

The Perceived Benefit and Perceived Barriers: Against the Family Behavior in Supporting the Adherence in Consuming Drugs on Patients with Paranoid Schizophrenia

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Abstract

Paranoid schizophrenia is a type of schizophrenia that most occurs. The use of antipsychotic drugs is still being the main choice for the treatment of schizophrenia. Non-adherence in consuming drug is a common thing for patients, because the patients need to consume the drugs for a long time. The role of family is very important for the patients' treatment, but there are still many family behaviors which are less supportive against the treatment of patients with paranoid schizophrenia. There are several factors related to family behavior based on the Health Belief Model which are perceived benefits and perceived barriers.

This study was observational analytic with cross sectional approach. The samples were 182 people of families who had a family member with paranoid schizophrenia who visited the Mental Hospital of Dr. Radjiman Wediodiningrat Lawang, which selected by purposive sampling technique. Collecting data using questionnaires. Data were analyzed by univariate and bivariate. Bivariate data analysis used chi square test.

The bivariate test results showed a significant correlation between perceived benefits and perceived barriers by family behavior in supporting the adherence in consuming drug, with p-value and OR value respectively (p=0.014, OR=2.096), (p=0.015, OR=0.481).

The conclusion of this study stated that the family behavior in supporting the adherence in consuming drug could be improved with the perceived benefits and perceived barriers of family.

Keywords: Family behavior, Perceived benefits, Perceived barriers, Adherence in consuming drugs on patients with paranoid schizophrenia

Background

Schizophrenia is a mental disorder types that most occurs. There are different types of schizophrenia but the most common is paranoid schizophrenia⁽¹⁾. The sufferer of paranoid schizophrenias show typical symptoms, such as auditory hallucinations and delusions that accompanied by affective disorder⁽²⁾. Pharmacological therapy in the form of the antipsychotic drug use is still the main choice for the treatment of schizophrenia⁽³⁾. Patients need to take antipsychotic medication for a long time even to the rest of their life⁽⁴⁾. This makes the

patient needs to take medication regularly because in case of withdrawal would lead to a recurrence⁽⁵⁾.

Non-adherence in consuming the drug is a common thing for patients with paranoid schizophrenia, they need to take drugs for a long time. In 2006, the Federation of Mental Health conducted a survey on 982 families who have family members with mental disorders, and obtained approximately 51% of patients relapse due to mental disorder stop consuming the drug and 49% relapse due to change drug dosage⁽⁶⁾. Data of non-adherence in consuming the drugs from Riskesdas showed that 84.9% of schizophrenia patients have treatment, and approximately 51.1% do not taking their medicine regularly⁽⁷⁾.

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Treatments are performed in accordance with the rules will help to reduce the symptoms of psychosis, relapse prevention and may help patients return to their social environment in a faster time⁽⁸⁾. The role of the family is very important in the treatment of patients. Families help patients access care, including making sure patients take their medications through reminders and encouragement as well as helping the patient to make decisions about the care they need⁽⁹⁾.

In fact there are many families that are less supportive behavior treatment of paranoid schizophrenia patients. This is because knowledge of poor families to treatment of paranoid schizophrenia patients. Lack of family support for the patient's medication adherence occur due to lack of family's understanding against drug usage instructions. The behavior of families who do not always remind and motivate patients to take medication, and lack of oversight in patients taking the drug also caused non-adherence⁽¹⁰⁾.

Rosenstock introduced the Health Belief Model in the 1950s. This model describes the behavior of the family against disease prevention and treatment measures. Aspects of Health Belief Model can improve health behaviors for the better based on their perception related to the perceived benefits and perceived barriers⁽¹¹⁾.

Aspects of perceived benefits, in this aspect of the patient more compliant because the perceived benefits of treatment and the family also believes in the benefits of treatment are carried out, so that families help motivate patients to follow recommended treatment rules⁽¹²⁾. In addition, the benefits of treatment are considered highly effecting change for the better conditions will also strengthen the individual to serve targeted action in avoiding the gravity of the disease.

Aspects of perceived barriers, this aspect leads to a subjective assessment which includes the individual's perception of obstacles to behavioral change⁽¹³⁾. It is also perceived barriers help explain how perceptions of family-related obstacles that contribute to the undertaking of compliance. This can happen because they feel better to do unhealth behaviors instead of going through the perceived barriers⁽¹⁴⁾.

Preliminary studies were conducted at the Poly of

Mental Hospital of Dr. Radjiman Wediodiningrat Lawang in 10 families of patients through direct interviews found that all families (100%) benefit from treatment which is performed for the patients became calmer and not a tantrum, 8 families (80%) stated that the distance of residence to health services and fees transportation is quite expensive and side effects of drugs to be barriers to the family to take control and take medication the patient to the hospital. The purpose of this study is to determine the relationship between the perceived benefits and perceived barriers to family behavior support medication adherence paranoid schizophrenia patients at the Mental Hospital of Dr. Radjiman Wediodiningrat Lawang.

Methodology

The research design used in this study was observational analytic with cross sectional approach. The study population was families who had a family member with paranoid schizophrenia who visited the Mental Hospital of Dr. Radjiman Wediodiningrat Lawang. The sample used for the study were 182 people who were selected by purposive sampling and met the appropriate inclusion criteria which were the families who had family members who were already suffering from paranoid schizophrenia and outpatients at least 6 months and getting oral drug therapy, aged 30-60 years old, living at home with the patient, a family member of the patient, is able to read, write and communicate well, willing to become respondents. Collecting data using questionnaires. Belief on Medication Questionnaire (BMQ) was used to measure aspects of the perceived benefits, Urrutia's Questionnaire used to measure aspects of the perceived barriers, as well as questionnaires Morisky Medication Adherence Scale (MMAS) and questionnaire of Family Support Behaviors was used to measure the behavior of families in supporting the adherence. The data was processed and analyzed with univariate and bivariate analysis.

Result

1. Univariate analysis results

The results of the univariate analysis of demographic data of respondents were showed in Table 1 and univariate data of variables showed in Table 2.

Table 1. Univariate result of demographic data of respondents.

| Characteristics of Respondents | Frequency (n) | Percentage (%) |
|---------------------------------|---------------|----------------|
| Gender | | |
| Male | 85 | 46.7 |
| Female | 97 | 53.3 |
| Education | | |
| Not completed in primary school | 8 | 4.4 |
| Elementary School | 43 | 23.6 |
| Junior High School | 24 | 13.2 |
| Senior High School | 71 | 39.0 |
| Bachelor's degree | 34 | 18.7 |
| Master's degree | 2 | 1.1 |
| Occupation | | |
| Work | 127 | 69.8 |
| Does not work | 55 | 30.2 |
| Relationships with patients | | |
| Father | 17 | 9.3 |
| Mother | 35 | 19.2 |
| Children | 21 | 11.5 |
| Husband | 17 | 9.3 |
| Wife | 12 | 6.6 |
| Older brother | 55 | 30.2 |
| Younger brother | 17 | 9.3 |
| Etc | 8 | 4.4 |

Table 1 showed that most of the respondents were female. Last Education level of respondents mostly was senior high school. Most of the respondents worked. The most relationship of respondents with the patient was older brother.

Table 2. Univariate result of the study variables

| Variables | Category | Frequency (n) | Percentage (%) |
|---|-------------|---------------|----------------|
| Perceived benefits | High | 99 | 54.4 |
| | Low | 83 | 45.6 |
| Perceived barriers | High | 96 | 52.7 |
| | Low | 86 | 47.3 |
| Family behavior in supporting the adherence in consuming drug | Support | 97 | 53.3 |
| | Not support | 85 | 46.7 |

Table 2 showed that most of respondents feel the high benefits, most of respondents felt high barriers and mostly family gave the support the adherence in consuming drug on patients with paranoid schizophrenia.

2. Bivariate Analysis Results

The results of the bivariate analysis were showed in Table 3.

Table 3. The results of bivariate analysis

| Not support | | Family behavior | | Total | OR | p |
|--------------------|------|-----------------|----|-------|-------|-------|
| | | Support | | | | |
| Perceived benefits | Low | 47 | 36 | 83 | 2.096 | 0.014 |
| | High | 38 | 61 | 99 | | |
| Perceived barriers | Low | 32 | 54 | 86 | 0.481 | 0.015 |
| | High | 53 | 43 | 96 | | |

Table 3 showed that the perceived benefits and perceived barriers related to family behavior in supporting the adherence in consuming drug.

Discussion

1. Correlation the perceived benefits against family behavior in supporting the adherence in consuming the drug.

The results showed that there is a significant correlation between the perceived benefits to family behavior support medication adherence paranoid schizophrenia patients. The perceived benefits of an individual assessment related to the effectiveness of doing a healthy behavior to reduce the risk of experiencing a

health problem⁽¹³⁾. When the family feel that the health measures undertaken have a positive impact for the condition of their family members who are sick then he will retain up to improve health behaviors.

The results also indicate that families feel the benefits of a high makes them more likely to support the treatment is done by bringing the control patients on a regular basis and support the patient's medication adherence. The benefits of the treatment is not only felt by the patient himself but felt also by the family. Pelealu, Bidjuni and Wowiling in their research stated that,

when patients feel the benefits of adherence in taking medication then the family will also feel the benefit due to changes in the patient's condition becomes better. The benefits are felt by the family will make families more support and motivate patients in taking medications, one of which is through medication adherence⁽¹⁵⁾.

Assessment of the effectiveness of the drugs proven to have positive impact on self-management behaviors. Behavioral family support medication adherence in patients affected by the highest perception of the family about the effectiveness or benefit of taking the medication. Perceived positive impact on treatment outcomes can improve the perception of the family about health behavior targeted⁽¹⁶⁾.

Other studies have also explained that the condition may be influenced by the respondents' level of awareness about the usefulness or effectiveness of health actions that may affect the extent to which they are an incentive to take action. If there is no confidence on the benefits of recommended, then people tend to avoid such action⁽¹⁷⁾.

2. Correlation perceived barriers against the family behavior in supporting the adherence in consuming the drug.

The results showed that there is a significant correlation between perceived barriers to family behavior support medication adherence paranoid schizophrenia patients. Perceived barriers is one of the factors that influence non-adherence to treatment. Someone could not take action even though confidence in the benefits of taking such action as caused by resistance. Barriers refer to the specific characteristics of the measurement of a countermeasure as expensive, inconvenient, unpleasant or painful. These characteristics can make the individual avoid any action that would like to do⁽¹⁸⁾.

The problem that most felt the distance of residence to the hospital and the high transport cost is required. The perceived problems sometimes make family too late to bring the patient to control and take drugs. These results correspond to the research conducted by Shameena, who explained that the distance from health facilities with shelter greatly affect health care seeking behavior and compliance with taking medications on a regular basis⁽¹⁹⁾.

Other studies have also explained that the perceived barriers that affect the decision to take a particular action. Perceived barriers including phobic reactions, physical

and psychological obstacles, cost and accessibility factors. When people realize that they have the capacity to overcome these barriers then they will only take the necessary action alone⁽²⁰⁾.

Perceived barriers also be an important predictor one which led to non-adherence to treatment is because when people feel a greater barrier than the benefits obtained treatment it will make them think twice to do so⁽²¹⁾.

The results also show that although the family feel of a high barrier, but they are still trying to bring the patient to control every month because it has a good knowledge about the benefits of treatment. Good understanding about the benefits of treatment makes family is able to overcome perceived barriers because they do not want patients had a relapse.

This happens because the medication adherence is more likely to occur if people feel the benefits outweigh the barriers that must be experienced. On the positive expectations of the family of the efficacy of the drug will affect their confidence in treatment do so will increase support for treatment adherence committed by family members who are sick⁽²²⁾.

Conclusion

The conclusion of this study was the perceived benefits and perceived barriers that affected the perception of family in shaping the family behavior thus it supported the adherence of in consuming drug in patients with paranoid schizophrenia.

Conflict of Interest : None.

Source of Funding: This study used private funds of researcher.

Ethical Clearance : This study had been declared eligible by the Ethics Committee of University of Brawijaya and Health Research Ethics Commission in Mental Hospital of Dr. Radjiman Wediodiningrat Lawang.

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