% men, with an education level of 50% junior high school and 37.5% elementary school, families with married status 87.5% and 12.5 widows.

### 2. Characteristics of the patient's

**Table 2.** Characteristic Of The Patient's

| No | Characteristic | frequency | Percentage |
|---|---|---|---|
| 1 | Gender: | | |
| | Man | 5 | 25% |
| | Women | 15 | 75% |
| 2 | Marital status | | |
| | Marriage: | 15 | 75% |
| | Widower | 5 | 25% |
| 3 | Employment Status : | | |
| | Work | 18 | 90% |
| | Not working | 2 | 10% |
| 4 | Education: | | |
| | SD | 4 | 20% |
| | SLTP | 10 | 50% |
| | SLTA | 6 | 30% |
| | PT | 0 | 0% |

Based on table 2 regarding the family characteristics of patients with mental disorders consisting of 75% women and 25% men, with an education level of 50% junior high school and 37.5% elementary school, families with married status 87.5% and 12.5 widows.

### 3. Family knowledge

**Table 3.** Frequency Of Family Knowledge In Caring For Patients Before Action.

| No | Knowledge | Frequency | Percentage |
|---|---|---|---|
| 1 | Good | 4 | 20% |
| 2 | Enough | 10 | 50% |
| 3 | Less | 6 | 30% |

Based on table 3 regarding family knowledge with sufficient knowledge in treating patients before intervention is 50%, while those with less knowledge are 30% and those who have good knowledge 20%. Family with good knowledge in treating patients after intervention is 62.5%, while those who have enough knowledge are 37.5% and no one has less knowledge.

### 4. Family knowledge

**Table 4.** Frequency of family knowledge in caring for patients after action.

| No | Knowledge | Frequency | Percentage |
|---|---|---|---|
| 1 | good | 15 | 75 % |
| 2 | passble | 4 | 20% |
| 3 | Lacking | 1 | 5% |

Based on table 4 regarding family knowledge with adequate knowledge in treating patients after intervention is 20%, while those with less knowledge are 5% and those who have good knowledge 75%.

### 5. Frequency Family ability to care for patients

**Table 5.** Frequency of family ability to care for patients before action.

| No | Knowledge | Frequency | Percentage |
|---|---|---|---|
| 1 | good | 5 | 25% |
| 2 | passble | 10 | 50% |
| 3 | Lacking | 5 | 25% |

Based on table 5 regarding the ability of families to care for patients with sufficient ability to treat

patients after intervention is 50%, while those with less ability are 25% and those who have a good ability of 5%.

### 6. Frequency of family abilities

**Table 6.** Frequency of family ability to treat patients after action.

| No | Knowledge | Frequency | Percentage |
|---|---|---|---|
| 1 | good | 15 | 75% |
| 2 | passble | 5 | 25% |
| 3 | Lacking | 0 | 0% |

Based on table 6 regarding the ability of families to care for patients with sufficient ability to treat patients after intervention is 25%, while those with less ability are not available and who have good ability 75%.

### 7. Patient Compliance before Intervention

**Table 7.** Compliance Medication.

| No | Compliance | Frequency | Percentage |
|---|---|---|---|
| 1 | comply | 11 | 55% |
| 2 | Not comply | 9 | 45% |

Based on table 7 regarding patient compliance in taking medication before the family psychoeducation intervention is 45%, it is not compliant while the obedient person takes medication 55%.

### 8. Patient compliance after intervention

**Table 8.** Compliance Medication.

| No | Compliance | Frequency | Percentage |
|---|---|---|---|
| 1 | comply | 17 | 85% |
| 2 | Not comply | 3 | 15% |

Based on table 8 regarding patient compliance with medication after the intervention is 85% compliance medication, and not comply is 15%.

### 9. Compliance Medication

**Table 9.** Compliance Medication.

| Variabel | Mean | SD | SE | P Value |
|---|---|---|---|---|
| Patient compliance in taking medication before intervention (pre test) | 45.50 | 6.83 | 1.09 | 0.000 |
| Patient compliance in taking medication after intervention (post test) | 35.50 | 5.25 | 0.95 | |

Based on the results of analysis in table 9 with calculations using the dependent T test obtained a significant value (P value) 0,000. This means that the value of P value (0,000 <alpha (0.05), means that there is a significant effect of medication compliance before and after family psychoeducation is given.

## DISCUSSION

The characteristics of patients with mental disorders consisted of 75% of women and 25% of men. The results of the analysis of the patient's education level showed that the majority of schizophrenic patients were educated 50% of junior high school, 30% of senior high school graduates, this result was consistent with the research of Suerni, Keliat and Helena (4) that the majority of the latest education in schizophrenic patients is junior and senior high school.

The results of the analysis of the characteristics of the patient's marital status showed that the majority of schizophrenic patients were unmarried (75%). the results of this study are in line with the results of the study of Suerni, Keliat and Helena (4) that schizophrenic patients who are treated are mostly unmarried so that loneliness, and solitude in living life can be a stressor for schizophrenic patients.

The results of the analysis of job status characteristics indicate that the majority of schizophrenic patients do not have a 90% job. The results of this study support the results of a study by Suerni, Keliat, Helena (4) that the majority of schizophrenic patients do not have jobs, so schizophrenic patients increasingly criticize themselves and feel useless.

The ability of the family's ability to care for patients after being given family psychoeducation measures increases the ability of the family to treat patients from 25%, increases to a good ability of 75%, this is in line with the results of research by Suerni, Keliat, Helena (4)

The results of this study were strengthened by the results of research by Wiyati R, Wahyuningsih, Widayanti (5), in families whose family members experienced mental disorders after getting psychoeducation, the ability of the family to treat patients better.

The level of patient compliance in taking medication before the family received psychoeducation training was 55% obedient in taking the medicine, but after the family received psychoeducation training the adherence to taking medication became good, 85% regularly taking medication and the rest were disorganized. This result is in line with Sulastri's research, Yeyen Kartika (6) that after being trained with

psychoeducation, the patient's medication intake is increasing.

The results of the analysis with calculations using the dependent T test obtained a significant value (P value) 0,000. This means that the value of P value (0,000 <alpha (0,05), means that there is a significant influence of medication compliance before and after family psychoeducation is given, this is in line with the results of research by Sulastri, Yeyen Kartika (6) which says that there is an influence the significant adherence to taking medication before and after family psychoeducation intervention.The results of this study were also strengthened by Suryani's research, Widianti, Sriati (7)

The limitations of this study were carried out by treatment in the same group with pre and post, not using the control group.

## CONCLUSION

The level of compliance of patients in taking medication before intervention was 55%, while after intervention was 85%.

There is a significant effect of giving family psychoeducation to family support in improving patient compliance with medication. It is recommended for mental health program holders to be able to regularly schedule meetings with patient families to carry out family psychoeducation.

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