http://ejournal.seaninstitute.or.id/index.php/healt
Eduhealt Journal, Volume 13, No. 01, 2022
E-ISSN., P-ISSN . 2808-4608

The Relation Ship Between Family Behavior Regarding Bronchial Asthma and Prevention of Bronchial Asthma Recurrence in Community Health Centers Simpang Tiga – Riau

Nurliaty
STIKES Darmo

ARTICLE INFO

Keywords:
Family Behavior,
Bronchial Asthma
Prevention Measures

ABSTRACT

Bronchial asthma is a reversible respiratory disease, it does not persist. It can be cured well if treated properly. Recurrence of bronchial asthma does not occur if the trigger factors are avoided. This requires good behavior from the family in caring for patients at home. Behavior regarding bronchial asthma will influence the family in taking action to prevent recurrence of bronchial asthma. This study aims to determine the relationship between family behavior regarding bronchial asthma and measures to prevent recurrence of bronchial asthma. The type of research carried out was correlational with a cross-sectional design. The population in this study were all families of patients suffering from bronchial asthma who received treatment at the Simpang Tiga Health Center - Riau. The sampling technique was accidental sampling technique and a total of 25 respondents were obtained. The research results were analyzed using the Chi Square statistical test. The results of the study showed that the majority of family behavior regarding bronchial asthma was in the adequate category (72%) and the majority of preventive measures taken by families were poor (80%). From the data analysis obtained (P=0.77), this shows that there is no relationship between family behavior and measures to prevent recurrence of bronchial asthma. Behavior does not absolutely influence family actions in caring for family members. So it is recommended that health workers provide repeated counseling to families so that their actions change for the better. From the data analysis obtained (P=0.77), this shows that there is no relationship between family behavior and measures to prevent recurrence of bronchial asthma. Behavior does not absolutely influence family actions in caring for family members. So it is recommended that health workers provide repeated counseling to families so that their actions change for the better. The research results were analyzed using the Chi Square statistical test. The results of the study showed that the majority of family behavior regarding bronchial asthma was in the adequate category (72%) and the majority of preventive measures taken by families were poor (80%). From the data analysis obtained (P=0.77), this shows that there is no relationship between family behavior and measures to prevent recurrence of bronchial asthma..

Email:
nurliaty.tri@yahoo.com

1. INTRODUCTION

Bronchial asthma is a respiratory obstruction disease, and epidemiologically it is found throughout the world. Bronchial asthma can attack people of all ages from all economic levels with a prevalence of 1-10%. The increase in the incidence of bronchial asthma is related to automotive industry air, home interiors, lifestyle, smoking habits and early allergen exposure to bronchial asthma. Bronchial asthma as a respiratory disease has very distinctive characteristics, namely that it is very easy to react to the respiratory tract or triggers (Danusantoso, 2020).

WHO data (2015) states that as many as 300 million people in the world suffer from bronchial asthma and 225 people die, and it is estimated that by 2025 there will be 225,000 people who will die

from bronchial asthma. In Indonesia, it is stated that bronchial asthma is the number two disease. The incidence of bronchial asthma in Indonesia increases every year. The number of bronchial asthma sufferers in Indonesia is recorded at 3000 people. Meanwhile, according to the Department of Health's report, the prevalence of bronchial asthma in North Sumatra is 3000 people (Faisal, 2019).
The increase in the prevalence of bronchial asthma is in line with changes in modern lifestyles, pollution both from the environment and from food. Factors that cause allergies are allergens, irritants, respiratory tract infections, emotions, drugs. Bronchial asthma is a reversible respiratory disease, it does not persist. Bronchial asthma can be cured well if treated properly. Bronchial asthma attacks do not occur if the triggering factors are avoided. Prevention of bronchial asthma can be done by avoiding trigger factors, increasing endurance, regular exercise, avoiding stress and adjusting lifestyle and environment (Soemantri, 2015).

Bronchial asthma is known as a disease that can recur at any time. Bronchial asthma sufferers can recur repeatedly and must be hospitalized. If inadequate treatment for bronchial asthma sufferers can result in various other diseases as complications. So adequate treatment is really needed. Prevention of recurrence of bronchial asthma requires adequate understanding of bronchial asthma (Danusantoso, 2020).

Education for patients and families is an important part of treatment and prevention as well as minimizing the risk of recurrence of bronchial asthma attacks. The risk of recurrence is influenced by low knowledge by people with bronchial asthma and family members who care for them. Understanding trigger factors and self-care will make it easier for family sufferers to prevent recurrence of bronchial asthma.

Based on a preliminary survey conducted by the author at the Simpang Tiga Health Center - Riau, it was found that the prevalence of bronchial asthma sufferers in 2021 was 113, in 2022 there were 78 people and in 2023 there were 70 people. From the data, there has been a decrease in the incidence of bronchial asthma sufferers, but even though there has been a decrease, it is still the top 10 disease in the health center. Most of these patients are repeat patients who have been treated at the hospital several times. From the results of interviews with 3 families of patients who were treated, they stated that their families had been treated at the hospital more than twice with the same disease. Two people stated that the recurrence of bronchial asthma started with flu, one person was due to stress. Their family stated that they did not know what caused the recurrence of bronchial asthma. Patients generally do not receive special care when treated at home.

2. METHOD

This research uses a Correlation method with a Cross Sectional approach where the independent variable is crossed with the dependent variable to find out the relationship between family knowledge and measures to prevent recurrence of bronchial asthma which is significant between the two variables (Kurniawan, 2018). The research was conducted in the Simpang Tiga - Riau Community Health Center Work Area. The research was conducted from September 2022 to March 2023. The population in this study were all family members who lived in the same house as patients suffering from bronchial asthma who were seeking treatment in the Simpang Tiga - Riau Community Health Center Work Area. The number of samples in this study was 25 families. patient.

3. RESULTS AND DISCUSSION

Frequency Distribution of Respondent Characteristics in the Simpang Tiga Health Center Working Area – Riau

Table 1. Frequency Distribution of Respondent Characteristics

No	Respondent Characteristics	F	%
1	Age		
	< 18	2	8
	18-35	7	28
	36-55	15	60
	>55	1	4

	Amount	25	100
2	Education		
	elementary school	7	28
	junior high school	11	44
	SENIOR HIGH SCHOOL	7	28
	PT	-	
	Amount	**25**	**100**
3	Work		
	Plantation	16	64
	Employees	7	28
	Self-employed	2	8
	Civil servants		
	Amount	**25**	**100**

It can be seen that the majority of respondents' age is 36-55 years, namely (60%), the majority's education is secondary school, namely (44%), and the majority's occupation is plantation employees, namely (64%).

Frequency Distribution of Respondent Behavior in the Simpang Tiga Health Center Working Area – Riau

Table 2. Frequency Distribution of Respondent Behavior

No	Behavior About Bronchial Asthma	F	%
1	Good	3	12
2	Enough	18	72
3	Not enough	4	16
	Amount	**25**	**100**

It can be seen that the majority of respondents' behavior regarding bronchial asthma is in the sufficient category, namely (72%).

From the results of the research conducted, it was found that the majority of family behavior regarding bronchial asthma was in the adequate category, 18 people (72%), this was because family members learned a lot from the experience of caring for family members who suffer from bronchial asthma, where the results were from the frequency distribution of respondents' behavior regarding bronchial asthma. sufficient category. Meanwhile, there were 3 people (12%) in the good category from the data whose family knowledge was very good about bronchial asthma. And there were 4 people (16%) who were bad, this was due to the very lack of family behavior regarding bronchial asthma and the low level of education of the family members.

The results of this research are the same as the results of research conducted by Poninten (2020) where the results showed that family behavior regarding bronchial asthma in the Simpang Tiga - Riau Community Health Center Work Area was in the sufficient category (76.7%). Likewise, the results of Prasetiyo's (2020) research showed that the results of family behavior were also in the sufficient category.

The family's behavior regarding bronchial asthma was stated to be quite in accordance with the results of the questionnaire where the family generally knew the meaning of bronchial asthma, the factors that cause bronchial asthma recurrence from the weather, signs of bronchial asthma recurrence and techniques for consuming anti-bronchial asthma medication. But many families still don't know that dust and flu can cause recurrence of bronchial asthma. This shows that family behavior still needs to be improved considering that there are still many factors that can cause recurrence of bronchial asthma.

There are many factors that trigger the recurrence of bronchial asthma attacks, so good behavior and an understanding of bronchial asthma are needed. In this way, it is hoped that the risk of recurrence of bronchial asthma can be reduced. Family behavior regarding bronchial asthma in the

Simpang Tiga - Riau Health Center Working Area is in the sufficient category, this can be influenced by many factors. In accordance with Notoadmojo Notoadmojo's theory that behavior can be influenced by age, education, social culture, intelligence, experience. If we look at the characteristics of the respondents, the majority are in the adult category so they have more experience, while in terms of education, the majority of respondents have low education, namely junior high school education, so it does not support the theory even though education does not absolutely influence behavior.

Families who have experience caring for family members who suffer from bronchial asthma will have good behavior. Apart from education, sources of information will influence family behavior. If family members often seek sources of information from health workers, madia and other people who have cared for family members who suffer from bronchial asthma, their behavior will be better.

Some families who have low behavior have sufficient behavior, because the family learns from the experience of caring for families who suffer from bronchial asthma. From this it can be analyzed that education does not absolutely influence behavior. Because of their low education they also have good behavior. Low behavior from families can be caused by the lack of families seeking information about bronchial asthma treatment. Lack of family interest can be caused by lack of motivation or lack of family communication. So it is recommended for families who still have low levels of behavior to look for more behavioral resources in caring for people with bronchial asthma.

Frequency Distribution of Prevention of Bronchial Asthma Recurrence in the Simpang Tiga Health Center Working Area – Riau

Table 3. Frequency Distribution of Prevention of Bronchial Asthma

No	Prevention of Bronchial Asthma Recurrence	F	%
1	Good	5	20
2	Bad	20	80
	Amount	**25**	**100**

It can be seen that the prevention of recurrence of bronchial asthma by the majority of families is in the poor category, namely (80%) in the working area of the Muara Fajar-Riau Community Health Center.

From the research results, it was found that the prevention of recurrence of bronchial asthma carried out by families at the Muara Fajar-Riau Community Health Center, the majority of the prevention was in the bad category (80%). Prevention of recurrence of bronchial asthma by poor families results in patients being more likely to experience recurrent attacks of bronchial asthma. This can be seen from the results of the questionnaire where the family does not know how to treat bronchial asthma patients. The family does not provide clean clothes and pillows for the patient. The family does not accompany the patient in exercising so that the patient's health is not optimal.

Bad actions in preventing bronchial asthma are not influenced by behavior but by other factors. Where families who have bad actions come from families who have sufficient education. Bad actions can be caused by environmental factors. The respondent's environment is a plantation environment where family members have daily work activities on the plantation. Family members tend to be busy at home. Apart from being busy, it can also be caused by a lack of interest or motivation among family members in caring for their family who suffer from bronchial asthma, so that families often neglect to provide good care for people with bronchial asthma.

The lack of care provided by the family can be seen from the respondents' answers regarding preventive measures, where many families stated that they never provided a clean pillow, never accompanied the patient to exercise in the morning, and never paid attention to the medicines the patient consumed. Where exercise is very good for people with bronchial asthma and it is good exercise to do in the morning and accompanied by family members. So it is recommended that families who have bad actions change their actions and want to treat family members who suffer from

bronchial asthma on a regular basis. Also for health workers to provide repeated counseling so that the behavior and actions of family members become better.

Cross Tabulation of Family Knowledge with Actions to Prevent Recurrence of Bronchial Asthma in the Working Area of Simpang Tiga Community Health Center – Riau

Table 4. Cross Tabulation of Family Knowledge

Behavior	Preventive measure				N	%	Test Statistics
	Good		Bad				
	N	%	N	%			
Good	1	4	2	8	3	12	
Enough	3	12	15	60	18	72	P = 0.77
Not enough	1	4	3	12	4	16	
Amount	**5**	**20**	**20**	**80**	**25**	**100**	

It can be seen that good behavior is (12%) with good (4%) and bad (8%) preventive actions. The behavior is sufficient (72%) with good preventive measures (12%), bad preventive measures (60%). Lack of behavior as much as (16%) with good preventive measures as much as (4%), bad preventive measures as much as (12%). The statistical test results showed that there was no significant relationship between behavior and relapse prevention measures, with a value of P = 0.77 (P > 0.05).

From the research results, data was obtained that good behavior was (12%) with good (4%) and bad (8%) preventative actions. sufficient behavior (72%) with good prevention (12%), bad prevention (60%). Poor behavior is as much as (16%) with good prevention as much as (4%), bad prevention as much as (12%). The statistical test results showed that there was no significant relationship between behavior and relapse prevention measures, with a value of P = 0.77 (P > 0.05).

The results of this study contradict the theory which states that the better a person's behavior, the better his actions. The results show that families with good and sufficient behavior do not all have good actions. The results of statistical tests also state that there is no relationship between behavior and measures to prevent recurrence of bronchial asthma. Even though his behavior is good, it is not a guarantee that his actions will be good. Prevention carried out by bad families is not due to lack of behavior but is influenced by other factors such as the environment. Where the majority of respondents are plantation employees so they are quite busy so they don't have time to accompany patients to exercise. Busyness leads to a lack of treatment that reduces the risk of recurrence.

4. CONCLUSION

Based on the results of research regarding the relationship between behavior regarding bronchial asthma in the Simpang Tiga - Riau Community Health Center Work Area in 2023, the following conclusions can be drawn. The majority of family behavior regarding bronchial asthma in the Simpang Tiga - Riau Health Center Working Area in 2023 is in the fair category. Prevention of recurrence of bronchial asthma in the Simpang Tiga - Riau Community Health Center Work Area in 2023 is in the bad category. There is no significant relationship between family behavior regarding bronchial asthma and prevention of recurrence of bronchial asthma in the Simpang Tiga - Riau Community Health Center Work Area in 2023.

REFERENCES

[1] Alimul, HA (2013). Nursing research and Scientific Writing Techniques. Salemba Medika: Jakarta.
[2] Danusantoso, Halim. (2020). Lung Disease Science. Hippocrates: Jakarta.
[3] Notoatmojo.S. (2015). Health Research Methodology. PT. Rineka Cipta : Jakarta.
[4] _____. (2014). Education and Health Behavior. PT. Rineka Cipta : Jakarta.
[5] Parsetyo, Budi. (2020). Regarding Asthma Problems. Diva Press : Jogyakarta.

[6] Ramaiah, Savitri. (2017). Asthma. PT Bhuana Popular Science: Jakarta.
[7] Singgih. (2018). The process of forming a person's behavior and knowledge. Retrieved August 1 2023, http//www.kapanlagi.co.id.
[8] Smeltzer, C, Suzanne. (2020). Bruner & Suddarth Medical Surgical Nursing. Edition 8. Volume 1. EGC : Jakarta.
[9] Sudjana. (2020). Statistical Methods. Tarsito: Bandung.
[10] Sndara, Heru. (2022). Asthma. Edition 4. Faculty of Medicine, University of Indonesia: Jakarta.
[11] Vitahealth. (2016). Asthma. PT Gramedia Pustaka Utama : Jakarta