



**THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND ADHERENCE TO
TAKING MEDICATION IN PULMONARY TB**

Domianus Namuwali^{1*}, Maria Kareri Hara¹, Trifonia Sri Nurwela², Yulianti Kristiani Banhae¹

¹Nursing Department, Poltekkes Kemenkes Kupang, Jl. Adisucipto, Penfui, Maulafa, Kota Kupang, Nusa Tenggara Timur 85148, Indonesia

²Waingapu Nursing Study Program, Poltekkes Kemenkes Kupang, Jl. Adam Malik, Waingapu Sumba Timur, Indonesia

*domianus2012@gmail.com

ABSTRACT

Pulmonary TB is still a current health problem that needs serious attention, this disease is the main cause of death due to infectious diseases. Globally, in 2021 it is estimated that 10 million people worldwide will suffer from pulmonary TB. To increase the scope of recovery, patients need family support while the patient is undergoing pulmonary TB treatment. Objective: This study aims to determine family support for treatment compliance in pulmonary TB sufferers at the Waingapu City Health Center. Research Method: This study used a cross-sectional approach to examine the relationship between family support and treatment adherence in pulmonary TB sufferers at the Waingapu Community Health Center. The population in this study was all pulmonary TB patients seeking treatment at the Waingapu Community Health Center, totaling 61 people. Sampling was carried out non-randomly using total sampling technique. Collection was carried out by distributing questionnaires to pulmonary TB sufferers who visited the Waingapu Health Center. This research was carried out at the Waingapu Community Health Center in May – July 2023. Data analysis was carried out univariately and bivariately using Cotingency Coefficient analysis to determine the relationship between family support and compliance with taking medication for pulmonary TB sufferers at the Waingapu Community Health Center. Data analysis was carried out univariately and bivariately using Cotingency Coefficient analysis to determine the relationship between family support and compliance with taking medication for pulmonary TB sufferers at the Waingapu Community Health Center. Research Results: The research results showed that 57 people (93.4) had good family support and 4 people (6.6%) had poor family support. They were compliant with taking pulmonary TB medication. As many as 56 (91.6%) while 5 people (8.2%) did not comply with taking pulmonary TB medication. Based on the results of the Contingency Coefficient test, the P value was 0.536, which means there is no relationship between family support and compliance with taking medication for pulmonary TB sufferers at the Waingapu Community Health Center. Conclusion: There is no relationship between family support and medication adherence for pulmonary TB sufferers at the Waingapu Community Health Center.

Keywords: compliance drink medicine; pulmonary tb sufferers; support family

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INTRODUCTION

Pulmonary TB is an infectious disease that requires serious attention both globally and in Indonesia. Pulmonary TB disease is caused by *Mycobacterium tuberculosis*, most of which live in the lungs (Depkes RI, 2005). Globally WHO reports that in 2021 an estimated 10 million will suffer from pulmonary tuberculosis and the main cause of death is infectious disease (World Health Organization, 2019). The number of pulmonary TB sufferers in Indonesia in 2020 was 351,936, with a national treatment success rate of 82.7% of the

national target. > 90%. (Kemenkes, 2020). In 2022 the number of pulmonary TB cases will be 77 cases (Dinas Kesehatan Sumba Timur, 2022).

The Indonesian government through the Indonesian Ministry of Health has a national target for the treatment success rate (success rate) of pulmonary TB disease of 90%, but nationally the treatment success rate is still below the national target, namely 82.7%. The success rate for pulmonary TB treatment in East Sumba is still at 83%. When compared to the national target, the success rate for pulmonary TB treatment in East Sumba is still below the national target (Dinas Kesehatan Sumba Timur, 2022; Dinkes Sumba Timur, 2019). The factors behind drop out are the length of time the treatment takes to go through the intensive stage so that the symptoms disappear and the patient feels cured, the funding for the treatment is not free, the patient does not know about the stages of treatment, there is no drug swallowing supervisor, there are transportation difficulties, there are side effects of the drug, ignorance about disease complications (Nugroho Priyo Handoko, n.d.). To improve patient recovery, family support is needed. Family support is an important factor that influences patient compliance during treatment (Putri, 2020).

To increase the scope of recovery, patients need family support while the patient is undergoing pulmonary TB treatment. Family support is an important factor that influences compliance with treatment, where the family can provide support in the form of a support system for sick family members who always provide help and assistance if sick family members need help (Putri, 2020). The results of research on family support for compliance with taking medication for pulmonary TB patients have been carried out in several places, but there has been no research on the relationship between family support and medication compliance in East Sumba, so researchers are interested in conducting research on this topic. The aim of this research is to determine the relationship between family support and compliance with taking medication in pulmonary TB sufferers at the East Sumba Regency City Health Center.

METHOD

This research is a quantitative study with a cross-sectional approach, this research was carried out in the work area of the Waingapu Health Center, East Sumba Regency in May-July 2023. The population in this study were all pulmonary TB sufferers in the Waingapu City Health Center, East Sumba Regency, totaling 61 people. The sample selection in this study was a total population technique where all pulmonary TB sufferers who met the criteria were used as research subjects. The independent variable in this research is family support and the dependent variable in this research is treatment compliance. The collection was carried out by distributing questionnaires to pulmonary TB sufferers who visited the Waingapu Community Health Center, but for patients who had finished their contraceptives, the researchers visited the patient's house based on data from the Waingapu Community Health Center TB management. This research was carried out at the Waingapu Community Health Center in May – July 2023. Data analysis in this research used the Cotingency Coefficient statistic.

RESULTS

Table 1.
Respondent Characteristics (n=61)

Characteristics	f	%
Gender		
Man	38	62.3
Woman	23	37.3
age		
1 – 10 years	1	1.6
11-20 years	8	13.1
21-45 years	25	41
46-59 years old	19	31.1
> 59 years	8	13.1
Education		
Elementary School	8	13.1
Junior High School	6	9.8
Senior High School	6	9.8
Bachelor	41	67.2
Type Work		
Farmer	15	24.6
Private	8	13.1
Mother House Ladder	28	45.9
No Work	9	14.8
Etc	1	1.6

Table 1 is known that part big respondents man as many as 38 (62.3%), aged 21-45 years as many as 25 respondents (41%), Last Education Bachelor's Degree 41(67.2%) and Occupation as Mother House Ladder as many as 28 respondents (45.9%).

Table 2.
Distribution Respondent Based on Support Level Family (n=61)

Support level	f	%
Good	57	93.4
Enough	4	6.6
Not enough	0	0

Table 2 can is known that respondents highest is support family Good as many as 57 people (93.4) and the lowest is support family not enough as many as 4 people (6.6%).

Table 3.
Distribution Respondent Based on obedience (n=61)

Support Social Family	f	%
Obedient	56	91.8
No obedient	5	8.2

Table 3 it is found that obedience respondents the most is compliance sufferer drink drug with category obedient as many as 56 (91.6%) whereas No obedient as much as many as 5 respondents (8.2%).

Table 4.
Tabulation cross Support Family with Obedience drink drug (n=61)

Support family	Obedience drink drug		Amount	P
	Obedient	No	Σ	
	Σ	Σ		
Good	52 (92.85%)	5 (100%)	57(93.44%)	0.535
Enough	4(7.14%)	0 (0%)	4(6.57%)	

Table 4 is known that Support family Good with obedient drink drug as many as 52 (92.85%) and Support family Enough with drink drug as many as 4 (7.14%) as well support family good and not obedient drink drug as many as 5 (100%), with statistical test results, the value of V. Value is 0.535, which is significant No There is connection support family with obedience drink drug pulmonary TB sufferers .

DISCUSSION

Support Family

Family support is a relationship between the family and the social environment that has an impact on health and welfare(Rita Kombong, 2023). In table 5, it is known that most family support is good, 56 respondents (93.4%). Research conducted by Atmajaya Dwi S (2019) states that the majority of pulmonary TB patients receive high support from the family(Yusran Hasymi, 2019). Results of other research conducted by Saraswati Wiji (2012) states that the majority of family support is good for pulmonary TB patients(Saraswati, 2012). Research is different from the results of research conducted by Chen, B., Peng, Y., Zhou, L., Chai, C., Yeh, H. C., Chen, S., ... Wang, X. (2016) stated that TB patients MDR have a low level of family social support(Bin Chen, Yun Peng, Lin Zhou, Chengliang Chai, Hui-Chi yeh, Fei Wang, Mingwu Zhang, Tieniu he, 2016).

The results of research conducted by Suparjo Martina Fickry Adya et al (2020) stated that the better the family support given to pulmonary tuberculosis patients, the higher the patient's adherence to taking medication. Family support is needed to provide encouragement and motivation to pulmonary TB sufferers to drink pulmonary TB regularly according to a predetermined schedule (Suparjo et al., 2020). Family support can come from parents, children, husband or wife, support provided by the family in the form of support in the form of information, certain behavior that can make individuals feel loved, cared for and loved(Kurniasih & Sa'adah, 2020). The type of support provided by the family can be in the form of emotional support, appreciation support, instrumental support, information support and social network support(Yusran Hasymi, 2019). Family support that acts as a supervisor of taking medication has an important role to improve the healing of TB sufferers(Septiyani Putri , La Ode Alifariki , Fitriani, 2022)

Obedience drink drug

Compliance with taking medication is according to Cramer et al (2008) the extent to which the patient acts in accordance with the intervals and doses determined by the dosing regimen(I Ketut Swarjana, 2022). In table 6 it is known that almost all of the respondents adhered to drinking pulmonary TB as much as 56 (91.8%), the results of this study were almost the same as research conducted by Riesevea Fitria, Christin Anelina Febriant (2015) which stated that the majority of responses adhered to drinking Pulmonary TB medication(Fitria & Febrianti, 2016). This research is also supported by research conducted by Muhammad Sahlan Zamaa, Dewi Purnama Windasari, Esse Puji Pawerusi (2023) and Ance Siallagan, Lili Suryani Tumanggor, Mareta Sihotang (2022) which found that almost all responses were compliant with pulmonary TB (Ance Siallagan, Lili Suryani Tumanggor, 2022; Windasari et al., 2023). This research is also supported by research conducted by Rosmala Amran¹, Widysusanti Abdulkadir, Madania (2021) which states that the majority of pulmonary TB patients adhere to pulmonary TB treatment(Amran et al., 2021).

This study was also supported by research conducted by Sungho Bea, Hyesung Lee, Ju Hwan Kim, Seung Hun Jang, Hyunjin Son, Jin-Won Kwon, and Ju-Young Shin (2021) and Zulfa Rindy A Fitry, Erlina Puspitaloka Mahadewi, Ade Heryana, Ira Marti Ayu (2022) who states

that the majority of patients with pulmonary TB are obedient in the treatment of pulmonary TB (Bea et al., 2021; Rindy Al Fitry et al., 2022). This research is different from research conducted by Lili Diana Fitri, Jenny Marlindawani, Agnes Purba (2018) which reported that the majority of pulmonary TB sufferers were non-compliant with pulmonary TB treatment. (Fitri, 2018).

Relationship Between Family Support and Adherence to Taking Medication in Pulmonary TB

In table 7 it is known that almost all responses to good family support adhere to pulmonary TB treatment as many as 52 (92.85%) with the results of the Cointingency Coefficient statistical test obtaining a p value of 0.536 which shows that with a confidence level of 95% there is no relationship between family support and Compliance with taking pulmonary TB medication. The results of this research are different from the results of previous research conducted by Muhammad Sahlan Zamaa, Dewi Purnama Windasari, Esse Puji Pawerusi (2023) and Ance Siallagan, Lili Suryani Tumanggor, Mareta Sihotang (2022) which found that there was a relationship between family support and drinking compliance. medicine for pulmonary TB sufferers (Ance Siallagan, Lili Suryani Tumanggor, 2022; Windasari et al., 2023)

Even this research is different from the research conducted by Made Mahaguna Putra, Ni Made Yuni Dwica Astriani, Komang Gde Trisna Purwantara, Made Mernadi, Putu Indah Sintya Dewi (2020) and Astuti Yuni Nursasi, Mega Hasanul Huda, Syifa Widya Rahmasari (2022) which states that there is a relationship between family support and compliance with taking medication in patients with pulmonary TB (Nursasi et al., 2022; Putra et al., 2020). Aspects of family social support which includes family support, support and support have an important role and a driving factor for TB patients to comply with treatment regimens (Barik et al., 2020). . Even this research is different from the research conducted by Made Mahaguna Putra, Ni Made Yuni Dwica Astriani, Komang Gde Trisna Purwantara, Made Mernadi, Putu Indah Sintya Dewi (2020) which states that there is a relationship between family support and compliance with taking medication in patients with pulmonary TB (Putra et al., 2020).

CONCLUSION

From the results study This can concluded that No a da connection level support family with obedience drink drug pulmonary TB sufferers.

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