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Research Article

Characteristics of Family Support for Tuberculosis Sufferers at the Tamansari Community Health Center, Tasikmalaya City

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ABSTRACT

Tuberculosis (TB) remains a major health problem in Indonesia, which ranks third in the world for the highest number of TB cases. TB patients generally have characteristics such as being of productive age, elderly, working in environments with pollution exposure, and having positive BTA test results. This study aims to identify the characteristics of family support for TB patients at the Tamansari Community Health Center, Tasikmalaya City. The research used a quantitative method with a population of 55 TB patients in the Tamansari Health Center working area. Results showed that most respondents were over 32 years old (43.6%) and had a junior high school education (45.5%). Regarding family support, 38 respondents (69.1%) received positive support, while 17 respondents (30.9%) experienced negative support. The findings indicate that the majority of TB patients receive positive family support. Family support plays an important role in the recovery and adherence to treatment of TB patients. Therefore, involving families in TB management is essential to improve treatment outcomes.

INTRODUCTION

Tuberculosis (TB) is currently still high in Indonesia and currently Indonesia is still ranked third (3) in the world in terms of the highest number of TB sufferers in the world. The incidence of TB in Indonesia has

recorded an increase from 2021 to 969,000 with a total death of 144,000 people and in 2022 it was recorded at 1,060,000 cases with a total death toll of 134,000 people. West Java Province is the province with the 2nd highest number of TB cases in 2021, amounting to 128,057 cases, in 2022 there are 148,070 cases and in 2023 there are 175,255 cases. This is because West Java Province is a very densely populated and humid area, which is very triggering for the development of TB cases (*2024 Global tuberculosis report*, 2024). TB is the number 1 cause of mortality among infectious diseases and is the 3rd cause of mortality after heart disease and acute respiratory diseases in all age groups in Indonesia. Eradication of TB disease in Indonesia is one of the national priorities for disease control programs because it will have a broad impact on quality of life and the economy. This condition resulted in the Indonesian government establishing a guideline for controlling TB as a legal entity (Darliana, Keilmuan, & Bedah, 2011).

Characteristics (character) are personalities that are influenced by motivation that moves the will so that the person acts. Characteristics mean different things about a person, place, or thing that describes them. Something that makes it unique or different. The characteristics of pulmonary tuberculosis sufferers include age, the majority of whom are of productive age, elderly, work exposed to sources of pollution, gender, education, socio-economic factors and BTA examination results which usually find positive test results in TB sufferers. If these factors are ignored, TB sufferers can experience various complications that can result in death (KN et al., 2015).

In research (Widyastuti, Riyanto, & Fauzi, 2018). in Indramayu Regency, of the 62 respondents, if viewed based on educational characteristics, namely, 18 people had not/didn't go to school (29.0%), 18 people had high school/equivalent (29.0%), There were 12 people from elementary school/equivalent (19.4%), 12 people from junior high school/equivalent (19.4%), and 2 people from tertiary institutions (2.3%). If viewed based on age characteristics, namely 15-64 years old there were 53 people (85.5%) and 9 people aged ≥ 65 years (14.5%). If viewed based on job characteristics, namely not yet/not working 20 people (32.3%), entrepreneurs as many as 19 people (30.6%), farmers as many as 9 people (14.5%), private sector as many as 3 people (4.8%), PNS/TNI/Polri/BUMN as many as 1 person (1.6%), and the others as many as 10 people (16.1%)

According to the health journal by (Hasibun & Hidayah, 2024). the most common characteristics of respondents based on age were aged ≥18-65. Adult age is a productive age category, this is because at the productive age there is a tendency to have a lot of interactions and have high mobility outside the home so that they are more susceptible to contracting pulmonary tuberculosis. The most common characteristics of respondents based on gender are men. Men are taller because they are more easily exposed to diseases due to a weakened immune system such as pulmonary TB due to men's habits of consuming alcohol, smoking habits, hard work and lack of rest.

METHOD

The method used in this research is a descriptive quantitative method. Place: at the Tamansari health center, Tasikmalaya City. The population in this study was all 55 TB patients. The sample in this study was 55 respondents using a total sampling technique. Analysis of research data uses univariate analysis.

RESULTS

Table 1. Frequency Distribution of Respondent Characteristics Based on Respondent Age

Age	f	(%)
<18 years	7	12.7
19–25 years	15	27.3
26-32 years	9	16.4
>32 years	24	43.6
Total	55	100%

Based on table 1.1, it shows that the frequency distribution of respondent characteristics based on age of respondents at Tamansari Health Center, Tasikmalaya City, most of them were >32 years old, 24 people (43.6%) and 7 people aged <18 years (12.7%).

Table 2. Frequency Distribution of Respondent Characteristics Based on Gender in the Tamansari Health Center Work Area, Tasikmalaya City

Gender	f	(%)
Male	32	58.2
Female	23	41.8
Total	55	100%

The table shows that most respondents were male, totaling 32 individuals (58.2%).

Table 3. Frequency Distribution of Respondent Characteristics Based on Education in the Tamansari Health Center Work Area, Tasikmalaya City

Education Level	f	(%)
Not finished elementary school	7	12.7
Elementary school	10	18,2
Junior high school	25	45,5
Senior high school	11	20
College	2	3,6
Total	55	100%

The table shows that most respondents had a junior high school education (45.5%).

Table 4. Frequency Distribution of Respondent Characteristics Based on Occupation in the Tamansari Health Center Work Area, Tasikmalaya City

Occupation	f	(%)
Unemployed	16	29,1
Student	11	20
Laborer	14	25,5
Self-employed	12	21,8
Civil servant	2	3,6
Total	55	100%

The table shows that most respondents were unemployed (29.1%).

Table 5. Frequency Distribution of Respondent Characteristics Based on Marital Status in the Tamansari Health Center Work Area, Tasikmalaya City

Marital Status	f	(%)
Married	32	58.2
Unmarried	23	41.8
Total	55	100%

The table shows that most respondents were married (58.2%).

Table 6. Frequency Distribution of Respondents Based on Family Support in the Tamansari Health Center Work Area, Tasikmalaya City

Family Support	f	(%)
Positive	38	69.1
Negative	17	30.9
Total	55	100%

The table shows that most respondents received positive family support (69.1%).

DISCUSSION

The age characteristics of respondents in the study showed that the largest percentage of TB sufferers were in the productive age, namely 15-64 years. This is in line with the results of research conducted by Konde et al., (2020) showing that the largest group of pulmonary TB sufferers is aged 15-55 years (productive age). Because at this age people spend time and energy working where a lot of energy is used up, there is reduced rest time which causes the body's endurance to decrease (Sunarmi & Kurniawaty, 2022).

The gender characteristics of respondents in the study showed that the largest percentage of TB sufferers were men. This is in accordance with research by Kristinawati, (2020) which states that physiologically lung volume and capacity are different in men and women, women have 20 - 25% smaller capacity than men, because men have high mobility. than women, so the possibility of exposure is greater, besides smoking and consuming alcohol can make it easier for men to become infected with Tuberculosis (TB) (Kristinawati & Rahmawati, 2020).

The educational characteristics of respondents in the study showed that the largest percentage of TB sufferers was at the junior high school (SMP) level. In line with the results of research by (Hutama et al., 2019)., it shows that the level of public education can influence respondents' decision making, such as complying with taking medication, complying with carrying out things that can prevent TB transmission and so on. There were some respondents who didn't even know how to read. Based on research by (Konde, Asrifuddin, & Langi, 2020).that people at this level of education usually have a higher opportunity to access health-related information easily from various media and through their formal education. In addition, the more education people have, the better their understanding of the disease process, availability of diagnosis, treatment options, and the risk of delays in seeking medical care.

The job characteristics of respondents in the study showed that the largest percentage of TB sufferers were workers. This is in line with research conducted by (Kristinawati & Rahmawati, 2020). that the type of work of TB sufferers determines the risk factors that must be faced. Working in a dusty environment will increase the risk of respiratory tract problems. Working in damp places and with poor lighting and ventilation increases the risk of transmission in the workplace.

The characteristics of the marital status of respondents in the study showed that the largest percentage of TB sufferers were married. This is different from research conducted by (Octaviani, 2019).which shows that the conditions that exist in society include whether a person is unmarried or married, if they live in the same house they will be at risk of contracting pulmonary TB if a member of the family is infected with pulmonary TB. Even though a person's marital status is married or unmarried, this does not indicate that the individual will only live alone in a house, but will live at home with other family members such as parents, siblings or other close relatives.

Family support is a very important factor for people with pulmonary tuberculosis (TB) because it includes support that can provide attention and support the success of treatment for TB sufferers. According to Friedman there are four types or dimensions of family support including instrumental support, informational support, appreciation and emotional support.

The highest level of family support in this study lies in the domain of instrumental support or facilities and emotional support or appreciation. These two domains are very important because they contain psychological elements that can increase the patient's drive to recover. Because in the domain of instrumental support it shows care and concern for sufferers given by the family. The instrumental support domain also includes time and health facilities related to treatment (cost and transportation), the active role of family and trust. Apart from that, the domain of appreciation support is also very important because it helps individuals to understand depression well and also the source of depression and coping strategies that can be used in dealing with stressors. This is in line with research conducted by (KN, Norlita, & R, 2015). showing that the most dominant family support is in the domain of emotional support and appreciation, namely that the family continues to love and pay attention to the sufferer's condition when they are sick. Emotional support and appreciation are components that TB sufferers really need to remain enthusiastic about treatment until completion.

Based on the research results, it shows that the majority of respondents showed family support that TB sufferers were positive as many as 38 people (69.1%) and negative as many as 17 people (30.9%). The results of this research are in line with research conducted by (Kristinawati & Rahmawati, 2020). on 45 respondents with Pulmonary Tuberculosis sufferers. The results showed that

respondents who had positive family support could be shown by the percentage (72.6%) of positive family support for Pulmonary Tuberculosis patients.

Someone who has high family support will be more optimistic in overcoming health problems, their life will be better in terms of their ability to meet physical and psychological needs. The research results show that all family members can provide positive support to sufferers both morally and materially. The results of this research are in line with research conducted by (Pokhrel, 2024).that good family support is very important to support the success of treatment for TB sufferers.

This is also in line with other research conducted by (Nasution, Elfira, & Faswita, 2023). which states that family support is a very important family coping strategy, because family support is support that is seen by family members as something that the family can obtain to overcome their problems. Through family support, a person feels comfort, attention, appreciation and can accept their condition. Lack of family support in providing information, advice and motivation about the importance of taking medication, lack of time spent accompanying sufferers when carrying out health checks and taking medication from the Health Service. Apart from that, family support is very important to encourage TB sufferers psychologically while undergoing treatment. This will create a good social relationship between the sufferer and their family

Based on the description above, it can be concluded that family support is the person closest and most understanding. When one of the family members is sick, it is likely that the other members will provide positive support for the sufferer to recover. A group's empathy for members of another group is significantly greater than its empathy for other people. This results in empathy as a form of family encouragement to provide full support for sufferers, especially pulmonary tuberculosis which requires treatment and care over a long period of time.

CONCLUSIONS

Based on the results of the analysis and discussion regarding the characteristics of family support for pulmonary tuberculosis patients in the working area of Tamansari Health Center, Tasikmalaya City, the author can provide the following conclusions: Family support for pulmonary tuberculosis patients in the working area of Tamansari Health Center, Tasikmalaya City, most of the respondents have positive family support, 38 people (69.1%).

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