
THE RELATIONSHIP OF FAMILY SUPPORT AND SELF-MOTIVATION WITH ADHERENCE MEDICATION IN TUBERCULOSIS PATIENTS IN THE PUBLIC HEALTH CENTRE

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Abstract

Tuberculosis is an infectious disease that is still a public health problem in the world, including Indonesia. The aim of the research is to see whether there is a relationship between family support and self-motivation on adherence to taking medication. This type of research is quantitative with a cross sectional research design. Because research data (dependent and independent) measurements are carried out at the same time. univariate and bivariate statistical analysis because research data (dependent and independent) measurements were carried out at the same time. univariate and bivariate statistical analysis. With a research sample of 65 respondents. Based on statistical tests using chi-square, Continuity Correction results were obtained with a P value of $0.0001 < \alpha 0.05$, meaning that H_0 was rejected, that there was a significant relationship between family support and adherence to taking medication. Based on statistical tests using chi-square, Continuity Correction results were obtained with a P value of $0.001 < \alpha 0.05$, meaning that H_0 was rejected, that there was a significant relationship between self-motivation and adherence to taking medication. Suggestions from researchers are that it is hoped that sufferers can increase awareness of compliance with taking medication, and the importance of family support for sufferers so that they always comply with treatment.

Keywords: family support, self-motivation, medication adherence

INTRODUCTION

Tuberculosis is an infectious disease that is still a public health problem in the world, including Indonesia. Pulmonary tuberculosis is an infectious disease that attacks the parenchyma. One of the factors that triggers anxiety is the threat to a person's integrity. Based on this opinion, the emergence of pulmonary tuberculosis in a patient has an impact on the emergence of awareness of the threat to the patient's existence or integrity in personal life and in society (Kurniasih and Nurfajriani, 2021). Tuberculosis disease is influenced by several host factors. Factors related to the host include age, gender, race, socio-economics, living habits, marital status, occupation, heredity, nutrition and immunity (Pangaribuan et al, 2020)

According to WHO, tuberculosis is a disease of global concern. With various control efforts carried out, the incidence and deaths due to tuberculosis have decreased, but tuberculosis is still estimated to attack 9.6 million people and caused 1.2 million deaths in 2014. India, Indonesia and China are the countries with the most tuberculosis sufferers, respectively. including 23%, 10% and 10% of all sufferers in the world (WHO, 2015).

However, only 393,323 or 48 percent of TB patients were successfully found, treated and reported to the national information system. There are still around 52 percent of Tuberculosis

cases that have not been discovered or have been discovered but have not been reported. He said that in Riau Province there were an estimated 27,634 cases of Tuberculosis in the community. However, only 9,467 or 34.25 percent of Tuberculosis patients were successfully found, treated and reported to the Tuberculosis Information System (SITB) in 2021 (Zainal Arifin, 2021.)

Prevention that can be done to break the chain of infection transmission in the family consisting of; providing immunizations for babies, providing adequate nutrition for sufferers and family members, modifying the home environment and controlling tuberculosis sufferers so that they receive regular treatment (Pangaribuan et al, 2020). Family support is an important factor in compliance with tuberculosis treatment. Family support in this case is to encourage sufferers to comply with taking their medication, show sympathy and concern, and not avoid the sufferer from their illness (Putri, 2020).

The aim of the author's research is to determine the relationship between family support and self-motivation with medication adherence among Tuberculosis Patients in the Rejosari Health Center Work Area, Pekanbaru City in 2023.

RESEARCH METHODS

This type of research is quantitative with a cross sectional research design. The location of this research was carried out in the working area of the Puskesmas Rejosari Pekanbaru City in 2023. This research was carried out in March-July 2023. The population in this study was all Tuberculosis sufferers in the working area of the Rejosari Health Center, Pekanbaru City, namely 65 people. The sample in this research was taken using a sampling technique using Purposive Sampling, namely 65 people

RESEARCH RESULT

Table 1. Frequency Distribution of Adherence Medication in Tuberculosis Patients in the Working Area of Puskesmas Rejosari Pekanbaru City, 2023.

Medication Adherence	n	%
No Adherence	37	56,9
Adherence	28	43,1
Total	65	100

Based on table 1, it can be seen that of the 65 respondents, the majority did not comply with taking medication, 37 respondents (56.9%).

Table 2. Frequency Distribution of Family Support for Tuberculosis Patients in the Working Area of Puskessmas Rejosari Pekanbaru City, 2023

Family Support	n	%
Poor Family Support	29	44,6
Good Family Support	36	55,4
Total	65	100

Based on table 2, it can be seen that of the 65 respondents, the majority received good family support, 26 respondents (55.4%).

Table 3. Frequency Distribution of Self-Motivation in Tuberculosis Patients in the Working Area of Puskesmas Rejosari Pekanbaru City, 2023

Self-Motivation	n	%
Negative	34	52,3
Positive	31	47,7
Total	65	100

Based on table 3, it can be seen that of the 65 respondents, the majority were respondents who were negative about self-motivation, 34 respondents (52.3%).

Table 4. The Relationship Of Family Support With Adherence Medication In Tuberculosis Patients in the Working Area of Puskesmas Rejosari Pekanbaru City, 2023

Family Support	Medication Adherence				Total		P value (POR 95% CI)
	No Adherence		Adherence				
	f	%	f	%	f	%	
Poor	25	86.2	4	13.8	29	100	0,0001
Good	12	33.3	24	66.7	36	100	(12.500; 3.536-44,183)
Total	37	56,9	28	43,1	65	100	

The results of the study showed that of the 29 respondents in the poor family support category, 25 respondents (38.5%) did not adhere medication, while respondents with poor family support but adhered medication were 4 respondents (6.2%). The results of statistical tests using the chi square test obtained a P-value of $0.00 < \alpha 0.05$, so H_a was accepted, which means there is a significant relationship between family support and compliance with taking medication in Tuberculosis patients in the working area of Puskesmas Rejosari Pekanbaru City in 2023

Table 5. The Relationship between Self-Motivation and Compliance with Taking Medicine in TB Patients in the Working Area of Puskesmas Rejosari Pekanbaru City, 2023

Self Motivatioan	Medication Adherence				Total		p value (p OR 5% CI)
	No Adherence		Adherence				
	f	%	f	%	f	%	
Lower	25	73.5	9	26.5	34	100	0,001
Higher	12	38.7	19	61.3	31	100	(4.398;
Total	37	56,9	28	43,1	65	100	1.539- 12.570)

The results showed that of the 34 respondents with negative self-motivation categories who did not comply with taking medication, 25 respondents (38.5%), while respondents with negative self-motivation but adhered to taking medication were 9 respondents (13.8%). The results of statistical tests using the chi square test obtained a P-value of $0.010 < \alpha 0.05$, so H_a was

accepted, which means there is a significant relationship between self-motivation and compliance with taking medication in TB patients in the working area of Puskesmas Rejosari, Pekanbaru City in 2023

DISCUSSION

Relationship between family support and medication adherence in TB patients

Analysis of the relationship between the two variables obtained a POR of 12.500 with internal confidence (CI) 3.536-44,183. This means that tuberculosis patients who receive poor family support are 12.5 times more likely to be non-compliant with taking medication than those who receive good family support.

This research is in line with research by Dhewi (2012) which states that there is a significant relationship between family support and adherence to taking medication in tuberculosis patients.

Tuberculosis treatment plays an important role by the family as an effort to provide encouragement and supervision in taking medication (Sibua and Watung, 2021). According to Mantovani et al, (2022) family support can support regular treatment of Tuberculosis sufferers. The better the support provided by the family, including emotional, respectful, informative and instrumental support, the more compliant Tuberculosis patients will be in taking medication (Hamidah and Nurmallasari, 2020).

Based on research results, theory and related research, researchers assume that family support is very important in increasing compliance in taking medication to achieve family health and the health of Tuberculosis sufferers who are at high risk of Tuberculosis in undergoing treatment, even family support is very necessary. The effects of family support on health and well-being function simultaneously. More specifically, the existence of family support has been proven to be stronger in increasing compliance in taking medication and easily curing illness, improving cognitive function, physical and emotional health. Besides that, the positive influence of family social support is on adjustment to events in life.

The Relationship between Self-Motivation and Adherence to Taking Medication in Tuberculosis Patients

Analysis of the relationship between the two variables obtained a POR of 4.398 with internal confidence (CI) 1.539-12.570. This means that TB patients who have negative self-motivation are 4.4 times more likely to be non-compliant with taking medication than those who have positive self-motivation.

This research is in line with research by Noperayanti (2021) which states that there is a significant relationship between self-motivation and adherence to taking medication in tuberculosis patients.

Motivation is a goal or encouragement with the actual goal being the main driving force that comes from oneself or from other people in trying to get or achieve what they want, whether

positively or negatively (Dayana and Marbun, 2018). To increase motivation, it is necessary to provide education about diseases and the dangers of these diseases as a threat to human life (Antoni et al. 2021).

Based on the results of research, theory and related research, the researcher assumes that respondents who have negative or positive motivation receive support and motivation from those closest to them to recover. Apart from that, the community health center also provides motivation and support to all Tuberculosis patients so that they continue to be enthusiastic about taking Tuberculosis medication to achieve recovery. Apart from that, Tuberculosis education and Tuberculosis treatment activities are also carried out so that in the community health center area they know the dangers of stopping carrying out the treatment program before being declared cured.

CONCLUSIONS AND SUGGESTIONS

Based on the results of research on 65 respondents regarding the Relationship between Family Support and Self-Motivation and Compliance with Medication in Tuberculosis Patients in the Working Area of Puskesmas Rejosari Pekanbaru City in 2023, the following conclusions can be drawn:

1. There is a relationship between family support and compliance with taking medication in tuberculosis patients in Puskesmas Rejosari Work Area, Pekanbaru city in 2023 with a P value = $0.0001 < \alpha 0.05$.
2. There is a relationship between self-motivation and adherence to taking medication in tuberculosis patients in Puskesmas Rejosari Work Area, Pekanbaru City in 2023 with a P value = $0.001 < \alpha 0.05$.

THANK-YOU NOTE

The author would like to say thanks to:

1. Founder and Leader IKes Payung Negeri.
2. Leder of Puskemas Rejosari Health Center, Pekanbaru City.

BIBLIOGRAPHY

- Antoni, D., M. Amrullah, F. Khairani, and Y. Hardiansah. 2021. "Hubungan Motivasi Diri Pasien TB-MDR Terhadap Kepatuhan Minum Obat/Oat Di Puskesmas Pelangan Sekotong Barat." *Jurnal Kesehatan Qamarul Huda*, 9(2), 9(2): 117–122.
- Dhewi, G.I. 2012. "Hubungan Antara Pengetahuan, Sikap Pasien Dan Dukungan Keluarga Dengan Kepatuhan Minum Obat Pada Pasien." *Journal of Chemical Information and Modeling*, 53(9): 1689–1699.
- Hamidah, and Nurmalasari. 2020. "Hubungan Dukungan Keluarga Dengan Kepatuhan Minum Obat Pada Penderita Tuberkulosis Paru Beresiko Tinggi Tuberkulosis Resistan." *Jurnal Sehat Masada* 7(2): 64–70.
- Kurniasih, E., and V. J. Nurfajriani. 2021. "Gambaran Tingkat Kecemasan Pasien Tb Paru Telaah Literatur." *Jurnal Kesehatan Bakti Tunas Husada: Jurnal Ilmu Keperawatan, Analis Kesehatan Dan Farmasi*, 21(1): 78–91.
- Mantovani, Muhamad Rizal, Fitriani Ningsih, and Lensi Natalia Tambunan. 2022. "Hubungan Dukungan Keluarga Terhadap Kepatuhan Minum Obat Pada Penderita Tuberkulosis:

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- Relationship of Family Support to Drug Compliance in Tuberculosis Patients.” *Jurnal Surya Medika (JSM)* 7(2): 72–76.
- Noperayanti, Ni Wayan Eka. 2021. “Hubungan Motivasi Diri Dengan Kepatuhan Minum Obat Anti Tubercuolosis (OAT) Pada Pasien TB Paru Di Poliklinik Interna Rumah Sakit TK. II Udayana Denpasar.” *Jurnal Medika: Karya Ilmiah Kesehatan* 6(1).
- Pangaribuan, L. et al. 2020. “Faktor-Faktor Yang Mempengaruhi Kejadian Tuberkulosis Pada Umur 15 Tahun Ke Atas Di Indonesia (Analisis Data Survei Prevalensi Tuberkulosis (SPTB).” *Indonesia Buletin Penelitian Sistem Kesehatan*, 23(1): 10–17.
- Putri, M. H. 2020. “Dukungan Keluarga Sebagai Faktor Penting Dalam Kepatuhan Minum Obat Pada Pasien Tuberkulosis Paru.” *Wellness And Healthy Magazine*: 127–34.
- Sibua, S., and G.I.V Watung. 2021. “Hubungan Dukungan Keluarga DenganKepatuhan Berobat Penderita Tuberkulosis Di Kabupaten Bolaang Mongondow Timur. Aksara: , 1443. <https://doi.org/10.37905/Aksara.7.3.1443-1450.2021>.” *Jurnal Ilmu Pendidikan Nonformal*, 7(3): 1443.