THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND SELF-EFFICACY, MOTIVATION AND TREATMENT COMPLIANCE IN MULTIDRUG-RESISTANT TUBERCULOSIS (MDR-TB) PATIENTS AT THE MDR-TB POLYCLINIC OF DR. SOETOMO HOSPITAL, SURABAYA

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ABSTRACT

Introduction
MDR-TB occurs due to treatment failure, one of the causes of which is non-compliance. Non-compliance is based on low patient knowledge, motivation, and self-efficacy. This study aims to analyze the relationship between family support and self-efficacy, motivation, and treatment adherence in MDR-TB patients at the MDR-TB Polyclinic at Dr. Soetomo Hospital, Surabaya .

Method
The cross-sectional research design involved 55 selected respondents. using consecutive sampling. The independent variable is family support. The dependent variable is self-efficacy, motivation and adherence to treatment. Data were obtained using a questionnaire which was then analyzed using Spearman rho and chi square with a significance level of $\square\square$ 0.05 .

Results
Family support is not significantly related to self-efficacy with a p-value = 0.429 or (p ≥ 0.05). Family support is significantly related to motivation p-value = 0.043 r = 0.275 (p ≤ 0.05) and medication adherence p-value = 0.037 or (p ≤ 0.05).

Conclusion
It is recommended that MDR TB treatment programs involve families more as a source of support. in increasing motivation and adherence to treatment. Suggestions for further research include examining regarding counseling interventions to increase family support participation of MDR TB patients.

INTRODUCTION

Multidrug Resistant Tuberculosis (MDR TB) is a Tuberculosis (TB) disease have experienced resistance to isoniazid (INH) and rifampicin and one or more other drugs anti-tuberculosis (OAT) based on standardized laboratory examinations and occurs due to treatment failure, breakup treatment, or improper treatment so that primary resistance occurs (WHO, 2015). The research results show that patient non-compliance with treatment increases the risk of developing MDR-TB by 2.3 times compared to patients

who comply with treatment (Farmani, 2015). In 2015 it was estimated that 3.9% of new cases and 21% of old cases had MDR TB counted 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). Based on Infodatin data Ministry of Health of the Republic of Indonesia (2016) number new cases of pulmonary TB BTA (+) in East Java In 2016, Indonesia ranked second with 21,606 new cases. preliminary study data at the TB Polyclinic MDR Dr. Soetomo Regional Hospital Surabaya the number of MDR TB patients was obtained as many as 64 patients, 40 patients were compliant and 24 patients do not comply with the treatment phase intensive.

Medication supervisors (PMOs) play a role in preventing non-adherence to treatment, one of which is the family. Glick et al. in Maulidia (2014) explained that adherence to treatment will increase when patients receive assistance from their families. Muhtar (2013) on the effect of family empowerment in increasing self-efficacy and self-care activities of families and pulmonary tuberculosis patients showed that patients who received family empowerment interventions together with their families had higher self-efficacy than the control group. Sukartini (2015) showed that social support from family and staff, knowledge and perceptions about TB have a positive influence on motivation to seek treatment. Deskhmund et al. (2017) stated that one factor that can increase medication adherence is social support.

Good support is needed during the treatment period for TB disease which requires taking medication for a long period of time, one of the roles in it is the family. Support also consists of providing information both verbally and non-verbally, real assistance or actions given by social familiarity or obtained because the presence of the family has emotional benefits or behavioral effects for the recipient (Royce, S. et.al., 2014). The problem found in the MDR TB Polyclinic of RSUD. Dr. Soetomo in the form of non-adherence to treatment which tends to occur in patients with low family support is still unexplained. Based on this description, researchers are interested in further examining the relationship between family support with adherence, motivation, and self-efficacy in treating Multidrug-resistant Tuberculosis (MDR-TB) patients at the MDR TB Polyclinic of RSUD. Dr. Soetomo Surabaya.

METHOD

The research design was a cross-sectional study. The population in this study were MDR-TB patients undergoing treatment at the MDR-TB Polyclinic of Dr. Soetomo Hospital, Surabaya, during November 2017. The sampling technique in this study used consecutive sampling. The sample size to be involved in this study was 55 respondents.

The instruments used were a questionnaire on family support using the Source of Social Support Scale (SSSS), a questionnaire on self-efficacy, a questionnaire on motivation, and an observation sheet for treatment adherence. Data on family support and self-efficacy and motivation were analyzed using Spearman rank, while data on family support and adherence were analyzed using Chi-square

RESULTS

1. **Data Umum Responden**

Tabel 1.1 Distribusi karakteristik umum responden

No	Karakteristik	Indikator	f (x)	%
1	Umur	15-25 tahun	7	13
		26-45 tahun	21	38
		46-70 tahun	27	49
	Total		55	100
2	Pendidikan	Tidak tamat SD	1	2
		SD	9	16
		SMP	8	15
		SMA	28	51
		Perguruan tinggi	9	16
	Total		55	100
3	Jenis Kelamin	Laki-laki	35	64
		Perempuan	20	36
	Total		55	100
4	Pekerjaan	IRT	11	20
		Wiraswasta	10	18
		PNS	4	8
		Satpam, dll	30	54
	Total		55	100

Table 1.1 shows that nearly half of the respondents in the study (49%) were aged between 46 and 70 years. More than half of the respondents (51%) had a high school education. More than half of the respondents (64%) were male. More than half of the respondents (54%) had other occupations, such as security guards and drivers.

2) **Hubungan dukungan keluarga dengan motivasi pasien**

Tabel 1.3 Hubungan dukungan keluarga dengan motivasi pasien

Variabel		Dukungan Keluarga			Total
		Rendah	Sedang	Tinggi	
	Rendah	9	0	0	9
Motivasi	Sedang	13	9	0	22
	Tinggi	13	10	1	24
Total		35	19	1	55

Spearman rho p-value = 0,043 atau (p ≤ 0,05)

Table 1.3 shows that 13 respondents had moderate motivation but low family support. The Spearman rho statistical test results obtained a p-value of 0.043 (p $\leq$ 0.05),

DISCUSSION

1. The relationship between family support and patient self-efficacy

A small proportion of respondents had moderate self-efficacy but low family support. Statistical tests showed no significant relationship between family support and self-efficacy in MDR-TB patients.

The results of this study are inconsistent with the research of Hendiani, Sakti, and Widayanti (2012) on the relationship between family support as a PMO and the self-efficacy of pulmonary TB patients. The results showed that patients who had a positive perception of family support as a PMO had higher self-confidence (self-efficacy). The absence of a relationship between family support and self-efficacy was caused by the performance accomplishment factor, namely the experience of achieving success in the past, as it is known that MDR TB is a development of TB disease due to non-adherence to treatment, ultimately experiencing resistance. Factors in forming self-efficacy are not solely from family support, but also knowledge, attitudes, high self-esteem, feeling of having sufficient ability, having the confidence to take action and belief in the ability to change the situation (Notoatmodjo, 2010). Thus, these factors are likely to play a stronger role in the formation of 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 interventions applied to cases of diabetes mellitus and hypertension.

2. The relationship between family support and patient motivation

A small proportion of respondents had moderate motivation but low family support. Spearman's rho test results found a significant relationship between family support and motivation in MDR-TB patients. The correlation between family support and

indicating a significant relationship between family support and motivation in MDR-TB patients. The correlation strength between family support and motivation was r = 0.275, indicating a low level of relationship.

motivation was weak.

According to John Elder (in Notoatmodjo, 2007), motivation is the interaction between behavior and the environment that can increase, decrease, or maintain behavior. Sutarno and Utama (2012) studied the factors influencing the motivation to seek treatment for tuberculosis patients. The results found that social support from family and staff, as well as knowledge and perceptions about TB, positively influenced motivation to seek treatment. Mohammadi (2009) argued that motivation is essential to encourage patients to actively participate in the disease control process.

The relationship between motivation and family support in this study indicates that families are able to encourage MDR-TB patients to consistently adhere to their treatment program. Respondents' motivation is synergistic with exposure to family support. Family support has a positive influence on respondents' motivation to seek treatment.

3. The relationship between family support and patient compliance

Half of respondents who were non-compliant with MDR-TB treatment had low family support. Chi-square statistical tests found a significant association between family support and MDR-TB patient adherence.

Maulidia (2014) conducted research on 69 respondents at a community health center under the South Tangerang Health Office. The results showed a significant relationship between family support and medication adherence in tuberculosis patients. These findings align with Hutapea's (2009) study, which examined the influence of family support on adherence to anti-tuberculosis drugs (OTC). The results showed that family support influenced both medication adherence and medication adherence . More than half of the respondents

took their medication daily, taking it all at once. Both studies emphasize the importance of family factors in influencing patient adherence.

Researchers believe that adherence is a form of behavior that can be planned. Adherent behavior is the result of planned interactions between various internal and external factors in MDR-TB patients. One external factor that plays a role in shaping adherent behavior is family support. Family support acts as a reinforcing factor and a source of support (enabling) when MDR-TB patients face declining motivation to pursue treatment. Consistent family support will foster consistent adherence in patients.

CONCLUSION

Family support does not have a significant relationship with self-efficacy of Multidrug-resistant Tuberculosis (MDR-TB) patients. Family support has a significant relationship with the motivation of Multidrug Resistant Tuberculosis (MDR TB) patients. Family support has a significant relationship with treatment compliance in Multidrug-resistant Tuberculosis (MDR-TB) patients.

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