

The Influence of Family Support on Medication Adherence in Pulmonary TB Patients at the Tenayan Raya-Riau Community Health Center in 2023

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ABSTRACT

Pulmonary Tuberculosis is an infectious disease that is spread throughout the world and has become a public health problem, even in 2015, WHO declared pulmonary TB a global emergency. Based on the health profile of North Sumatra Province, in 2023, the prevalence of pulmonary TB was recorded at 13,833 sufferers, with a prevalence rate of 116.1 per 100,000 population. In the process of curing pulmonary TB, the important role of the family as the closest unit to the sufferer is needed, so that family knowledge and perceptions about pulmonary TB include: understanding, causes, signs and symptoms, methods of transmission, methods of care and treatment, as well as ways to prevent pulmonary TB are very much needed by the family. to support the healing process for pulmonary TB sufferers in the family. The aim of this research is to determine the relationship between family support and medication adherence in pulmonary TB patients at the Tenayan Raya Community Health Center in 2023. The type of research used is correlation with a cross-sectional study design. This research was conducted at the Tenaya Raya Health Center, the research was carried out April-August 2023. The research population was 30 people. Sampling in this study used a total sampling technique of 30 people. The results can be seen that 13.3% of respondents had insufficient family support but were not compliant and 3.3% were compliant, 23.3% of respondents had sufficient family support but were compliant, 60% of respondents had good family support but were compliant. The results of analysis using the chi-square test obtained a p value = 0.000.

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1. INTRODUCTION

Pulmonary Tuberculosis is an infectious disease that is spread throughout the world and has become a public health problem, even in 2021, WHO declared pulmonary TB a global emergency. Based on data from the 2020 Household Health Survey (SKRT), pulmonary TB is the third largest cause of death after cardiovascular disease (Danasantoso, 2016).

The World Health Organization (WHO) states that the prevalence of pulmonary TB in Indonesia is the third highest after India and China, namely around 539,000 new cases and 101,000 deaths. The incidence of positive smear TB cases is around 110 per 100,000 population. (RI Ministry of Health 2018). Based on the health profile of North Sumatra Province in 2021, the prevalence of pulmonary TB was recorded at 13,833 sufferers, with a prevalence rate of 116.1 per 100,000 population. From the data in the health profile of the city of Medan in 2021, it was recorded that in all health centers and hospitals in the city of Medan there were 1,673 people suffering from pulmonary TB, and the proportion who were declared cured was 914 people (54.63%).

Since 2015, the TB eradication program has been implemented with the directly observed treatment short course chemotherapy (DOTS) strategy which is recommended by WHO as the most appropriate approach at this time and must be implemented seriously. This program emphasizes correct and appropriate diagnosis followed by effective short-term treatment and monitoring, the

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treatment success rate reaches 85%. The long-term goal of controlling pulmonary TB is to reduce the morbidity and mortality rates of pulmonary TB by breaking the chain of transmission so that pulmonary TB is no longer a public health problem in Indonesia. Treatment using the DOTS strategy can provide a high recovery rate (MOH RI, 2019).

The strategic framework for handling Tuberculosis in Indonesia for 2017 – 2021 is strengthening resources, both facilities and infrastructure and personnel, in addition to increasing the implementation of the DOTS strategy in all UPKs to achieve the goals of the National Tuberculosis Control Program, namely a case discovery rate of at least 70% and a cure rate at least 85% so that the prevalence of pulmonary TB sufferers in Indonesia can be reduced by 50% (Ministry of Health RI 2020).

To achieve healing, regularity or adherence to treatment is required for each sufferer. Medication compliance is taking medication prescribed by a doctor at the right time and dose. Treatment will only be effective if sufferers comply with the rules for using drugs (Kusbiyantoro, 2017).

Incomplete treatment will cause drug-resistant germs and of course more virulent germs will emerge. After taking medication for two or three months, it is not uncommon for patients' complaints to disappear, but this does not mean they are completely cured. Despite WHO's target, with the DOTS strategy implemented well, by 2016 at least 70% of pulmonary TB cases will be diagnosed and treated (Mangunegoro, 2019). If treatment is interrupted for less than six months, the sufferer will at any time relapse and the tuberculosis germs will become resistant, requiring large costs for treatment. Therefore, a drug swallowing supervisor (PMO) is needed, such as a health worker, family member, neighbor, cadre or community figure, to ensure that treatment for TB sufferers does not stop.

In the process of curing pulmonary TB, the important role of the family as the unit closest to the sufferer is needed, so that the family's knowledge and perception about pulmonary TB includes: understanding, causes, signs and symptoms, methods of transmission, methods of care and treatment, as well as ways of preventing pulmonary TB. families to support the healing process for pulmonary TB sufferers in the family. The role of the family is in accordance with the family's duties in the health sector, one of which is providing care to family members who are sick and cannot help themselves because they are disabled or too young, for example the family reminds/monitors the time to take medicine, controls the supply of medicine and transports the patient. control.

Puskesmas is one of the important service facilities to assist in providing integrated and comprehensive services in efforts to control infectious diseases, especially pulmonary TB in the community in order to achieve the vision of Healthy Indonesia 2018 (Isa, 2018). It is hoped that the Tenayan Raya Community Health Center will have a PMO as a manifestation of family support that from year to year pulmonary TB cases will decrease, but there are still found to be poor PMO roles resulting in non-compliance with swallowing medication in sufferers, this can be seen from the initial survey conducted by researchers at In 2023, at the Tenayan Raya Community Health Center, 38 people were found with pulmonary TB and 30 people were declared cured, while 8 people were declared negligent because they did not comply with swallowing medicine.

2. METHOD

The type of research used is Correlation with a Cross Sectional study design, which aims to determine the relationship between family support and medication adherence in pulmonary TB patients at the Tenayan Raya Community Health Center in 2021. This research was conducted at the Tenayan Raya Community Health Center from April to August 2023. Population In this study, there were all 30 pulmonary TB patients at the Tenayan Raya Community Health Center. The samples were pulmonary TB patients at the Tenayan Raya Community Health Center. Sampling in this study used a total sampling technique of 30 people.

3. RESULTS AND DISCUSSION

Distribution Based on Respondent Characteristics at Tenayan Raya Community Health Center

Table 1. Characteristics at Tenayan Raya

No	Characteristics	F	%
1.	Age		
	<20 Years	1	3.3
	20-39 Years	18	60.0
	>39 Years	11	36.7
	Total	30	100
2.	Gender		
	Man	26	86.7
	Woman	4	13.3
	Total	30	100
3.	Ethnic group		
	Java	11	36.7
	Batak	12	40.0
	Malay	5	16.7
	Minang	2	6.6
	Total	30	100
4.	Education		
	elementary school	3	10.0
	JUNIOR HIGH SCHOOL	10	33.3
	SCHOOL	13	43.3
	SENIOR HIGH SCHOOL	4	13.3
	BACHELOR		
	Total	30	100
5.	Work		
	IRT	2	6,7
	Civil servants	2	6,7
	P. Private	7	23.3
	Self-employed	8	26.7
	Laborer	7	23.3
	Farmer	4	13.3
	Total	30	100

The majority of respondents' age is 20-39 years, 60%, the majority of gender is male, 86.7%, the majority of ethnicity is Batak, 40%, the majority of education is high school, 43.3%, and the majority of respondents' work is self-employed. as much as 26.7%.

Distribution of Respondents Based on Family Support

Table 2. majority of respondents'

No	Category	n	%
1	Not enough	5	16.7
2	Enough	7	23.3
3	Good	18	60.0
Total		30	100.0

The majority of respondents, 60%, said that family support was good.

Table 3. Distribution of Respondents Based on Compliance with Medication

No	Obedience		
	Category	N	%
1	Not obey	4	13.3
2	Obedient	26	86.7
Total		30	100

Shows that the majority of respondents, 86.7%, said they adhered to taking medication.

Table 4. Cross Tabulation of Family Support with Medication Adherence

No	Family support	Obedience				Total		Chi-square test results
		Not obey		Obedient		n	%	
		n	%	n	%			
1	Not enough	4	13.3	1	3.3	5	16.7	0.00
2	Enough	-	-	7	23.3	7	23.3	
3	Good	-	-	18	60.0	18	60.0	
Total		4	13.3	26	86.7	30	100,	0.00

The family support of respondents who were lacking but not obedient was 13.3% and 3.3% were obedient, the family support of respondents who were adequate but obedient was 23.3%, the family support of respondents who were good but obedient was 60%, from the results of analysis using tests The chi-square value obtained is $p=0.000$. With the conclusion, there is a relationship between family support and compliance with taking medication in pulmonary TB patients at the Tenayan Raya Community Health Center in 2023.

Relationship between family instrumental support and medication adherence

The results showed that 13.3% of respondents had insufficient family support but were not compliant and 3.3% were compliant, 23.3% had sufficient family support but were compliant, 60% of respondents had good family support but were compliant. The results of analysis using the chi-square test obtained a p value = 0.000. With the conclusion that there is a relationship between family support and compliance with taking medication in pulmonary TB patients at the Tenayan Raya Community Health Center in 2023. Instrumental support is that the family is a practical and concrete source of help (Misnadiarly, 2016). This form of instrumental support focuses on the assistance or assistance provided by the family to the patient in a tangible form, where the family provides material or skilled assistance such as inviting the patient to participate and help with household chores, provide all patient facilities both in daily life and during treatment, providing goods, providing food, bringing or taking patients for treatment and providing transportation to take and accompany patients for treatment to the hospital or consultation with the doctor who handles them and securing all funds available required. From the research results obtained, researchers can conclude that the less instrumental support the family provides, the lower the patient's recovery rate, therefore it is hoped that the family will help the patient in terms of material and tangible assistance. bringing or escorting patients for treatment as well as providing transportation to take and accompany patients for treatment to the hospital or consultation with the doctor who is treating them and securing all the necessary funds. From the research results obtained, researchers can conclude that the less instrumental support the family provides, the lower the patient's recovery rate, therefore it is hoped that the family will help the patient in terms of material and tangible assistance. bringing or escorting patients for treatment as well as providing transportation to take and accompany patients for treatment to the hospital or consultation with the doctor who is treating them and securing all the necessary funds. From the research results obtained, researchers can conclude that the less instrumental support the family provides, the lower the patient's recovery rate, therefore it is hoped that the family will help the patient in terms of material and tangible assistance.

Relationship between family emotional support and medication adherence

The results showed that 13.3% of respondents had insufficient family support but were not compliant and 3.3% were compliant, 23.3% had sufficient family support but were compliant, 60% of respondents had good family support but were compliant. The results of analysis using the chi-square test obtained a P value = 0.000. With the conclusion, there is a relationship between family support and compliance with taking medication in pulmonary TB patients at the Tenayan Raya Community Health Center in 2023.

Emotional support means that the family can be a safe and peaceful place for rest and recovery and the family helps the patient in mastering emotions (Widoyono, 2020). As long as the individual experiences this, the individual will lose their self-esteem, the individual will experience stress and sadness. Circumstances can reduce a person's feelings about the things he has and loves. This emotional support also gives individuals a feeling of comfort, a feeling of being loved when the individual experiences, help in the form of encouragement, empathy, trust, attention so that the individual feels valuable and provides a gentle touch or loving touch when the sufferer feels alone and does not leave the sufferer alone or locks him in a room and invites the patient to leave the house so that the patient has realistic expectations for his life, calms the individual, guarantees a sense of belonging, but the sufferer also need spiritual companions from people who can help them maintain a vertical relationship with God (Widodo, 2018). Patients need emotional support from the family, namely by accompanying and listening to complaints about the problems they face, therefore the family is expected to provide special time to the patient (Widodo, 2018). From the research results obtained,

Relationship between family information support and medication adherence

The results showed that 13.3% of respondents had insufficient family support but were not compliant and 3.3% were compliant, 23.3% had sufficient family support but were compliant, 60% of respondents had good family support but were compliant. The results of analysis using the chi-square test obtained a p value = 0.000. With the conclusion, there is a relationship between family support and compliance with taking medication in pulmonary TB patients at the Tenayan Raya Community Health Center in 2023.

Information support is where the family functions as a provider of information, advice and feedback to the patient about the individual's current situation and circumstances. Types of support include communication networks and shared responsibility, families can provide information and suggest good therapy for themselves and specific actions for individuals to deal with stressors that can cause situations, provide information that can help and provide a response. The family helps the individual who experiences it to be able to get rid of the illness they are suffering from. In this information support, the family collects/seek information from outside and from health workers and conveys this information to the patient both during the treatment being carried out. From the research results obtained,

Relationship between family appreciation support and medication adherence

The results showed that 13.3% of respondents had insufficient family support but were not compliant and 3.3% were compliant, 23.3% had sufficient family support but were compliant, 60% of respondents had good family support but were compliant. The results of analysis using the chi-square test obtained a p value = 0.000. In conclusion, there is a relationship between family support and medication adherence in TB patients. Lungs at the Tenayan Raya Community Health Center in 2023. Appreciation support is the support given by the family to the patient in the form of guidance so that the patient feels comfortable. Appreciation support also provides appreciation to patients in the form of giving praise, giving encouragement, asking for approval of the patient's opinion and providing positive comparisons with other patients.

From the results of the research obtained, researchers can conclude that lack of appreciation support given by the family can cause a lack of patient compliance in taking medication, therefore it is hoped that the family will continue to provide maximum support, namely by providing

encouragement and building the patient's self-esteem so that it can improve the patient's coping.

4. CONCLUSION

Based on the results of research on the relationship between family support and adherence to taking medication in pulmonary TB patients at the Tenayan Raya Community Health Center in 2023, it can be concluded that. There is a relationship between instrumental support and adherence to taking medication in pulmonary TB patients at the Tenayan Raya Community Health Center in 2023. There is a relationship between emotional support and adherence to taking medication in pulmonary TB patients at the Tenayan Raya Community Health Center in 2023. There is a relationship between information support and adherence to taking medication in pulmonary TB patients. at the Tenayan Raya Community Health Center in 2023. There is a relationship between reward support and compliance with taking medication in pulmonary TB patients at the Tenayan Raya Community Health Center in 2023. There is a relationship between family support and medication adherence among pulmonary TB patients at the Tenayan Raya Community Health Center in 2023.

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