

**THE RELATIONSHIP OF KNOWLEDGE AND THE ROLE OF THE FAMILY AGAINST
THE COMPLIANCE OF PULMONARY TUBERCULOSIS PATIENTS TAKING THE
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Article Received on 20/09/2018

Article Revised on 10/10/2018

Article Accepted on 31/10/2018

ABSTRACT

Tuberculosis is an infectious disease caused by the germ mycobacterium tuberculosa. Research objectives identify the knowledge and the role of Family Ties against pulmonary TB medication adherence in Health Abepantai. This research is a descriptive quantitative research design korelational cross sectional sample of 31 patients with people. The Chi square test data analysis there is no relationship between knowledge with pulmonary TB medication adherence in the health Abepantai $p = 0.244$. And there is no relationship between the role of the family compliance with medication of pulmonary tuberculosis in Clinics 0,505 $p =$ Abepantai. **Conclusion:** In patients Abepantai clinics more educated but also not of health education and patients with high or low knowledge nonetheless still not abiding in the treatment of TB is not because of knowledge low which makes the wayward in treatment but rather from the patient's own behavior and attitude.

KEYWORDS: Knowledge, the role of the family, Pulmonary TB medication Adherence.**INTRODUCTION**

Tuberculosis of lung disease has been known for more than a century ago, that is, since the cause of Tuberculosis germs found by Robert Koch years 1882, but until recently the disease tuberculosis (TB) still remains a health problem worldwide and as the main cause of death caused by infectious diseases. Tuberculosis is an infectious disease caused by the germ Mycobacterium tuberculosa. Most of the TB germs invade the lungs, but can also be on other organs. (Health RI, 2011). Mikobakteri rod-shaped organism is resistant acid directly (i.e., contain a lot of fat complex and easy tie dye Ziehl-Neelsen and then harder didekolorisasi.

The World Health Organization (WHO) in 2015, there is mention of 9.6 million pulmonary TB cases in the world and 58% of cases occur in areas of Southeast Asia and Africa. The three countries with the most cases were incidence of year 2015 namely India (23%), Indonesia (10%), and China (10%) (WHO, 2015). According to the data (WHO Global Tuberculosis Report 2016) were Indonesia now to find out the relationship between knowledge and the role of families with medication compliance of patients of pulmonary tuberculosis in clinics Abepantai.

Be at the rank of the two countries with the highest TB burden in the world. In the year 2014 found the number of new cases of SMEAR-positive cases, declining as much as 176,677 when compared to new cases of SMEAR-positive found year 2013 which amounted to 196,310 cases. The Ministry of health of the Republic of Indonesia, 2014 notes that estimated the prevalence of TB cases is of 272 per 100,000 inhabitants and estimation of incidence amounted to 183 per 100,000 population. The number of deaths due to TB is estimated at 25 per 100,000 deaths.

Preliminary results of a study conducted at the clinic researcher Abepantai Jayapura in may 2017 with a total of 31 respondents based on the characteristics of the respondents that most respondents by age 21 years old totaled > 14 persons (45.2%), a gender women totaled 18 people (58.1%), higher education amounted to 16 (51.6%), private type of work amounted to 19 people (61.3%). And knowledge about lung TB patients totalled 21 men (67.7%) less good and amount to 10 people (32.3%), role of the family as the PMO numbering 22 people (71.0%) less and the role of a good family amounted to 9 people (29.0%) and TB patients take medication compliance the Abepantai Health Center in emphysema wayward totalling 20 people (64.5%) and

dutifully amounted to 11 (35.5%). Based on the foregoing researcher interested in doing research on "the relationship of knowledge and the role of the family against pulmonary TB medication adherence in Clinics Abepantai".

Method

This research is quantitative Descriptive research korelational type with Cross Sectional research method that takes a sample of a population and use questionnaires and analyzed using chi square.

RESULT

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Knowledge

Table 4.2.1 frequency distribution Analysis of the patient's knowledge about Lung TB Clinics in January Abepantai April 2017 s. d (n = 31).

Knowledge	Frekuensi	Presentase (%)
Less	21	67,7%
Enough	10	32,3%
Total	31	100%

Source: Primary Data 2017

Table 4.2.1 Demonstrate knowledge about the disease of pulmonary TB patients 67.7% less high than a good knowledge of 32.3%

Family Role

Table 4.2.2 frequency distribution analysis of the role of families with medication compliance of patients of pulmonary tuberculosis in Clinics January Abepantai April 2017 s. d (n = 31).

Family role	Frekuensi	Presentase (%)
Less	22	71,0
Enough	9	29,0
Total	31	100%

Source: Primary Data 2017

Based on Table 4.2.2 shows the role of the family 71.0% less and higher role of good family 29.0%.

Medication Compliance

Table 4.2.3 frequency distribution Analysis with patient medication Compliance of pulmonary tuberculosis in Clinics January Abepantai April 2017 s. d (n = 31).

Compliance	Frekuensi	Presentase (%)
Wayward	20	64,5%
Obedient	11	35,5%
Total	31	100%

Source: Primary Data 2017

Table 4.2.3 shows that the wayward medication 64.5% higher compared the wayward 35.5%.

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The relationship between the compliance knowledge with patients taking the medication of pulmonary TUBERCULOSIS in Clinics Abepantai Table 4.2.4 relationship between knowledge with compliance of pulmonary TB patients take medication at the clinic March Abepantai April 2017 s. d (n = 31).

Knowledge	Medication Compliance				Total		p-value
	Wayward		Obedience		n	%	
	N	%	n	%			
Less	15	71,4	6	28,6	21	100	0,244
Enough	5	50,0	5	50,0	10	100	
Total	20	64,5	11	35,5	31		

Source: Primary Data, 2017

Based on Table 4.2.4 retrieved results between the knowledge of patients with TB medication adherence to Pulmonary tuberculosis in Clinics is less knowledge Abepantai with medication compliance criteria wayward 71.4% higher compared with the criteria wayward 28.6%, good knowledge of pulmonary TB patients with criteria of wayward 50.0% equal to wayward 50.0% criteria. Test result statistics retrieved value p value = 0.244 or (p value 0.05 >). This means there is no significant relationship between knowledge with pulmonary TB medication adherence in Health Abepantai. The relationship between the role of the family with the compliance of pulmonary tuberculosis patients taking the drug in Clinic Abepantai.

4.2.5 Table the relationship between the role of the family with the compliance of pulmonary TB patients take medication at the Clinic March Abepantai April 2017 s. d (n = 31).

Family role	Medication Compliance				Total		<i>p-value</i>
	Wayward		Obedient		P Value		
	N	%	n	%	n	% 0,505	
Kurang	15	68,2	7	31,8	22	100	0,244
Baik	5	55,6	4	44,4	9	100	
Total	20	64,5	11	35,5	31		

Sumber: Data Primer, 2017

Based on Table 4.2.5 retrieved results between the role of the family as a TB patient PMO with Pulmonary TB medication adherence in Health Abepantai is the role of families with medication compliance criteria are not high patuhlebih 68.2% in compare family roles with a good medication compliance 31.8%, the role of families with medication compliance with criteria of wayward dutifully 55.6% higher compared with 44.4% of the criteria and be obedient. Test result statistics retrieved value p value = 0.505 or (p value 0.05 >). This means there is no significant relationship between the roles of the family with pulmonary TB medication adherence in Health Abepantai.

DISCUSSION

Knowledge of pulmonary TB patient Knowledge of pulmonary TB patients in Clinics Abepantai currently shows that out of the 31 respondents, most with less knowledge amounted to 21 people (67.7%) and a good knowledge of Pulmonary TB amounted to 10 people (32.3%). According to Notoatmodjo (2010) that knowledge is one of the indicators of behavior. Knowledge is what is known by people associated with the healthy and diseased or health, for example, understanding the cause, transmission method and how a disease prevention and care of sick family. A large Indonesian Language Dictionary (2001) knowledge is defined as everything that is covered in the cognitive domain.

Based on the results of measurement of pulmonary TB patient knowledge thus in Abepantai Clinic that is lacking. This suggests a pulmonary TB patients with less knowledge amounted to 21 people (67.7%). This is because most patients are less exposed to information-information about pulmonary TB and at the time I allot kusioner on patient prespsi patients at the time say that pain is a disease in its condemnation. This is in line with the results of research conducted by Whitewater (2012) of 31 respondents who fill out the questionnaire and a good knowledge of 17.5%.

Family Role

The results of current research suggest that the role of PMO families numbers 22 people (71.0%) less and the role of the family as a good PMO numbering 9 persons (29.0%). According to the Friedman (2010) role of the family describe a set of interpersonal behavior, the nature, activities that relate to persons in certain positions and situations. Personal role within the family are based on expectations and behavior patterns and families,

groups and communities. Kyngas (2010) States that the role of the family is a factor associated with compliance in treatment. The role of the family is still lacking or good because sufferers less understand the importance of regular medical treatment for 6 months and one that makes the role of the family is less because there is still one of the family members avoid patients cause the patient feel ashamed for seeking treatment. And it is characterized by the PMO that comes from families less PMOnya because of the flurry of each PMO.

The role of the family in dealing with Pulmonary TB are very supportive of the success of treatment someone with oversight of drug ingestion (PMO). Understanding that is in fact positive sufferers against the still low once and still the existence of droup out (fails) and the failure of the treatment. It is in line with the research conducted by the Pare dkk (2012) in a study conducted in Clinics and clinics Tamamauang Stone city of Makassar, South Sulawesi, which States that the patient's Pulmonary TB has the role of PMO are less risky for irregular medical treatment compared to the Pulmonary TB sufferers have a good PMO role.

Medication compliance

The results of current research shows the wayward in the treatment amounted to 20 people (64.5%) and dutifully amounted to 11 (35.5%). According to Suparyanto (2010) compliance is appropriate behavior rules and disciplined. A person is said to be obedient on medical treatment when it came to health workers who have been determined in accordance with the timetable that has been set and want to carry out what is recommended by the officer.

Compliance is the degree of precision of the behavior of an individual with a medical or health advice and describes the drug in accordance with the directions on the prescription and include its use on the correct time. (siregar, 2006). Compliance comes from basic word obedient, which means discipline and obedience. Sacket, 1992 (in Niven, 2002), defines the compliance of patients as to what extent the behavior of the patient in accordance with the provisions provided by health workers.

According to Kozier (2010) compliance with is individual behavior (for example: medication, adhere to the diet, or make lifestyle changes) as recommended by the health and therapy. The results of this study are in line with research Istiawan (2006), that the compliance of pulmonary TUBERCULOSIS patients taking the

medication of 68% based on the results of measurement of pulmonary TB patients in compliance with public health Abepantai i.e. wayward totalling 20 people (64.5%). It is in karenakan patient was tired of taking medication and when not experiencing symptoms of cough again assume that had healed. And there are some of them which way his heart want to drink the medicine what time and regardless of what is already in demand by health workers. Therefore it is to keep the patient more obedient in the treatment of a health worker in Abepepantai must be Clinics more provide information-information about pulmonary TB and danger that will occur when a wayward in the treatment. Because of the patient's treatment in disobedience to influence patient behavior by itself.

The relationship between knowledge with pulmonary TB medication adherence in Puskesmas Abepantai

Bivariat analysis results obtained between the knowledge of patients with TB medication adherence to Pulmonary tuberculosis in Clinics is less knowledge Abepantai with medication compliance criteria did not comply as much as 15 persons (71.4%), and the criteria that obey as 6 persons (28.6%), good knowledge of pulmonary TB patients with wayward criteria as much as 5 people (50.0%) and wayward criteria as much as 5 people (50.0). Test result statistics retrieved value p value = 0.244 or (p value 0.05 >). This means there is no significant relationship between knowledge with pulmonary TB medication adherence in Health Abepantai.

According to Notoatmodjo (2010) that knowledge is one of the indicators of behavior. Knowledge is what is known by people associated with the healthy and diseased or health, for example, understanding the cause, transmission method and how a disease prevention and care of sick family. This is in accordance with the theory of the behavior of Notoatmojo 2007 which stated that knowledge can influence someone to act.

Sukrisno (2008) knowledge of pulmonary tuberculosis sufferers to have a role in terms of the process of healing the sufferer himself. One of the factors that play a role in the successful treatment of pulmonary tuberculosis sufferers are pulmonary tuberculosis sufferers' knowledge about the disease and its treatment pulmonary TB, pulmonary TB sufferer knowledge how, how transmission of TB disease pulmonary and its treatment. So arise awareness and compliance to drink OAT in Pulmonary tuberculosis treatment program in order to be cured and healthy again, and does not transmit to others. And when high knowledge about medication compliance it will be the higher the numbers the healing in the treatment But have an effect on the consciousness and behavior of the sufferers themselves.

This is in line with research results obtained by darling wait (2011) that there is no significant relationship

between knowledge with pulmonary tb medication adherence in clinics kotaraja year 2011 this in karenakan value p value = 1,000 or (p value > 0.05) so the H_0 in rejected..

The relationship between the role of the family compliance with medication of pulmonary tuberculosis in Clinics Abepantai

Bivariat analysis results obtained between the role of the patient's family compliance with TB medication of pulmonary tuberculosis in Clinics Abepantai is the role of families with less medication compliance criteria did not comply as much as 15 people (68.2%), and the criteria that comply as much as 7 persons (31.8%), the role of the family either with medication compliance with criteria of wayward dutifully as much as 5 people (55.6%) and wayward criteria as much as 4 people (44.4%). Test result statistics retrieved value p value = 0.505 or (p value 0.05 >). This means there is no significant relationship between the role of the family with pulmonary TB medication adherence in Health Abepantai.

Kyngas (2010) States that the role of the family is a factor associated with compliance in treatment. The role of the family is still lacking or good because sufferers less understand the importance of regular medical treatment for 6 months and one that makes the role of the family is less because there is still one of the family members avoid patients cause the patient feel ashamed for seeking treatment. And it is characterized by the PMO that comes from families less PMOnya because of the flurry of PMO.

The results of this study in accordance with the theory of Kyngas (2010) shows most sufferers having supervisors take drugs (PMO) is not active in karenakan many PMO is a busy person, there's also the PMO was diligently remind but gradually not ever again. While sufferers have an active PMO PMO is mostly housewives who don't work so have time to remind and accompanying go take medication. This is in line with the results obtained in the research by Nuha Muniro (2013) of 30 respondents that there is no significant relationship between the role of the family with Pulmonary TB medication compliance in the region West of Semarang Mangkang clinics. It is in karenakan value p value = 0.073 or (p value 0.05 >).

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