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Original Research Article

FAMILY INTERACTION IN ADULT PULMONARY TUBERCULOSIS PATIENTS CARE IN THE KALUKU BODOA HEALTH CENTER WORKING AREA, MAKASSAR: A QUALITATIVE STUDY

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Abstract

More than two billion people (about one-third of the world's population) are suspected of being infected with Mycobacterium Tuberculosis. One reason is that many patients who receive self- administrative treatment are not adherent. WHO has recommended the strategy of Directly Observed Treatment, Shortcourse (DOTS) chemotherapy for tuberculosis (TB) control by involving medication-taking supervisors. The occurrence of TB provides a unique experience for family members with a patient of pulmonary tuberculosis. It is causing an impact of anxiety for families and the perception that pulmonary TB disease will be contagious. The purpose of this study was to conduct an in-depth interview regarding the role of supervisors taking medication in the presence of family members' experiences in caring for pulmonary TB patients. The research method used was qualitative with a phenomenological approach by using in-depth interview techniques to the families of pulmonary Tuberculosis patients and supervisors taking medication in the Kaluku Bodoa Health Centre's working area. The expected result was a description of pulmonary TB patients' family experience with supervisors taking medication against TB patients' interactions. The family was concerned and anxious about getting infected based on the in-depth interview results. However, the family did not experience obstacles in carrying out treatment and assistance with the patient's medication. In general, families tended to have a sense of self-confidence. They did not feel afraid to stay around people with pulmonary tuberculosis due to a sense of compassion and humanity to see their family members recover soon.
Keywords: Pulmonary Tuberculosis, Medication Taking Supervisors, Health Care.

Introduction

Tuberculosis (TB) is a contagious disease. People who live in the same house with the sufferer or in close contact with the sufferer would have a high risk of infected. Transmission occurs through the air when the sputum containing the pulmonary tuberculosis germs is coughed out. Inhaled by health through the airway and then multiplied through the lungs [1]. Based on data from the World Health Organization (WHO), Global Tuberculosis Report 92016) estimated that in 2015 there were 10.4 million new cases of tuberculosis or 142 cases/100,000 population, with 480,000 multidrug-resistant cases. Indonesia is a country with the second-highest number of new cases in the world after India. As many as 60% of new cases were in 6 countries, namely India, Indonesia, China, Nigeria, Pakistan, and South Africa. Deaths from tuberculosis are estimated at 1.4 million deaths and 0.4 million deaths from tuberculosis in people with HIV. Although the number of deaths from tuberculosis decreased by 22% in 2015, tuberculosis remains the top 10 cause of death worldwide in 2015 [2] [3].

Kaluku Bodoa Health Center, located in Tallo District with the highest number of TB cases, specifically 470 cases with the number of patients with BTA (+) pulmonary TB, was about 190 [4], [5].

Factors that affect family anxiety may come from external and internal factors. Internal factors are age, gender, occupation, education level, socioeconomic level, and personality type. External factors are including threats to biological integrity and threats to self-concept. Therefore, anxiety is more caused by external factors since the family, social environment, and potential factors make individuals feel anxious [6], [7]. Therefore, this study aimed to find out the Qualitatively of the Family Interaction in Adult Pulmonary Tuberculosis Patients Care in the Work Area of the Kaluku Bodoa Health Center, Makassar.

Materials & Methods

In this study, researchers used in-depth interviews and observations to obtain the required information. There were four informants in this study, one key informant, two regular informants, and one supporting informant. In this study, patients with active pulmonary TB were roled as key informants. Regular informants were the main family of pulmonary TB patients. The supporting informants were relatives of patients with pulmonary TB, such as neighbours or families who share a home with pulmonary TB sufferers.

Result

This study involved several informants as a medium for obtaining in-depth information. The characteristics of the informants involved in this study are presented in Table 1.

Table 1: Informant Characteristics

No	Informant Code	Age	Sex	Role
1	An	46 years	Female	Key Informant
2	Ro	34 years	Female	Regular Informant
3	Dg. B	57 years	Female	Regular Informant
4	Kq	36 years	Female	Supported Informant

This chapter describes the results and discussion of family interactions in caring for adult pulmonary TB patients. This research was conducted in the Kaluku Bodoa Health Centre Area, Makassar, with seven informants.

1. Susceptibility of families to tuberculosis sufferers

Perception of vulnerability is the degree of risk felt by the family to health problems experienced, in this case, pulmonary tuberculosis. Based on research, it was known that other family members were also susceptible to being infected with pulmonary TB. It was disclosed by the key informant as follows:

"We as a family who interacts directly with husbands who suffer from TB are very susceptible to infection, especially everyday togetherness and one house. However, what else, pray hope will do not occur" (Key Informant, AN, 46 years).

One of the same things was conveyed by one of the TB sufferers, who stated that the disease was contagious. So that everything had to be controlled, including the use of cutlery and interactions between one family member and other family members, as disclosed by the informant as follows:

"This disease is very easily transmitted because it can pass through the air, cutleries, as well as wife then will potential to be infected TB. However, we interact every day if it is not the person at home, who will take care of the patient. It also including cutleries which must be separated so will not directly be infected" (Regular Informant, Ro, 34 years).

Another different thing was conveyed by the informants, that they did not know the same about the causes of pulmonary TB. So, they were not sure whether the disease could be transmitted or not, since generally the presence of the same initial signs and symptoms as cough disease, as revealed by the informants as follows:

"The first time I coughed, I thought it was not a symptom of TB, but after a long time, it was about two months that it did not heal, and finally I took it to the Health Centre. After being given medicine and examined by a doctor, I was shocked by diagnosed with TB. The initial symptoms are actually like a normal cough but do not get better over time. I did not know about TB before, and only doctors and people told me that I should be careful since TB can be contagious and protect the children from not being infected" (Regular Informant, Dg. B 57 years).

2. Barriers in providing care for family members suffering from pulmonary TB

In this perception, it can be interpreted that the treatment of pulmonary tuberculosis patients carried out by the family did not experience any obstacles, as seen in the following interview below:

"There are no obstacles in caring for a family with TB. Because we are family, if not us who else will take care of us. Pity ill people, and no one is cared for anymore" (Key informant, An, 46 years old),

However, some families experience difficulties in providing care for families suffering from pulmonary tuberculosis, as in the following interview excerpt:

"Sometimes, we are also worried about our condition, who often meet and talk to my husband (the pulmonary tuberculosis patient). He is afraid that I will be infected, so sometimes I keep a distance to avoid it. However, if there is a problem with drugs, he will be aware of himself" (Regular informant, Ro, 34 years).

Based on the interview results, some informants admitted that there were no obstacles in providing care for families suffering from pulmonary tuberculosis. It was due to families' cooperation to help and care for each other if someone was sick. Not only that, but the family also does care very sincerely to help pulmonary tuberculosis sufferers to be able to recover quickly from their disease. Nevertheless, on the other hand, there were obstacles experienced by some families in caring for pulmonary tuberculosis sufferers because of their fear of the disease infection.

3. Perceptions of Confidence

Perception of self-confidence in this study referred to the belief of a person or family in their ability to treat pulmonary tuberculosis. Based on several studies, the perception of family confidence in caring for family members suffering from pulmonary tuberculosis was based on the desire. Since they want the family members who are sick to recover quickly, in this case, the family does not feel fear when caring for a sick family.

The results showed that TB patients were very confident or enthusiastic about caring for their family members. It was based on the desire to see family members healthy, not suffer from disease anymore, and do activities. The family felt that this is their duty and humanism. They are not afraid of the family suffering from pulmonary tuberculosis. As it was known that Tuberculosis sufferers or already recovered would not be easy to carry out activities as before, it requires much support from people around them. Then it would encourage families to be so confident in treating their family members who suffer from tuberculosis. According to the explanation above, the family showed a

high sense of self-confidence and fearlessness in caring for family members. The following were the results of the informant's interview:

"We as a family always have a desire for the fathers to get well and be able to do activities as usual, for that we as a family take care of all the needs" (Ordinary informant, Dg. B, 46 years).

The informant also expressed the same thing, stated the family's self-confidence in caring for pulmonary tuberculosis patients was considered should be done. Since as human nature does not want any of the family was sick, as quoted the following informants:

"We are human beings, so we should be attached to our human nature. If we see our family sick, make sure we try to be as careful as possible. So, he can be healthy because we feel sorry for him" (Ordinary informant, Kq, 36 years).

Based on the results of in-depth interviews, the family was very confident and felt willing and able to care for a family suffering from pulmonary tuberculosis. It was based on a sense of compassion and wanting to see the family recover and do activities as before. The family caring for the pulmonary TB sufferer did not feel afraid of carrying out the treatment and thinks of humanism.

4. The Role of the Family in Care

We saw how the family's role in providing care for family members who suffer from tuberculosis, including monitoring the medication and nutrition. In this case, daily food consumption and, most importantly, providing motivation, so tuberculosis sufferers have more enthusiasm to recover. No less important is how we pay attention to the cleanliness of the environment in families with tuberculosis.

Based on the results by interviewing informants in carrying out the TB patients, one of them was by paying attention to the patient's diet, as stated in the in-depth interview below:

"One thing that is very important to pay attention to is the food intake because tuberculosis sufferers like this usually cannot eat fatty and fried foods. One more thing that used to be a habit is smoking, and this is what is most guarded so that he forgets about smoking. Therefore, we usually distract him by not letting him go out and hang out with smokers. Usually, if he wants to smoke, I only give him candy to chew because their mouth feels uncomfortable when he does not smoke. The best thing to give is fruit. Even it is only salak, oranges, or other local fruit, and it is okay, the important thing is the fruit" (Regular informant, Dg. B, 46 years old).

The same thing was conveyed by other families of Tuberculosis sufferers who said that the treatment was by paying attention to what was eaten and asking what he felt and how he felt from day to day. Also, most importantly reminding him to take regular medication. An excerpt from the interview with the informant below:

"When we are at home, I pay most attention to is the food because if the food given is good or nutritious, it can heal faster. Regarding the accuracy of taking medicine, if I give it an alarm when it alarms sounds, then I will immediately bring the medicine" (Regular Informant Kq, 36 years).

Based on the results of in-depth interviews with the informants above, the family's role in caring for family members with tuberculosis was carried out by adequately monitoring the medication schedule and paying attention to/providing nutritious food and fruits. Besides, they told the patients to get adequate rest and not forget to often ask about his condition or complaints.

Discussion

1. The vulnerability of families in caring for pulmonary TB patients

Based on the results, it can be interpreted that the family has anxiety. It was indicated by complaints of anxiety and worry about contracting. However, because they felt the obligation to care, the family continued to look after and care for family members who suffer from Pulmonary TB.

Anxiety is an unpleasant emotional condition characterized by subjective feelings such as tension, fear, worry, and characterized by an active central shawl system, experiencing anxiety, and experiencing physiological and psychological responses [8], [9]. Informants knew the actual source of infection, for example, through cutlery and air. Due to the human feeling with the family members, they sometimes ignored the element of transmission. The family wants were the patients can recover and do usual activities.

Some families who cared for TB sufferers at their homes also knew how to avoid TB infection. This informant revealed that only by wearing masks could they be safe and avoid pulmonary TB transmission. Some informants also ignored this at all. The intention was that they did not want to offend patients with pulmonary TB, who were also members of their family. The sense of worry was immense. However, the family members cared for their pulmonary TB family's feelings. They wanted their family to recover immediately and have activities as before. It was indeed a dilemma between the sense of caring for wanting a fast family recovered and the fear of contracting since the TB patient's daily interactions.

It is in line with the research of Irma, which examines the cognitive response of caring for family members who suffer from pulmonary tuberculosis, where the cognitive response showed is an excessive worry. It is also in line with Stuart and Laraia (2005) explanation that the psychological response is felt. Someone to anxiety is the feeling of excessive worry. The research conducted by Mu'arifah (2005) explained that individuals who experience anxiety would impact disturbances in mind, physiological, and psychological functions [8], [10].

The cognitive response felt by families with pulmonary TB sufferers impacted their lives in caring for sick family members. They felt worried about the disease since no previous history of family members experienced pulmonary TB. Also, the family's low economic condition impacts efforts to create a healthy home and environment. Research in Kendal Regency in 2015 stated that the physical condition of the house was statistically related to the incidence of pulmonary tuberculosis with a value of <0.05, room temperature (p = 0.018), and type of house floor (p = 0.016). A house with an unhealthy condition or did not meet the health requirements can be a medium for pulmonary disease transmission. TB disease is also exacerbated by poor housing sanitation [11].

2. Barriers to Providing Care for Family Members Suffering from Pulmonary TB.

Based on the results of in-depth interviews with the informants, it was stated that they did not experience any obstacles in providing care for families suffering from TB. It was due to an emotional bond that made them sincerely carrying out treatment until their families recover. They did not experience difficulties with patient's medicine consumption for family members since; basically, these TB sufferers have their awareness of taking medicine. It was based on the desire to get well soon and a sense of responsibility to return to activities and provide for their families. Unfortunately, if the TB patients forget to take medicine, several families warned by using the alarm not to forget their medicine schedules [12] [13].

The observations and in-depth interviews with informants found that patients with pulmonary tuberculosis had high awareness and discipline in taking medication. Later, the sufferers' families also ended up having additional duties since they become supervisors for medication for pulmonary TB patients. It was in line with Widyaningsih (2004) explaining that the medication supervisor supervises pulmonary TB patients during treatment to ensure that they complete their treatment entirely and regularly [14], [15].

In caring for sick family members, especially those with pulmonary tuberculosis, family members must become medication supervisors. So, the treatment can be more controlled. All informants in this study acted as medication supervisors of sick family members because they were the closest family of pulmonary TB patients.

The other studies revealed a change in a family function in caring for pulmonary tuberculosis patients. Informants revealed that they took over the husband's job in earning a living. They were responsible for family members because the patient was the husband, so he could not carry out his duties as the family's head. Spitting or take out the sputum anywhere can increase the spread of TB germs and can live and have the opportunity to transmit germs if spit or saliva is removed everywhere [11] [16].

3. Perceptions of Self-Confidence

Perception of self-confidence is the belief of a person or family in their ability to treat pulmonary tuberculosis. Based on the study results, the interpretation was that family members feel entirely confident in caring for family members infected with pulmonary TB. It was due to a desire for their family members to recover quickly. Another thing was a sense of humanity, not having the heart to see their family members sick.

Self-confidence is the best predictor of behaviour. The greater self-confidence, the more likely the individual is to take action [17], [18]. In this case, the family members were so confident or felt willing and able to care for family members. It was due to their desire within themselves to see the sick family member healthy again. It can be activities again and not suffer anymore.

The family felt that it was their duty to help their family recover. Besides, family members had no fear in providing care. A stigma built up in the community regarding tuberculosis sufferers, causing infected people with TB, needs encouragement from their family and enthusiasm to confidently return to activities and society. It encourages families to have tremendous confidence in caring for and encouraging families recovering from their illnesses. Following other studies, high self-efficacy will appear optimistic, confident, and have a positive outlook. Conversely, individuals with low self-efficacy will appear pessimistic, insecure, and filled with worry [11].

4. The Role of the Family in Care.

Families in curing patients with pulmonary tuberculosis are very influential and play a vital role, such as monitoring the medicine intake. It is equally important to pay attention to providing nutritious food intake and motivation. So, the patients with pulmonary tuberculosis will return to the enthusiasm and return to interact and meet the family needs. It is equally important to pay attention to environmental sterilization since various factors cause tuberculosis to come from environmental factors. Environmental hygiene deserves to be maintained, especially from cigarette smoke and dust, to maximize our pulmonary tuberculosis patients' healing. The complaints felt gradually following the progress of healing for pulmonary tuberculosis sufferers [19].

The research showed that the family was very concerned about nutritional intake. They believed that providing adequate nutrition for patients with pulmonary tuberculosis will accelerate the recovery process. A controlling medication intake by the family, one of which was by using an alarm so that patients with Pulmonary Tuberculosis were really on time in taking medicine. Besides, adequate rest time could also help the healing process of pulmonary tuberculosis sufferers. Families are also often motivated, so they may take medication until they are finished, recovered, and enthusiastic about doing activities.

Food or nutrition is very influential in fulfilling a patient's nutrition with pulmonary tuberculosis to maintain and increase endurance. Most pulmonary tuberculosis patients experience problems with their progressively decrease weight [20].

Conclusion

Based on the results of in-depth interviews with informants regarding the vulnerability of providing treatment to pulmonary tuberculosis patients, the family knew that they were susceptible to infection. Even though the family was also concerned about infection, the family continued to care for family members with pulmonary TB by maintaining the health protocols. It was an obligation to care for it. In the perception of obstacles in carrying out treatment for patients with pulmonary tuberculosis, information was obtained that the family did not experience obstacles in carrying out treatment. On the other hand, the family became a companion for taking drugs very painstakingly, marked by the family's discipline in controlling drug consumption (directly and alarmingly). The perception variable stated that the family had a strong sense of self-confidence and did not feel afraid to stay around patients with pulmonary tuberculosis. It caused by the feeling of compassion and humanity to see the family members recover as soon as before.

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