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The Relationship Between Informational Support And Emotional Support On The Quality Of Life Of Pulmonary TB Patients At The Puskesmas Kampung Pajak Labuhan Batu Utara

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ABSTRACT

Family is the main support system in maintaining health. The support provided by the family is the most important ingredient in helping individuals solve problems. Family support will also increase self-confidence and motivation to face problems and increase life satisfaction. The purpose of the study was to determine the relationship between informational support and emotional support on the quality of life of Pulmonary TB patients at the Puskesmas Kampung Pajak Labuhan Batu Utara. The research method uses quantitative research with a *Cross Sectional approach.* The research was carried out at the Puskesmas Kampung Pajak Labuhan Batu Utara in June-July 2021. The study population was Pulmonary TB patients who came to the Puskesmas Kampung Pajak Labuhan Batu Utara as many as 64 people, Sampling technique using *Total Sampling*, the number of research samples was 64 people who came to the Puskesmas Kampung Pajak Labuhan Batu Utara. Univariate and bivariate, bivariate data analysis techniques were carried out using *the Chi Square Test* assisted by SPSS 22 software. The results of the study there was a relationship of informational support with quality of life with a significant value of 0.002<0.05, there was a relationship of emotional support with quality of life with a significant value of 0.004<0.05. Suggestions become education to patients to involve families in helping patients to improve health through family support to patients.

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INTRODUCTION

Tuberculosis is a direct infectious disease caused by TB germs (Mycobacterium Tuberculosis) (Kemenkes RI, 2016). This disease can attack various organs, especially the lungs. This disease needs complete treatment, to minimize complications that cause death (Ministry of Health RI, 2016). TB disease is the third cause of death after cardiovascular disease and respiratory tract disease in all age groups and number one of the infectious disease group (Ministry of Health RI, 2013). Based on data from the *World Health Organization* (WHO), in 2015 an estimated 10.4 million new TB cases in the world, including 5.9 million (56%) men, 3.5 million (34%) women and 1 million (10%) children. TB sufferers with HIV account for 1.2 million (11%) of all new TB cases (WHO, 2016b).

Indonesia has a fairly high prevalence rate of pulmonary TB cases. It is estimated that the prevalence rate of pulmonary TB in Indonesia in 2014 is 272 per 100,000 population and the incidence rate is 183 per 100,000 population and the death rate due to pulmonary TB (without Pulmonary TB with *positive Human Immunodeficiency Virus*) is estimated to reach 25 per 100,000 population (WHO, 2015). Based on Indonesia's Health Profile, in 2015, the number of tuberculosis cases was found to be 330,910 cases, an increase when compared to all tuberculosis cases found in

2014 which amounted to 324,539 cases. The highest number of cases reported were in provinces with large populations, namely West Java, East Java and Central Java. The proportion of bacteriological confirmed pulmonary tuberculosis patients among all recorded/treated pulmonary tuberculosis patients in Indonesia in 2015 was 57.1%. This figure is still below the minimum number of 70%, which means that diagnosis does not give priority to finding infectious patients (Ministry of Health RI, 2015).

The results of Simamora (2004) research stated that most patients are irregular in treatment during the intensive phase because of inadequate motivation for medication adherence and patients feel good at the end of the intensive phase so there is no need to return for treatment (Dermawanti, 2014). Family is the main support system for people with pulmonary TB. The family provides the social context for the occurrence of disease and how the disease is overcome (Stanley & Beare, 2007). The family should be involved in the patient's care during the patient's illness and be closer to the patient than the nurse. This relationship has been established for a longer time not only limited to the relationship of providing assistance, besides that the family knows the patient not as someone else. The involvement of family and loved ones in providing support can increase various feelings, in pulmonary TB patients and provide opportunities for individuals to maintain independence (Sarason, 2008).

Family is the main support system in maintaining health. The support provided by the family is the most important ingredient in helping individuals solve problems. Family support will also increase self-confidence and motivation to face problems and increase life satisfaction (Suprajitno, 2004) in (Ningrum, Okatiranti, &; Wati, 2017). Low family support will have an impact on decreasing the quality of life of the elderly suffering from chronic diseases. The aging process experienced by the elderly has caused changes in the quality of life in the elderly, especially the elderly with chronic diseases. Research on family support in terms of four dimensions of the quality of life of the elderly, especially the elderly with chronic diseases has never been conducted. Therefore, researchers are interested in knowing the relationship of family support in terms of four dimensions of support with the quality of life of the elderly suffering from chronic diseases.

Friedman (2010) states that family support is a process that occurs throughout the lifetime with different nature and types of support in different stages of the life cycle. Family support can be in the form of internal social support such as husband, wife, or sibling support and can also be in the form of external family support for the nuclear family. In addition, family support can make the family able to function with a variety of intelligence and resourcefulness, and this can improve family health and adaptation.

Based on research conducted previously by Maulidia (2014) on 42 tuberculosis patients in the Ciputat area, it was found that 60.9% of tuberculosis patients received good family support. While the results of research conducted previously by Ulfa (2011) on 68 respondents found that as many as 52.9% of respondents perceived the family support they received as supportive, while as many as 47.1% of respondents said the family support they received was not supportive. Based on the above research, it can be concluded that basically not all pulmonary TB patients above get family support.

Family support in Pulmonary TB patients affects the quality of life in Pulmonary TB patients. *The World Health Organization Quality of Life* (1996) defines quality of life as an individual's perception of an individual's position in life according to the cultural context and value system he or she lives in and in relation to the expectations, goals, standards set, and concerns of a person. The issues that encompass quality of life are vast and complex including physical health issues, psychological status, levels of freedom, social relationships and the environment in which they are located (Azizah et al., 2013). Bowling (2013) explained that there are 7 dimensions of quality of life consisting of overall life (life satisfaction), health (ability to do activities), social relationships

(elderly relationships with family, friends, and social activities followed), independence (doing something without the help of others), at home and neighbors (feeling comfortable and calm at home and their immediate environment), psychological and emotional (elderly perception of their lives), financial (cost of living).

Prisilia's research (2012) on Pulmonary TB patients at the BLU Lung Poly RSUP Prof. Dr. R.D Kandou Manado stated that 64 people (66.0%) had a good quality of life and 7 people (7.2%) had a poor quality of life. Quality of life is important to measure in pulmonary tuberculosis patients so that measures can be taken to improve the quality of life. This is because the quality of life will affect the survival of the patient itself related to his life expectancy. (Pricilia, 2012).

The results of research conducted by Hastuti, et al in 2014, showed that there were 24 people with TB (75%) who had a very low quality of life and only about 8 people (25%) who had a high quality of life (Hastuti et al., 2014). Meanwhile, research conducted by Putri showed that around 47.6% or about 10 people who had a moderate quality of life, 5 people (23.81%) had a good quality of life and 6 people (28.35%) who had a poor quality of life (Putri, 2015). The results of research conducted by Herlinah et al., (2013) which examined related family support with elderly behavior in controlling hypertension said that there is a relationship between family support and elderly behavior in controlling hypertension. The form of support provided is in the form of emotional, informational, instrumental, and appreciation support. Family support can increase the motivation of the elderly to maintain healthy living behaviors in controlling hypertension. The results of Zurmelli's study (2015) with a sample of 105 people, obtained *P Value* = 0.002 <0.05 which means that there is a relationship between family support and the quality of life of CRF patients. Sutikno's research (2013) with a sample of 41 people obtained *P Value* = 0.04 which means that family function has a strong relationship with the quality of life of the elderly. Yenni's research (2011) with a sample of 143 obtained *P Value* = 0.001 which means that there is a relationship between family support and the incidence of stroke in hypertensive elderly.

Based on an initial survey conducted by researchers at the location of the study to be carried out, there are 435 patients in the Puskesmas Kampung Pajak Labuhan Batu Utara from January 2021 – June 2021, with the number of patients each month, namely in January as many as 77 people, February 65 people, March 79 people, April 67 people, May 83 people, June 64 people. Interviews conducted by researchers to 5 patients who came for treatment on the road that patients said they were tired of taking drugs, their families were busy so they could not accompany patients for control to the health center. Based on the explanation above, researchers are interested in conducting a deeper study entitled The Relationship Between Informational Support and Emotional Support on the Quality of Life of Pulmonary TB Patients at the Puskesmas Kampung Pajak Labuhan Batu Utara.

METHOD

This study is a quantitative study with a *Cross Sectional approach* that connects variables, namely informational support and emotional support on the quality of life of Pulmonary TB patients at the Puskesmas Kampung Pajak Labuhan Batu Utara. The research was carried out at the Puskesmas Kampung Pajak Labuhan Batu Utara in June-July 2021. Based on the results of the data obtained, the number of Pulmonary TB patients who came to visit the Puskesmas Kampung Pajak Labuhan Batu Utara in June-July 2021 was 64 people. Sampling technique using *Total Sampling* The number of research samples was 64 people who came to the Puskesmas Kampung Pajak Labuhan Batu Utara. Bivariate analysis using *Chi Square Test* assisted by *SPSS 22* software.

RESULTS AND DISCUSSION

Univariat Results

Characteristics of Respondents

Table 1. Frequency Distribution Based on Respondent Characteristics

Data	n	%
Age		
Early Adult (26-35 Years)	25	39,1
Late Adult (36-45 Years)	28	43,8
Early Elderly (46-55 years)	11	17,2
Total	**64**	**100**
Gender		
Man	53	82,8
Woman	11	17,2
Total	**64**	**100**
Work		
Wiraswasta	34	53,1
Farmer	22	34,4
Civil servants	8	12,5
Total	**64**	**100**
Long Suffering from Pulmonary TB		
2Year	32	50,0
3Year	17	26,6
4Year	13	20,3
5Years	2	3,1
Total	**64**	**100**

Based on table 1, it was found that from the age of the majority of respondents had the age of 36-45 years (late adulthood) as many as 28 people (43.8%). Based on gender, the majority of respondents were 53 men (82.8%). Based on the respondents' work, the majority of respondents worked as self-employed people, namely 34 people (53.1%). Based on the length of suffering from Pulmonary TB, it was found that the majority of respondents suffered from Pulmonary TB for 2 years, namely as many as 32 people (50.0%).

Frequency Distribution Based on Research Variables

Table 2. Frequency Distribution Based on Research Variables

Data	n	%
Informational Support		
Poor (Score 10-24)	9	14,1
Good (Score 25-40)	55	85,9
Total	**64**	**100**
Emotional Support		
Poor (Score 10-24)	7	10,9
Good (25-40)	57	89,1
Total	**64**	**100**
Quality of Life		
Poor (Score 30-80)	24	37,5
Good (81-120)	40	62,5
Total	**64**	**100**

Table 2 above was obtained by researchers through processed SPSS data where based on informational support the majority in the good category (score 25-40%) as many as 55 people

(85.9%). Based on emotional support, the majority of respondents in the category of good emotional support (25-40) were 57 people (89.1%). Based on the quality of life, it was found that the majority of respondents had a good quality of life category (81-120) as many as 40 people (62.5%).

Bivariate Results

The Relationship of Informational Support to Quality of Life

Table 3. The Relationship of Informational Support to Quality of Life

		Quality of Life		Total	*P Value*
		Bad (Score 30-80)	Good (81-120)		
Informational Support	Poor (Score 10-24)	3	6	9	
	Good (Score 25-40)	21	34	55	0,002
	Total	24	40	64	

Table 3 above explains the results of the study that there is a relationship between informational support and quality of life with a significant value of 0.002<0.05.

The Relationship of Emotional Support to Quality of Life

Table 4. The Relationship of Emotional Support to Quality of Life

		Quality of Life		Total	*P Value*
		Bad (Score 30-80)	Good (81-120)		
Emotional Support	Poor (Score 10-24)	3	4	7	
	Good (Score 25-40)	21	36	57	0,004
	Total	24	40	64	

Table 4 above explains the results of the study that there is a relationship between emotional support and quality of life with a significant value of 0.004<0.05.

Discussion

The Relationship of Informational Support to Quality of Life

The results of research conducted by researchers based on the relationship of informational support with quality of life that there is a relationship of informational support with quality of life with a significant value of 0.002<0.05. The results of research conducted by Radiani, (2018) showed that there were 44 respondents (48%) who received good informational support from their families, had a good quality of life, and as many as (45%) respondents who received poor informational support had a poor quality of life as well. The results of statistical tests using the chi-square test obtained a p value of 0.000 smaller than α (0.05). Thus, it can be concluded that there is a relationship between family support and the quality of life of the elderly who have hypertension. In addition to the significance value of chi square analysis, a correlation coefficient (cc) value of 0.893 was also obtained, which means that there is a perfect relationship and the direction of a positive relationship, namely the better the family support, the better the quality of life of the elderly who have hypertension.

According to Astuti's research (2011), families that provide good information support to the elderly provide 7,424 times the opportunity to improve the quality of life of hypertensive elderly compared to those who are less good at providing information support.

The results of this study are also in line with research conducted by Rahman (2017) which found a relationship between information support from family and quality of life. The value of the

family information support relationship is positive, which means that the more the value of information support from the family increases by 1 time, it will improve the quality of life.

The Relationship of Emotional Support to Quality of Life

The results of the study conducted by researchers based on the relationship of emotional support with quality of life that there is a relationship of emotional support with quality of life with a significant value of 0.004<0.05.

The results of research conducted by Radiani, (2018) showed that 47 respondents (51%) who received good emotional support from their families, had a good quality of life. Meanwhile, as many as 24 respondents (26%) who received poor emotional support, had a poor quality of life as well. The results of statistical tests using the chi-square test obtained a *p* value of 0.000 smaller than α (0.05). Thus, it can be concluded that there is a relationship between family support and the quality of life of the elderly who have hypertension. In addition to the significance *value of chi square* analysis, a correlation coefficient (cc) value of 0.893 was also obtained, which means that there is a perfect relationship and the direction of a positive relationship, namely the better the family support, the better the quality of life of the elderly who have hypertension.

The results of this study are in line with research conducted by Nuraisyah (2017) that there is a relationship between emotional support and the quality of life of the elderly with a value of p = 0.00.

CONCLUSION

There was an association of informational support with quality of life with a significant value of 0.002<0.05. There was an association of emotional support with quality of life with a significant value of 0.004<0.05.

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