

THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND COMPLIANCE WITH MEDICATION IN PULMONARY TB PATIENTS IN THE WORKING AREA OF THE BOJONEGORO PUBLIC HEALTH CENTER BASED ON LAWRENCE W. GREEN'S THEORY

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Abstract

Pulmonary tuberculosis is an infectious disease caused by the bacterium Mycobacterium tuberculosis and requires long-term treatment for six months. Non-compliance with medication is one of the main causes of therapy failure and increases the risk of Multi Drug Resistance (MDR). Family support is an important factor in improving medication compliance in pulmonary TB patients. This study aims to analyze the relationship between family support and medication compliance in pulmonary TB patients in the Bojonegoro Community Health Center working area based on Lawrence W. Green's theory. This study used a quantitative correlational design with a cross-sectional approach. The study sample was 36 pulmonary TB patients who had undergone treatment for six months using a total sampling technique. The independent variable was family support and the dependent variable was medication compliance. Data collection was carried out using a family support questionnaire and a medical card observation sheet. Data analysis used the Chi-Square test with a significance level of $\alpha < 0.05$. The results showed that most respondents received good family support (32 respondents (88.9%) and the majority of respondents were compliant with taking medication (35 respondents (97.3%). The chi-square test yielded a p-value of 0.004 (< 0.05), indicating a relationship between family support and medication adherence in pulmonary TB patients. The study concluded that family support significantly correlates with medication adherence in pulmonary TB patients. Emotional support was the most dominant form of support in improving medication adherence in pulmonary TB patients.

Keywords: Family Support, Medication Compliance, Pulmonary TB, Lawrence W. Green

INTRODUCTION

Pulmonary tuberculosis is an infectious disease caused by the bacterium Mycobacterium tuberculosis, which spreads through the air when an infected person coughs or sneezes. This disease remains a major health problem globally, including in Indonesia. Treatment for pulmonary TB requires a long period of time, approximately six months, which often leads to patient boredom and non-compliance with therapy.

Non-adherence to medication in patients with pulmonary TB can lead to treatment failure, increase the risk of multidrug resistance (MDR), and increase the likelihood of transmitting the disease to others. Therefore, medication adherence is a key factor in successful pulmonary TB therapy.

One factor that can improve patient compliance is family support. Family support includes emotional, appreciation, informational, and instrumental support that can help patients adhere to treatment regularly. In Lawrence W. Green's theory, family is a reinforcing factor that strengthens individual health behaviors. Based on data from the Bojonegoro Regency Health Office in 2023, Bojonegoro District was the area with the highest number of TB cases, with 152 sufferers. The high incidence of TB indicates the

need for efforts to improve treatment compliance, one of which is through family support. This study aims to determine the relationship between family support and medication adherence in pulmonary TB patients in the Bojonegoro Community Health Center working area based on Lawrence W. Green's theory.

METHOD

This study used a quantitative correlational design with a cross-sectional approach. The study population was all 36 respondents with pulmonary TB who had completed six months of treatment and lived with their families in the Bojonegoro Community Health Center (Puskesmas) area. The sampling technique used was total sampling.

The independent variable in this study was family support, while the dependent variable was medication adherence in patients with pulmonary TB. The research instrument used a family support questionnaire covering emotional, appreciation, informational, and instrumental support, as well as an observation sheet from the patient's medical card. Data analysis was performed using the chi-square test with a significance level of $\alpha < 0.05$.

RESULTS AND DISCUSSION

The results of the study showed that the majority of respondents were female (20 people) (55.6%) and most were in the age range of 31–60 years (22 people) (61.1%). The distribution of family support showed that most respondents received good family support (32 respondents) (88.9%), while 4 respondents (11.1%) received poor family support. Emotional and instrumental support were the highest forms of support with a percentage of 86.1% each. The results also showed that the majority of respondents were compliant with taking medication (35 respondents) (97.3%), while 1 respondent (2.7%) was not compliant with taking medication. Based on the results of the Chi-Square test, a p value of 0.004 (< 0.05) was obtained, indicating a significant relationship between family support and medication adherence in pulmonary TB patients in the Bojonegoro Community Health Center work area.

Discussion

Research results show that good family support is associated with high levels of medication adherence in patients with pulmonary TB. Families play a crucial role in providing attention, motivation, supervision, and helping patients adhere to their treatment routinely as recommended by healthcare professionals.

Emotional support was the most dominant form of support in this study. Emotional support in the form of attention, listening to patient complaints, and providing encouragement can increase patient motivation to continue with treatment until completion. According to Lawrence W. Green's theory, family is a reinforcing factor that can strengthen an individual's health behavior. In the context of pulmonary TB, family serves as a reminder to take medication, a motivator, and a primary supporter of patients during treatment. The results of this study align with previous research that found a significant relationship between family support and medication adherence in pulmonary TB patients. Optimal family support can help prevent drug discontinuation and TB drug resistance.

CONCLUSION

Most pulmonary TB patients in the Bojonegoro Community Health Center (Puskesmas) area receive good family support and are generally compliant with their TB treatment. A significant correlation

exists between family support and medication adherence in pulmonary TB patients, with a p-value of 0.004 (<0.05). Emotional support is the most dominant form of family support in improving TB patient adherence.

Families are expected to continue supporting TB patients throughout their treatment period to ensure adherence to medication and avoid the risk of discontinuation or drug resistance. Healthcare workers are also expected to increase family education about the importance of their role in successful TB treatment.

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