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THE RELATIONSHIP OF FAMILY SUPPORT WITH PATIENTS' SELF-EFFICACY*TUBERCULOSIS MULTIDRUG RESISTANT* (TB-MDR) AT POLY TB-MDR RSUD IBNU SINA GRESIK

(THE CORRELATION OF FAMILY SUPPORT WITH SELF EFFICACY OF TUBERCULOSIS MULTIDRUG RESISTANT (TB-MDR) PATIENT AT TB-MDR POLY IBNU SINA HOSPITAL GRESIK)

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Abstract

MDR-TB occurs due to treatment failure, treatment withdrawal, or incorrect treatment resulting in primary resistance. This study aims to analyze the relationship between family support and self-efficacy of drug-resistant tuberculosis sufferers at the MDR-TB polyclinic at Ibnu Sina Gresik District Hospital. Method: A correlational descriptive research design involving 15 respondents of MDR-TB sufferers who were undergoing treatment at the MDR-TB polyclinic at Ibnu Sina Gresik District Hospital on March 28 – June 28 2018 who were selected using consecutive sampling. The independent variable is family support. The dependent variable is Self-Efficacy. Data was obtained using a questionnaire which was then analyzed using Spearman's rho with a degree of significance $\alpha \leq 0.05$. Results and Analysis: Family support is not significantly related to Self-Efficacy with p-value = 0.120 or ($p \geq 0.05$). Conclusion: all respondents suffering from MDR-TB at the MDR-TB Polyclinic at Ibnu Sina Gresik District Hospital have positive family support and high self-efficacy. Suggestions for future researchers are to research the relationship between family support and self-efficacy which can increase participation in family support.

Keywords: Family Support; Self-Efficacy; MDR-TB

Abstract

Multidrug resistant (TB-MDR) occurs due to treatment failure, dropping, treatment, or improper treatment resulting in primary resistant. This research aimed to analyze the correlation between family support and self efficacy of multidrug resistant patient at TB-MDR Polly Ibnu Sina Hospital Gresik. Method : Descriptive correlational involved 15 respondents of TB-MDR patient who were undergoing treatment in poly TB-MDR of Ibnu Sina Gresik Hospital on 28 march – 28 june 2018 who were selected using consecutive sampling. Independent variable was family support. Dependent variable was self efficacy. Data were retrieved by questionnaire then analyzed using spearman rho with degree of meaning $\alpha \leq 0,05$. Result and analyze: Family support not significantly correlated with self efficacy with p-value = 0,120 or ($p \geq 0,05$). Conclusion : All respondents of TB-MDR patients in TB-MDR Ibnu Sina Hospital Gresik have positive family support and high self efficacy. Suggestions for further researcher to research about health education to increase the participation of family support for TB-MDR patients.

Keywords : Family Support; Self Efficacy; TB-MDR

INTRODUCTION

Tuberculosis Multidrug Resistant Tuberculosis (TB) is a disease that has developed resistance to isoniazid (INH) and rifampicin as well as one or more anti-tuberculosis drugs (OAT) based on standardized laboratory tests (Tirtana, 2011). MDR-TB occurs due to treatment failure, treatment withdrawal, or incorrect treatment resulting in primary resistance (WHO, 2015).

WHO reported that in 2016 as many as 10.4 million people were infected with new cases of TB and 1.4 million of them died. Indonesia is the country with the 2nd largest number of TB patients in the world (WHO, 2016). In 2015, it was estimated that 3.9% of new cases and 21% of old cases had MDR-TB, accounting for 580,000 cases. Indonesia ranks 4th in MDR-TB cases with an estimated 32,000 cases with 2.8% of new cases and 16% of old cases (WHO, 2016). The Indonesian Ministry of Health (2014) reported that there were around 6,900 MDR-TB patients with 5,900 people (1.9%) new cases and 1,000 people (12%) from re-treatment cases. In contrast to data from a survey conducted in the city of Surabaya, it shows that the MDR-TB patients found came from the group of patients who failed treatment in category-1 or category-2 (23.2%), patients who failed treatment in category-1 (13.2%).), and 9.8% were patients treated outside facilities that implemented the DOTS strategy (East Java Health Service, 2014). In Gresik, there are thousands of people suffering from pulmonary TB. Based on data from the Gresik Health Service (2017), 7,653 people were examined. A total of 1,733 people tested positive. There are 101 drug-resistant TB patients or MDR-TB every year.

Self-efficacy is a cognitive process related to an individual's comfort in doing something so that it influences motivation, thought processes, emotional conditions and the social environment that shows a specific habit. High self-efficacy can improve MDR-TB treatment, while low self-efficacy will result in treatment failure. Bandura (1986) stated that everyone can have high self-efficacy if there are no significant obstacles to overcome, so that the task is very easy to do. This can happen because there are supporting factors that can increase motivation. People who have strong belief in their business even though something seems difficult to face, for example drug-resistant tuberculosis.

Family support will increase hope and quality of life. This is in accordance with what Laserman & Perkins (2001 in Kusuma 2011) stated, family support is really needed by people with MDR-TB sufferers as

the main support system so that it can develop effective coping responses to adapt well in dealing with stressors faced related to the disease, both physical, psychological and social. The majority of drug swallowing supervisors (PMO) for pulmonary TB patients are family (husband, wife, parents, children, in-laws) namely 93%, 4.7% are health workers and 2.3% are others (Rachmawati & Turniani, 2006). Good support is needed during TB treatment which requires taking medication for a long period of time. One of the individuals included in providing social support is the family. Some opinions say that closeness in relationships is the most important source of social support (Royce, S.et.al., 2014). Functionally, support includes emotional support in the form of expressing feelings, providing advice or information, and providing material assistance. Support also consists of providing information verbally or non-verbally, real assistance or actions provided by social familiarity or obtained because the presence of family has emotional benefits or behavioral effects for the recipient (Royce, S.et al., 2014).

Based on the results of a preliminary study conducted at the MDR-TB Polyclinic at Ibnu Sina Gresik District Hospital on April 6 2018, information was obtained from 5 MDR-TB clients that three clients had high self-efficacy and came to the MDR-TB Polyclinic accompanied by their families. The other two people had low self-efficacy and often came alone to the MDR-TB clinic. Data from the five people was obtained, two people said they were tired of their illness and felt like they were a burden on their family, while three other people said it was difficult for them to carry out daily activities because of their illness and they felt they weren't cared for enough by their families. The relationship between family support and self-efficacy of drug-resistant tuberculosis (MDR-TB) sufferers at the MDR-TB polyclinic at Ibnu Sina Gresik District Hospital cannot yet be explained. The results of Muhtar's (2013) research on the influence of family empowerment in increasing self-efficacy and*self care activity* families and pulmonary tuberculosis sufferers showed that patients who together with their families received family empowerment interventions had higher self-efficacy than the control group.

Relationship with*Theory of planned behavior* (TPB) explains behavior that occurs in individuals because of their intention to behave (Ajzen, 2005). Health behavior intentions are influenced by relationship variables*beliefs*. These variables are grouped into three, namely personal (attitude, personality, traits, values, emotions and intelligence), social (age, gender, education, race, ethnicity, income and religion), information (experience, knowledge and media exposure). Intention is determined by*behavior beliefs*, *normative beliefs*, and*control beliefs*. *Behavior beliefs* produce positive or negative behavior,*normative beliefs* produce subjective norms and*control beliefs* produce*perceived behavioral control*. Intention is a motivational factor that has an influence on behavior. Intention consists of self-efficacy and internal motivation of the individual. Intention influences patient medication adherence behavior

Pulmonary TB (Ajzen, 2005). Family support is included*control beliefs* which directly influences behavioral control. Controlled behavior can influence intentions or directly influence treatment compliance in MDR-TB sufferers. The occurrence of family support is supported by several basic factors (*Background factors*) includes personal, social, and information.

Based on the chronology above, the author is interested in researching the relationship between family support and sufferer self-efficacy*Tuberculosis Multidrug Resistant* (TB-MDR) at the TB-MDR Polyclinic at Ibnu Sina Gresik District Hospital.

RESEARCH METHODOLOGY

This research uses a descriptive correlational research design with an approach*cross sectional*. The sample was 15 MDR-TB clients who were undergoing a treatment program at the MDR-TB Polyclinic at Ibnu Sina Gresik Regional Hospital. The sampling technique used in this research is*consecutive sampling*. The independent variable in this research is family support. The dependent variable in this study is self-efficacy of MDR-TB clients. The instrument in this research is a questionnaire. The family support questionnaire is related to statements to measure the family support domain, namely the informational, instrumental, and emotional and self-esteem domains which contains 12 question items with answer choices always, often, sometimes, and never. The self-efficacy questionnaire is related to questions about the patient's self-confidence in carrying out OAT treatment which includes confidence in getting sources of information, confidence in getting social support and confidence in overcoming physical and emotional disorders which contains 10 question items with answer choices strongly agree, agree, doubtful, no agree, strongly disagree. This research was conducted at the MDR-TB polyclinic at Ibnu Sina Gresik Regional Hospital. Each data will be measured using statistical tests*Spearman Rho* that is, if the value $\alpha = 0.05$ is set and a significance value is obtained ≤ 0.05 then H1 is accepted, namely there is a relationship between family support and sufferer self-efficacy*Tuberculosis Multidrug Resistant* (MDR-TB). The results of the validity test of previous research on the family support questionnaire found 2 questions to be invalid. Invalid questions will then be edited and worded so that the question is truly valid. The results of the validity test of previous research on the self-efficacy questionnaire obtained a value of 0.496-0.880 and a reliability test of 0.872 which was tested on 30 respondents. The reliability test on this questionnaire was carried out after carrying out a validity test. The results of the reliability test on the first questionnaire, namely regarding family support, show that*cronbach's alpha* of 0.950, meaning the questions on the questionnaire were declared very reliable. Results of the second reliability test on the questionnaire*self efficacy* also shows that*cronbach's alpha* amounted to 0.872 so that the questions on the questionnaire were declared very reliable.

All questions in the two types of questionnaires above were declared valid and reliable so that the questionnaires could be used in this research.

RESULTS AND DISCUSSION

a. Characteristics of Suffering Respondents*Tuberculosis Multidrug Resistant* (MDR-TB)

Below we will describe the demographic data of respondents regarding the demographic characteristics of the 15 respondents in this study.

Table of characteristics of patient respondents*Tuberculosis Multidrug Resistant* (TB-MDR) at the TB-MDR Polyclinic at Ibnu Sina Gresik Regional Hospital, March – June 2018

No	Respondent Characteristics	Frequency (*f*)	Percentage (%)
1	**Address**		
	Gresik	15	100,0
	Total	**15**	**100,0**
2	**Gender**		
	Man	8	53,3
	Woman	7	46,7
	Total	**15**	**100,0**
3	**Age**		
	< 25 years	1	6,7
	25 - 35 years old	5	33,3
	> 35 years	9	60,0
	Total	**15**	**100,0**
4	**Education**		
	SD	2	13,3
	junior high school	10	66,7
	high school	3	20,0
	Total	**15**	**100,0**
5	**Work**		
	Doesn't work	14	93,3
	Self-employed	1	6,7
	Total	**15**	**100,0**
6	**Marital status**		
	Not yet	2	13,3
	Marry	13	86,7

Total	**15**	**100,0**

Based on the table above regarding the characteristics of respondents, it shows that all respondents suffering from drug-resistant tuberculosis who are seeking treatment at the MDR-TB Polyclinic at Ibnu Sina Gresik Regional Hospital are residents who live in Gresik. A total of 8 people (53.3%) suffering from drug-resistant tuberculosis were male, while the other 7 people (46.7%) were female. The majority of sufferers

drug-resistant tuberculosis, namely 9 people (60%) aged more than 35 years, while as many as 6 (33.3%) aged 25 to 35 years. Based on the data above, 10 respondents (66.7%) had a secondary education level. Most of the respondents had a marital status of 13 people (86.7%). There were 14 people (93.3%) of respondents suffering from MDR TB who did not work.

b. Family support, self-efficacy and the relationship between family support and self-efficacy

This subchapter presents a frequency distribution table regarding family support, self-efficacy and family support with sufferer self-efficacy*Tuberculosis Multidrug Resistant* (TB-MDR) at the TB-MDR Polyclinic at Ibnu Sina Gresik District Hospital.

1) Family support

This variable explains family support for respondents suffering from Drug-Resistant Tuberculosis (MDR-TB) which is assessed using 12 statement items via a questionnaire. The research results obtained are presented in Table
5.2 below:

Table 5.2 Frequency Distribution of Categories of Family Support for Sufferers *Tuberculosis Multidrug Resistant* (TB-MDR) at the TB-MDR Polyclinic at Ibnu Sina Gresik Regional Hospital, March – June 2018

No.	Domain	Question	Shoes Total	Rata-Rata Score
1	**Informational**	1	37	2,47
		2	37	2,47
		3	39	2,60
		4	39	2,60
	Total		**152**	**2,53**
2	**Instrumental**	5	42	2,80
		6	36	2,40
		7	36	2,40
		8	34	2,27
	Total		**148**	**2,47**
3	**Emotional and Self-Esteem**	9	41	2,73
		10	41	2,73
		11	37	2,47
		12	34	2,27
	Total		**153**	**2,55**

The family support provided to Drug Resistant Tuberculosis (MDR-TB) sufferers at Ibnu Sina Gresik Regional Hospital, which was measured using 12 question items, if linked to the domains in the operational definition, resulted in the domains of emotional support and self-esteem contributing to the highest score on average. -the average score is close to 3, namely 2.55.

Review of the three domains of family support shows that each domain has a different total score. The informational domain has a total score of 152, and the instrumental domain is 148, while the emotional and self-esteem domain is 153, so this research shows that the emotional and self-esteem domains have a large role in family support. The domain of emotional support and self-esteem by the family for sufferers is very important because it involves psychological and mental factors that can increase the sufferer's motivation to recover. This is because this domain includes expressions of empathy, care and concern for the sufferer given by the family as the party most trusted by the sufferer. However, other domains are also very necessary as support, both informational and instrumental because motivation alone will not be enough for sufferers to recover from drug-resistant tuberculosis.

2) Self-Efficacy

This variable explains the self-efficacy of patient respondents*Tuberculosis Multidrug Resistant* (TB-MDR) which is assessed using 10 statement items via a questionnaire. The research results obtained are presented in Table 5.3 below:

Table 5.3 Presentation of Frequency Distribution of Patients' Self-Efficacy Categories *Tuberculosis Multidrug Resistant* (TB-MDR) at the TB-MDR Polyclinic at Ibnu Sina Gresik Hospital

No	Domain	Question	Shoes Total	Rate-Rata Score
1	**Confidence get resources**	1	69	4,60
		4	72	4,80
	Total		141	4,70
2	**Confidence get social support**	2	67	4,47
		3	73	4,87
	Total		140	4,67
3	**Confidence overcome physical and emotional disorders**	5	72	4,80
		6	67	4,47
		7	62	4,13
		8	68	4,53
		9	66	4,40
		10	67	4,47
	Total		402	4,47

Self-Efficacy of Drug-Resistant Tuberculosis (MDR-TB) sufferers at Ibnu Sina Gresik Regional Hospital, which was measured using 10 question items, if connected to the classification of beliefs in the operational definition, the result was that confidence in getting information sources in the Self-Efficacy variable contributed to the highest score with an average -The average score is close to 5, namely 4.70.

3) The Relationship between Family Support and Self-Efficacy of Drug-Resistant Tuberculosis Patients

In this section, data will be presented in table form that explains the pattern of relationships between research variables, namely family support and self-efficacy which were assessed using bivariate statistical tests with Spearman Rho. The following is a table of the relationship between these variables:

Table 5.4 Relationship between family support and sufferer self-efficacy*Tuberculosis Multidrug Resistant* (MDR-TB)

Family support	***Self Efficacy***						**Total**		***P-Value***	***Coefficient correlation***
	Low		Currently		Height					
Positive	0	0%	0	0%	15	100%	15	100%	0,120	-0,419
Negative	0	0%	0	0%	0	0%	0	0%		
Total	0	0%	0	0%	15	100%	15	100%		

Table 5.4 shows that the level of Self-Efficacy with positive family support is very high, namely 15 respondents with a percentage of 100%. Respondents in the high Self-Efficacy category with positive family support were 15 respondents with a percentage of 100%. Meanwhile, Self-Efficacy is in the low category with a family that supports it positively at 0%. Based on these results, it is known that the p-value or Sig. (2-tailed) on the Spearman Rho Test of 0.120 which is more than the significance level α=0.05. This causes the acceptance of the null hypothesis (H0) which states that there is no significant correlation or relationship between family support and Self-Efficacy. Meanwhile, the Spearman Rho correlation coefficient for family support and self-efficacy is -0.419.

Factors in forming Self-Efficacy are not just family support, but knowledge, attitudes, high self-esteem, feeling that you have sufficient abilities, having the confidence to take action and belief in the ability to change the situation (Notoatmodjo, 2010). Thus, it is possible for these factors to play a stronger role in forming the Self-Efficacy of research respondents. This is supported by research by Kholifah (2014) and Hidayati (2012) that both studies show that Self-Efficacy is formed from self-management intervention applied in cases of diabetes mellitus and hypertension. Such intervention does not

focuses on environmental factors or family support but rather self-management to bring out Self-Efficacy. Apart from that, Kulsum's (2015) research involving 34 Tuberculosis patients showed that there was a relationship between the variables of gender, education, employment, knowledge, and the role of officers in forming irregularities in treatment for Tuberculosis patients. Tuberculosis patients who do not have good Medication Monitoring (PMO) are 5 times more likely to be irregular in taking medication.

DISCUSSION

a. Family support

Table 5.2 shows that all respondents are sufferers*Tuberculosis Multidrug Resistant* (MDR-TB) receive positive support from the family. Family support is an important factor for MDR-TB sufferers because it is included in the encouragement system which can provide peace of mind for sufferers that they have people who support them and will always be ready to provide help if needed (Friedman, 2010). This happens because in the family there is emotional closeness due to ties of blood, marriage, or adoption (Duval and Logan in Efendi and Makhfudi, 2009).

Individuals who receive high levels of family support will be more optimistic in facing health problems and their lives will be more skilled in meeting psychological needs (Suhita, 2005 in Setiadi, 2008). This is in accordance with the results of this study that all family members of MDR-TB sufferers have provided positive support for the sufferer both morally and materially. The results of this research are in accordance with the research results of Irnawati et al (2016) that the family support received by tuberculosis clients is good or positive.

The best family support in this study lies in the emotional support and self-esteem domain, while the lowest family support domain lies in the instrumental support domain. The domain of emotional support and self-esteem plays an important role because it involves psychological and mental factors that can increase sufferers' motivation to recover. This is because this domain includes expressions of empathy, care and concern for the sufferer given by the family as the party most trusted by the sufferer. Other family domains are also very important for improving clients' health status, such as the instrumental domain. This domain includes time and health facilities related to treatment (cost and transportation), the active role of the family, and health financing which really supports ensuring the client's health.

Researchers believe that the family is the closest person and understands the sufferer the most. When a family member is sick, the member

Other families will certainly provide positive support for the sufferer to recover. Researchers believe that the empathy that families have towards fellow members is very high compared to other people. This causes empathy to encourage families to provide full support for sufferers, especially as drug-resistant tuberculosis requires sufferers to take medication for a long period of time.

b. Self-Efficacy

Table 5.3 shows the Self-Efficacy of 15 respondents suffering from drug-resistant tuberculosis (MDR-TB) at Ibnu Sina Gresik Regional Hospital with the result that all (100%) of the sufferers were in the high Self-Efficacy category. Self-efficacy is a cognitive process related to an individual's comfort in measuring their ability to do something so that it influences motivation, thought processes, emotional conditions, and the social environment that shows a specific habit. Self-efficacy referred to in this research is the patient's motivation and efforts in dealing with drug-resistant tuberculosis.

Bandura (1986) stated that everyone can have high self-efficacy if there are no significant obstacles to overcome, so that the task is very easy to do. This can happen because there are supporting factors that can increase motivation. People who have strong beliefs will persevere in their efforts even though something seems difficult to face, for example drug-resistant tuberculosis. So in this study there were many respondents suffering from drug-resistant tuberculosis who had high self-efficacy.

The research results also showed that the lowest score (62 out of a maximum score of 75) was in statement item number 7, namely that the sufferer was confident that he could overcome the physical discomfort or pain that I experienced during my illness. This can happen because the sufferer may be mentally able to motivate themselves to endure the pain, but in fact the sufferer is physically unable. This causes the answers given by respondents to this statement item to be lower than other statement items.

The statement item with the highest score (73 out of a maximum score of 75) is number 3, namely the sufferer believes that the family will listen to complaints and provide emotional support to the sufferer. This happens because the sufferer considers that the family is the closest person who is able to provide emotional support for the sufferer. As explained by Duval and Logan in Efendi and Makhfudi (2009), in the family there is emotional closeness due to ties of blood, marriage or adoption. So that,

Respondents' confidence in drug-resistant tuberculosis sufferers regarding the role of the family can be high.

Researchers are of the opinion that Self-Efficacy of drug-resistant tuberculosis sufferers is the sufferer's belief in their ability to undergo tuberculosis treatment within the specified time period. This ability comes from the patient's motivation and emotional condition. Experience, both direct and indirect, in undergoing tuberculosis treatment can be a driver of high self-efficacy in sufferers. This experience teaches sufferers the right steps that can motivate themselves so that it can make the sufferer's habit easier to undergo treatment. Researchers believe that motivation and experience are important factors that drive the high self-efficacy of drug-resistant tuberculosis sufferers at Ibnu Sina Gresik Regional Hospital.

c. Relationship between Family Support and Self-Efficacy

This study aims to analyze family support and self-efficacy for Drug Resistant Tuberculosis (MDR-TB) sufferers at the MDR-TB polyclinic at Ibnu Sina Gresik Regional Hospital. This analysis was carried out involving 15 respondents, namely drug-resistant tuberculosis sufferers who were assessed using a questionnaire. Based on the research results obtained with the Spearman Rho Test as shown in table 5.6, there is no significant relationship between family support and self-efficacy of resistant tuberculosis sufferers. This can be seen from the p-value (Sig. 2-tailed) which is more than α.

Rock and Dooley in Kuntjoro (2002) state that the family plays an important supportive role during the healing and recovery of family members, so that they can achieve optimal health. However, this theory does not match the research results because the two variables do not have a significant relationship based on the results of the Spearman Rho test. The research results show that the sufferer's family provides positive support to the sufferer and the sufferer's self-efficacy is also in the high category.

Ramdhani (2009) explains that there are 2 main factors that can influence intentions related to beliefs that form a person's self-efficacy. These factors are social factors and personal factors. Family support for tuberculosis sufferers is included in social factors. If family support is positive, but Self-Efficacy is still in the low or medium category, then it can be said that the sufferer's personal factors are less supportive. As Bandura (1997) emphasized, one of the factors that influences Self-Efficacy is the nature of the task which can influence a person's abilities.

Factors in forming Self-Efficacy are not just family support, but knowledge, attitudes, high self-esteem, feeling that you have sufficient abilities, having the confidence to take action and belief in the ability to change the situation (Notoatmodjo, 2010). Thus, it is possible for these factors to play a stronger role in forming the Self-Efficacy of research respondents. This is supported by research by Kholifah (2014) and Hidayati (2012) that both studies show that Self-Efficacy is formed from self-management intervention applied in cases of diabetes mellitus and hypertension. This intervention does not focus on environmental factors or family support but rather self-management to generate Self-Efficacy. Apart from that, Kulsum's (2015) research involving 34 Tuberculosis patients showed that there was a relationship between the variables of gender, education, employment, knowledge, and the role of officers in forming irregularities in treatment for Tuberculosis patients. Tuberculosis patients who do not have good Medication Monitoring (PMO) are 5 times more likely to be irregular in taking medication.

Researchers believe that family support is an important factor in encouraging the self-efficacy of drug-resistant tuberculosis sufferers in undergoing treatment. According to researchers, apart from internal factors in the form of motivation and experience gained by sufferers in undergoing treatment for drug-resistant tuberculosis, external factors in the form of family support also play an important role in increasing sufferers' self-efficacy. Family support is very necessary as a reinforcing factor and providing sources of support (enabling) when sufferers experience a decrease in self-efficacy in the treatment process.

CONCLUSION

1. All respondents suffering from Multidrug Resistant Tuberculosis (MDR-TB) at the MDR-TB Polyclinic at Ibnu Sina Gresik District Hospital had positive family support.
2. All respondents suffering from Multidrug Resistant Tuberculosis (MDR-TB) at the MDR-TB polyclinic at Ibnu Sina Gresik Regional Hospital were in the high Self-Efficacy category.
3. Family support does not have a significant relationship with Self-Efficacy of Multidrug Resistant Tuberculosis (MDR-TB) sufferers.

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