

Increasing Family Empowerment In Treating Tuberculosis Patients Through Perceived Behavioral Control And Intention

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Abstract: Tuberculosis is one of the top ten diseases that cause death in the world. Indonesia is ranked third, (8% of the total global cases), after India (27%) and China (9%). To overcome this problem, families need to be empowered in treating tuberculosis patients. This research aimed to analyze the effect of Perceived Behavioral Control and intention to increase family empowerment in treating tuberculosis patients in Banjar District, Indonesia. The research used a Cluster Random Sampling analytical observational design with a sample of 120 respondents from five districts. Data was collected using interviews and questionnaires. The questionnaire consisted of questions modified from the Nurse-Patient Interaction Scale (NPIS) questionnaire on areas such as accepted behavioral control, intention and empowerment. Partial Least Square (PLS) analysis was used to analyze the data. The results showed that Perceived Behavioral Control and Intention can improve family empowerment in treating tuberculosis patients at home

Keywords: Family Empowerment, Perceived Behavioral Control, Intention, Treatment, Tuberculosis.

1. INTRODUCTION

Tuberculosis is a direct infectious disease caused by the bacteria Tuberculosis (*Mycobacterium Tuberculosis*). It is one of the top 10 diseases that cause death in the world. Therefore, it remains a top global priority and one of the goals in the Sustainability Development Goals (SDGs) [1-3]. Globally in 2017, there were 10.0 million cases of Tuberculosis (range, 9.0 - 11.1 million), or Case Notification Rate (CNR) of 133 cases (range, 120-148) per 100,000 population. Indonesia is ranked third (8% of the total global cases), after India (27%) and China (9%) [4].

Knowledge and understanding about the risk factors and prevention of diseases are important areas that must be owned by the community in order to increase empowerment in the field of health. This helps to create a healthy, clean and a community less prone to diseases including Tuberculosis [5-7]. Family care is an important aspect of care, both physical care and also social psychological care. This is because the family is the closest person to the client and caring for sick family members is a function of the family [8].

Efforts have been undertaken through health and community empowerment involving financial protection and equitable distribution of health services. This program integrates the Personal Health Effort (PHE) and Public Health Effort (PHE) in a sustainable way, with targeted families.

The aim of this research is to analyze the influence of perception and role of strong family empowerment in the treatment of tuberculosis in the community.

2. METHODOLOGY

This research used analytical observational design. The research was conducted from February to July, 2019 in Banjar District of Indonesia that involved 120 respondents using Cluster Random Sampling from five sub-districts in Banjar. This research used questionnaires that included Perceived Behavioral Control, 10 questions using the Likert Scale, with indicators of control belief and power belief, with answers to questions 1 = strongly disagree, 2 = disagree, 3 = doubtful, 4 = agree, 5 = strongly agree. Questions on intention with 10 questions in a scalertal form, with answers to questions 1 = Strongly disagree, 2 = disagree, 3 = doubtful, 4 = agree, 5 = strongly agree. The empowerment questions were modified from the Nurse-Patient Interaction Scale (NPIS) questionnaire [9], a total of 16 questions on confidence, empathy, cooperation, and goal determination. The answers to the questions in the scalertal form, namely 1 = strongly disagree, 2 = disagree, 3 = doubtful, 4 = agree, 5 = strongly agree. The questionnaire was tested for reliability and reliability with Cronbach alpha value > 0.6. Partial Least Square (PLS) is used to analyze the data on the influence of family empowerment in treating tuberculosis through perceived behavioral control and intention.

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3. RESULTS

Table 1: Respondents Characteristics in Sidrap Regency

Respondent Characteristics	Respondent Frequency	Percentage
Work		
Not Working	29	24.2
Farmers	8	6.7
Traders	21	17.5
Civil Servants	6	5
Private	49	40.8
Others (Labor)	7	5.8
Income		
<Rp.2,454,671.80	92	76.7
>Rp2,454,671.80	28	23.3
Age		
15 - 24 Years	23	19.2
25 - 34 Years	21	17.5
35 - 44 Years	49	40.8
45 - 54 Years	19	15.8
> 55 Years	8	6.7
Education		
Not Graduating from Elementary School	6	5
Elementary School	23	19.2
Junior High School	44	36.7
High School	35	29.2
University	12	10
Sex		
Men	61	50.8
Women	59	49.2
Knowledge		
Poor	8	6.7
Good	112	93.3
Media sources of information		
Nurses / Doctors at Public Health Center	84	70
Flyers at Public Health Center	1	0.8
Neighbors	2	1.7
Families	16	13.3
Television	1	0.8
Internet / Social Media	16	13.3

Table2. Perceived Behavioral Control and Intention

Variable	Frequency	Percentage
Perceived Behavioral Control		
Good	120	100
Enough	0	0
Less	0	0
Variable Intention (intention)	Frequency	Percentage
Good	118	98.3
Enough	2	1.7
Less	0	0

Table3. Variable Family Empowerment

Variable Family Empowerment	Frequency	Percentage
Trust		
Sure	110	91.7
Fairly Sure	10	8.3
Less Sure	0	0
Empathy		
Sure	105	87.5
Fairly Sure	15	12.5
Less Sure	0	0
Cooperative / Cooperation		
Confident	100	83.3
Fairly Sure	20	16.7
Less Sure	0	0
Goal Setting		
Sure	101	84.2
Fairly Sure	14	11.7
Less Sure	5	4.2

Table 4 Test Results of Perceived Behavioral Control on Intention and Empowerment of Families in the Treatment of Pulmonary Tuberculosis Clients in Banjar District in 2019

	T-Statistics	P-Values	Hypothesis
Perceived behavioral control -> Intention	0.044	0.000	Significant
Intention -> Family Empowerment	16,608	0,000	Significant

4. DISCUSSION

Perceived behavior control is defined as family members' perception of the conditions or situations that encourage or discourage them to take on the role and task of taking care of patients with pulmonary tuberculosis at home. Behaviors based on belief shapes intents and encourage individuals to do certain things, and factors that form intentions are attitude, subjective norm, perceived behavior control [10-13]. The perception of family members of the conditions or situations that encourage or discourage them to take on the role and task of taking care of their other family members with pulmonary tuberculosis can influence their intention to care for patients with pulmonary tuberculosis at home. Based on statistical tests, the variable intention has a significant influence on family empowerment. Intention is defined as all the desires of family members to treat family members with pulmonary tuberculosis. Intention covers trust, empathy, cooperation and goal setting. Based on statistical tests, all sub-variables are valid. These variables had a powerful influence on intention. These elements contribute to the sense of empowerment that encourages family members to care for pulmonary tuberculosis patients at home. Trust is an interpersonal and essential element in

nursing because it allows individuals to develop their beliefs, foster hope and meaning in new experiences [14, 15]. Nurses can help facilitate trust and empower family by showing their willingness to be involved, listen and be engaged in dialogues. This can help build patients' confidence and hope. Trust is inseparable from empathy involving caregivers and families showing care and listening actively. Empathy can help nurses and families show respect and foster values. It allows families to engage in and be responsible for the health and well-being of their families [16]. Co-operation helps families to recognize and harness abilities to resolve difficulties and to actively participate in problem solving together with the nurse. Cooperation emphasizes on the collaboration of two or more individuals in finding solutions by using the strengths they have. Meanwhile, the ability to define the goals allows families to identify problems and work out solutions to the problems.

5. CONCLUSIONS

Perceived behavioral control of the conditions or situations that encourage or discourage family members to take on the role and task of taking care of patients with pulmonary tuberculosis can influence their intention to care for them at home.

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