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Social Support for Pulmonary TB Patients

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Abstract--- *Social support for pulmonary TB patients is obtained from families and health workers. Prolonged treatment (6-8 months) can cause incomplete treatment. Social support from families and health workers is needed to achieve adherence to medication. The purpose of this study was to identify the social support among pulmonary TB patients in Surabaya. A descriptive study was done to identify the social support among pulmonary TB patients in Surabaya. The population in this study was pulmonary TB patients from January-April 2019 at the Tanah Kali Kedinding Public Health Center in Surabaya. The sample was made up of 55 pulmonary TB patients. Total sampling was performed in this study. The social support questionnaire was used to measure family support and that of healthcare workers for the patients. Descriptive analysis was used to explain the results of the study. The results showed that the total mean value of family support was 0.68 with a standard deviation of 0.454. The total mean value of support from healthcare workers was 0.86 and the standard deviation was 0.331. Social support from families and healthcare workers have not been fully developed properly. Therefore, it is necessary to improve social support from both families and healthcare workers in the process of treating pulmonary TB patients.*

Keywords--- *Family Support; Health Workers Support; Pulmonary TB*

I. INTRODUCTION

Pulmonary TB is an infectious disease caused by the bacteria Mycobacterium Tuberculosis through the air. The spread of this disease originates when a patient coughs or sneezes so that the droplets containing Mycobacterium Tuberculosis can expose anyone around him or her [1].

The World Health Organization (WHO) reports that Indonesia has the third highest number of TB cases in the world, while the first and second positions are currently India and China. WHO estimated the number of TB cases in Indonesia was 845,000 people in 2019. This number increased from the previous 843,000 people. This places Indonesia as one of the countries contributing 60% of all TB cases in the world. Of the estimated 845,000 people suffering from TB, only 68% were found and treated in 2018. Despite an increase from 2017 from 53%, the number of cases found is still low [2].

Based on the Tuberculosis Prevalence Survey by the Ministry of Health Research and Development Agency, the prevalence (new and old cases) of tuberculosis in Indonesia in 2014 was 660 per 100,000 population (324,539 cases), in 2015 it was recorded at 643 per 100,000 population (330,910 cases) and in 2016, there were 628 per 100,000 population (351,893 cases). In 2018, tuberculosis discovery and treatment reached 57,442 cases. The number has increased compared to 2017 which was 55,865 [3]. In Surabaya, there were 2,382 TB cases in 2016 which increased to 3,093 in 2017 [4].

Based on preliminary studies conducted by researchers at the Tanah Kali Kedinding Health Center, the number of new cases of smear TB (+) in January to April 2019 totaled 55 new tuberculosis patients and no patients who had

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recovered, failed treatment, died or moved to other health services. The results of interviews with 5 TB patients at the Tanah Kali Kedinding Health Center in Surabaya stated that they needed encouragement and motivation during the healing process for pulmonary TB.

However, in reality the pulmonary TB patients did not get social support from their fellow TB friends. They went to the Health Center to control or take drugs alone and never came together because they did not know each other and they were also busy with their own business. The things that contribute to the non-compliance of patients with pulmonary TB are patient factors (economic factors, the use of traditional healing systems, feeling of health, the nature of work, lack of family and community support), the factor of health care workers (unfavorable interactions between officers health is also a factor of non-compliance), drug side effects and social influence factors [5]. Knowledge about pulmonary TB, loss of work, stigma, lack of social support, as well as side effects of treatment, and long-standing treatment were seen as barriers to treatment compliance [6].

The effects on treatment seeking and adherence can occur because of a good understanding that their disease can be treated [7]. Pulmonary TB is a disease that can be treated thoroughly through regular and routine treatment for 6-9 months, even longer in certain cases. Because of the long treatment time, TB patients are very likely to experience severe stress and feel stigmatized [8]. So, the influencing factor for treatment adherence was social support from families and community support. Family and community support is a very important factor during the treatment of pulmonary TB patients [6]. Social support can be done by family, fellow pulmonary TB friends and health workers. Social support consists of information support, emotional support and instrumental support [9]. The purpose of the study was to describe the social support of pulmonary TB patients at the Tanah Kali Kedinding Health Center in Surabaya.

AI. METHODS

The used research design was descriptive. The population in this study were pulmonary TB patients in January-April 2019 at the Tanah Kali Kedinding Public Health Center in Surabaya. The samples totaled 55 pulmonary TB patients. Total sampling was performed in this study. The instrument used was a questionnaire to measure social support, including family support for patients with pulmonary TB that was modified by researchers consisting of 11 questions. Support of health workers was modified and consisted of 9 questions. The reliability test for this instrument showed the value of the reliability of family support questions was 0.959 and the reliability of health worker support questions was 0.966. Descriptive statistics were used to describe the data.

BI. RESULTS

- Distribution of Characteristics of Participants

Table 1. Distribution of participants, from January to April 2019

Characteristics	Total (n=55)	Percentage
Gender		
Male	28	50.9%
Female	27	49.1
Marital Status		
Married	36	65.5%
Single	11	20%
Widow/widower	8	14.5%
Education		
Elementary School	18	32.7%
Junior High School	17	30.9%

Characteristics	Total (n=55)	Percentage
Senior High School	19	34.5%
Bachelor	1	1.8%
Occupation		
Housewife	11	20%
Private work	24	43.6%
Entrepreneur	9	16.4
Jobless	11	20
Age		
Children	2	3.6%
Teenager	10	18.1%
Adult	18	32.7%
Elderly	25	45.5%
Family Support		
Good	9	16.4%
Enough	39	70.9
Less	7	12.7%
Health Worker Support		
Good	5	9.1%
Enough	38	69.1%
Less	12	21.8%

Table 1 shows that the respondents who were male and female were almost equal in number, most respondents were married (65.5%), the most common education level was elementary school respondents (32.7%), almost half of the respondents' occupations were private (43.6%) and the majority of respondents were elderly 25 (45.5%).

- Social Support from Family

Table 2. Social support from family

Characteristics	Mean ±SD	Min-Max
Emotional	.76±.433	
Listening to venting	.78±.417	0-1
Encouraging	.73±.449	0-1
Instrumental	.65±.468	0-1
Enabling environment	.82±.389	0-1
Food needs	.62±.490	0-1
Provide transportation	.62±.490	0-1
Providing funds	.53±.504	0-1
Informational	.61±.481	
Cause information	.47±.504	0-1
Transmission information	.67±.474	0-1
Treatment information	.69±.466	0-1
Appreciation	.78±.407	
Eating together	.71±.458	0-1
Expressing opinions	.85±.356	0-1
Total	.68±.454	

Table 2 shows that there were 4 sub-variables in family social support. The total mean value of family support was 0.68 with a standard deviation of 0.454. The mean values of the four sub-variables were from 0.47 to 0.85 with a standard deviation of 0.356 to 0.504. The highest mean value of the four sub-variables was awarded to support (0.78) and the lowest mean value was for informational support (0.61).

- Social Support from Healthcare Workers

Table 3. Social support from healthcare workers

Characteristics	Mean±SD	Min-Max
Emotional	.92±.252	
Listening to venting	.89±.315	0-1
Encouraging	.96±.189	0-1
Instrumental	.84±.373	
Facilitating for control	.84±.373	0-1
Informational	.85±.356	

Characteristics	Mean±SD	Min-Max
Prevention information	.78±.417	0-1
Laboratory examination information	.82±.389	0-1
Disease development information	.85±.356	0-1
Treatment information	.93±.262	0-1
Appreciation	.87±.333	
Expressing opinions	.93±.262	0-1
Not distinguishing with other patients	.80±.402	0-1
Total	.86±.331	

Table 3 shows that there are four sub-variables in social support from healthcare workers. The total mean value of support from healthcare workers was 0.86 and the standard deviation was 0.331. The mean value of the four sub-variables was from 0.78 to 0.96 with a standard deviation of 0.189 to 0.417. The highest mean value of the four sub-variables was emotional support (0.92) and the lowest mean value was instrumental support (0.84).

IV. Discussion

The average family support received by pulmonary TB patients was at a sufficient level. There were four elements of family support, namely emotional support, information support, instrumental support and appreciation support [10]. From the results of the study it can be concluded that pulmonary TB patients received the greatest support in the form of instrumental support, namely the willingness of families to eat together with patients and provide opportunities for patients to express their opinions in the family.

In instrumental support, in general the patient's family provides a conducive environment at home, fulfills food needs (diet) and provides the money for medical and transportation costs. But there will be some patients who have to meet their needs independently due to economic limitations. Patients have problems with treatment because their families do not have a job and are unable to support them financially [6]. Good support and care from family consist of monetary help, emotional and moral support, and motivation to complete treatment; the care and support could be ascertained in terms of accompanying the patient for treatment, reminding them to take medicines, allowing them to rest, and providing food and necessary support as and when required [11].

Emotional support received by patients with pulmonary TB was in the form of a family willing to listen to complaints during the respondent's treatment period, if there are problems in during family treatment always provide opportunities to patients to be able to tell their problems, there were some families who always reminded patients to take their medication and time to control, encouraging pulmonary TB patients undergoing treatment. Family and environmental support is important in adhering to pulmonary TB treatment, not only in terms of providing food and transportation but also providing encouragement and motivation and providing comfort to patients [5].

There were many respondents who lacked information about the causes of tuberculosis, transmission and treatment because their family had many activities to work. This was similar to study findings from Papua New Guinea that showed that patients were not provided with enough health education about their medication [12].

The results showed that the support of staff with the highest mean was the emotional support sub-variable, where the staff listened to complaints, encouraging patients to complete treatment. On average, health workers provided guidance on TB disease, as well as TB treatment flow, from laboratory examinations to an explanation of the drugs that TB patients should consume. Health workers have begun implementing a government program namely Find and Treat TB patients. Lack of communication between patients and healthcare workers can cause medication noncompliance [5].

V. CONCLUSION

It is necessary to improve social support from families and health workers in the treatment process for pulmonary TB patients.

CONFLIC OF INTEREST

There was not conflict of interest in this study, because this study aimed to determine the social support of pulmonary TB patients.

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