ORIGINAL ARTICLE

THE RELATIONSHIP BETWEEN FAMILY EMPOWERMENT AND FAMILY INDEPENDENT IN CARING PATIENTS WITH LUNG TUBERCULOSIS IN BANJAR REGENCY, INDONESIA

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Abstract

Tuberculosis is a direct contagious disease caused by pulmonary tuberculosis germs (Mycobacterium Tuberculosis), which is one of the top 10 conditions that cause death in the world. This study aims to identify the relationship between family empowerment and family independence in caring for patients with lung tuberculosis in Banjar Regency. The cross-sectional study design was applied in this study. We recruited 120 families with pulmonary tuberculosis patients using a simple random sampling. The results showed that there is a correlation between family empowerment and family independent in caring for patients with lung tuberculosis with p-value: 0.001 < 0.05. Empowerment of the family can help the family in carrying out its role in caring for clients of pulmonary tuberculosis independently.

Keywords: Empowerment, Independence, Family, pulmonary tuberculosis.

International Journal of Nursing and Health Services (IJNHS), September 2019, Volume 2, Issue 4; Page 314-319
Received: 20 June 2019; Revised: 13 July 2019; Accepted: 20 July 2019
DOI 10.35654/ijnhs.v2i4.161

Introduction

Tuberculosis is a directly infectious disease caused by TB germs (Mycobacterium Tuberculosis) and is one of the top 10 conditions that cause death in the world. Therefore, until now, TB is still the top priority in the world and is one of the goals in the Sustainability Development Goals (SDGs) (1). Indonesia's health minister issued ministerial regulation No. 67 of 2016, which is the content of tuberculosis prevention. The national TB prevention target is the elimination in 2035, and Indonesia is TB free in 2050 (2). This is in line with a healthy Indonesia program with a family approach, which includes efforts to control infectious diseases, one of which is TB (3).

Globally in 2017, there are an estimated 10.0 million cases of TB incidence (range, 9.0-11.1 million), or Case Notification Rate (CNR) of 133 cases (range, 120–148) per 100,000 population. Indonesia is in third place, with 8% of the total global cases, after India (27%) and China (9%) (4). Several notifications or Case Notification Rate (CNR) for all TB cases in Indonesia in 2017 as many as 161 (per 100,000 population) and Case Detection Rate (CDR) of 420,994 cases (5). Several Case Notification Rate (CNR) in all matters of TB in South Kalimantan Province in 2017 as many as 68 cases (per 100,000 population) and Case Detection Rate (CDR) of 2,801 cases (6). The number of Case Notification Rate (CNR) in all matters of TB in Banjar Regency in 2017 was 186.15 (per 100,000 inhabitants), and Case Detection Rate (CDR) was 1,064 cases (7).

Knowledge and understanding of risk factors and prevention of disease is an important thing that must be owned by the community to improve empowerment in the health sector to create a healthy, clean community and avoid infections, including TB (8). The role of the family is needed, especially in providing care, not only physical care but also psychosocial care. This is because the family is the closest person to the client and is also by one of the family functions that is giving attention to sick family members (9). It was congruent with the current government program through the Family Approach (PIS-PK), to improve the health of the community through health and community empowerment efforts supported by financial protection and equitable distribution of health services. This program integrates individual health efforts (UKP) and sustainable public health (SME) efforts, targeting the family, based on data and information from the Family Health Profile (10). Families can be a factor very influential in determining individual health beliefs and values and can also determine a treatment program that can they received. That support given by family members is an essential factor in patient adherence to treatment medical treatment for pulmonary tuberculosis patients (11). Based on the above problems, this study formulated a study of the relationship between family empowerment and the independence of families caring for pulmonary tuberculosis clients in the Banjar district.

Objectives

This study aimed to examine the relationship between family empowerment and family independence in caring for patients with lung tuberculosis in Banjar Regency.

Method

The cross-sectional study design was applied in this study. The study was conducted at healthcare center areas of Martapura 1, Martapura 2, Martapura Timur, Karang Intan 1, and Astambul Banjar between 10 December 2018 to 17 June 2019. One hundred twenty samples were selected by using a cluster sampling technique to allocate samples based on region. Each region was sampled by simple random sampling. Instrument research uses a questionnaire that was answered by the respondents. The data analysis used was univariate analysis and bivariate analysis using Chi-square with a significance level of $\alpha < 0.05$

Result

Frequency of Family Empowerment

Table 1 showed the frequency of family empowerment in the Banjar district. The result showed that most of the family provided proper empowerment (66.7%). 28% of family members provided family empowerment.

Table 1. Frequency of Family Empowerment in Banjar District in 2019

Family Empowerment	Frequency	Percent
Good	80	66,7%
Enough	34	28,3%
Less	6	5%

Frequency of Family Independence

Table 2 showed the rate of family independence at the Banjar district. The findings showed that most of the family members were right independent in terms of

taking care of patients (70%). Only 9.2% of a family member have less level of family independent.

Table 2. Frequency of Family Independence in Banjar District in 2019

Family Independence	Frequency	Percent
Good	84	70%
Enough	25	20,8%
Less	11	9,2%

Relationship between family empowerment and family independence in taking care of patients

Table 3 showed the Relationship between family empowerment and family independence in Banjar Regency in 2019. The findings explained that there is a relationship between family empowerment and family independence in taking care of patients with pulmonary tuberculosis (p-value<0.05)

Table 3. Relationship between family empowerment and family independence in Banjar Regency in 2019

Family Empowerment	Family Independence			Total	P-*Value*
	Good	Enough	Less		
Good	60 75%	13 16,3%	7 8%	80 100 %	0,001
Enough	21 61,8%	12 35,3%	1 2,9%	34 100%	
Less	3 50%	0 0%	3 50%	6 100%	
Total	84 70%	25 20,8%	11 9,2%	120 100%	

Discussion

The results showed that majority (66.7%) respondents have proper family empowerment. About 70% of them were independent in family actions, including helping to prepare phlegm disposal pots for sufferers, helping to dry mattresses, pillows and sufferers' blankets in the sun, preparing nutritious food, and providing warm compresses when people have a fever. Other changes are indicated by the involvement of families in the treatment of patients, namely by reminding patients to take medication regularly.

This is supported by a study by Tribble et al. (2008) in Muthar (2018), saying that the dynamic process of family empowerment in the health sector can increase knowledge and self-care initiatives by relying on client strengths and supporting factors, for greater independence (12). This is in line with the Nygårdh A study in Sweden, saying that family capacity and awareness of the responsibility for the care of family members with chronic diseases depends on the involvement of family members in empowerment (13).

The various effort has been conducted during the empowerment process to increase family participation for care patients. We also encouraged families to provide sputum from a separate place, modify a healthy environment. Observations of

researchers during the initial visit to the homes of people with pulmonary TB were found to have family data that paid little attention to the daily needs of people with pulmonary TB, for example, the unavailability of phlegm sites, the fulfillment of nutritious food and drinking needs and inadequate home environment. The family equates the needs of patients with pulmonary TB with the requirements of other family members. Data from almost all respondents did not have their phlegm dumps; people with pulmonary TB spit more in the gutter or home page.

Another effort carried out during family empowerment is to increase family independence by increasing family knowledge on how to care for pulmonary TB patients. This is by Notoatmodjo that family empowerment theory aims to foster knowledge, understanding, and health awareness for families (14). Knowledge and awareness of ways to maintain and improve health is the beginning of health empowerment. This ability is obtained through the learning process. Learning itself is a process that begins with the transfer of knowledge from learning resources to the subject of learning. In this case, the family's ability to maintain and improve the health of its members is obtained through the learning process of health workers who provide health information to the family. The knowledge that the family already has about pulmonary TB disease, ways of transmission, prevention, treatment, and its complications will increase family independence in caring for pulmonary TB patients.

Also supported by research from Rizana, Tahlil and Mulyadi (2016) that there is an influence of health education on the knowledge, attitudes, and behavior of families about preventing pulmonary tuberculosis transmission (15). Prevention of disease transmission is included in the action of self-care by the family for patients with pulmonary tuberculosis.

Ethical consideration

This research has received ethical approval from the ethics commission of health research in the faculty of nursing Universitas Airlangga. The letter-number passed the ethical review "1345-KEPK".

Strength and limitation of this study

The advantage of this research is the determination of respondents who are the treatment companions of patients who are closest and at home. The limitations of this study are based solely on respondents' answers to the questionnaire without direct observation of the implementation of family independence in caring for pulmonary tuberculosis patients. This study uses personal or independent funds. there is no financial assistance from other parties

Conclusions

Based on the results of these studies, researchers argue that the family empowerment of families with family members suffering from pulmonary tuberculosis is essential. Empowerment of the family can help the family in carrying out its role in caring for clients of pulmonary disease independently. So it is advisable for the person in charge of the pulmonary tuberculosis treatment program at the health center to increase family empowerment so that families can do self-care for pulmonary tuberculosis clients.

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