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THE APPLICATION MODULE OF FAMILY HEALTH TASK OF PULMONARY TB PATIENT WITH MODEL COMMUNITY BASED IN PUBLIC HEALTH IN SIDOARJO AND MALANG DISTRICT Hotmaida Siagian, Lenni Saragih, Yetti Wilda, Dony Sulystiono Nursing Department Health Polytechnic Surabaya Email : idasiagian_kepsda@yahoo .com ABSTRACT Background Tuberculosis

(pulmonary TB) remains a global health problem. Morbidity and mortality from this disease is quite high and the ranks in worldwide, Indonesia is third in terms of number of patients with tuberculosis (TB). This research was divided into two stages, the first stage was the explanation survey. Method The first stage was analyzed using test Partial Least Square (PLS) to see the variables that affect the family's ability to perform the task of family health. The samples size was 60 people were taken by accidental sampling. While the second stage was a pre-experiment which was compare before and after training using the module. The PLS's results showed that factors predisposing specially knowledge and reinforcing factors significantly affect Health Task Families with pulmonary TB. Enabling factors did not significantly affect the Health Task Families with pulmonary TB. The results of T-test showed that there were increased knowledge and behavior in the conduct of family health significantly between before and after training of cadres. Results The conclusion of this study were the factor of supervisor of taking medication, health cadres and public figures greatly affect the family's ability to perform the task of improving the health of their families so that the knowledge and participation of the community need to be optimized in the eradication of TB in Indonesia. Keywords: Pulmonary Tuberculosis, Predisposition, Enabling, Reinforcing, Health Task Families INTRODUCTION Tuberculosis (pulmonary TB) remains a global health problem. Mortality and morbilitas TB are increase, not only in developing countries but also in developed countries. Morbidity and mortality from this disease is quite high. nearly 10 years Indonesia ranks third worldwide in terms of number of patients with tuberculosis (TB). In this year dropped to No. 4 and entered in the achievement of performance milestones or 1 year the Ministry of Health. Based Data World Health Organization (WHO) in 2007 stated the number of Tuberculosis in Indonesia around 528 thousand or be in the top three in the world after India and China. According to the East Java Provincial Health Office of tuberculosis patients in East Java in 2012 reached 43,900 people, while in 2013 as many as 42.222 people (http://www.jatimprov.go.id/). According to the District Health Office Sidoarjo, Indonesia, TB incidence rates in the district of Sidoarjo in 2012 as many as 1683 people, in 2013 as many as 1807 people, in 2014 as many as 2009 people and in 2015 through second quarter of 1009 people, patients with TB- Multi Drug Resistant (TB-MDR) by 23% and who seek treatment only 50% of TB-MDR patients. The implementation of the eradication program that has been carried out in the health care unit has not shown significant results. The high number of TB patients due the number of dropouts in the treatment process and the process of transmission of this disease is fairly easy that the deployment droplet of patients and inhaled by people around him (airborne). Taking medication compliance and behavioral prevention of transmission is key to successful treatment. although already done Supervisor of taking medication by family and society, but many patients who droup out of such treatment (1, 2). As long as the initial treatment phase, patient adherence to taking medication may still good but often patients feel bored with the long treatment time. To overcome these problems the fight against TB by implementing the tuberculosis control programs through the Directly Observed Treatment Short–course (DOTS) strategy. Principle DOTS are : policies in each level of the region, check and diagnosis of TB, Supervisory of taking medication, reports of data recording and Anti- TB Drug short term, but after years of these programs do result of the number and spread of TB disease in Indonesia is still far from the expected (3) The approach focuses on the patient and health services proved unable to resolve the problem of TB that occurred in Indonesia. Need a new approach in viewing the problem of TB in Indonesia. Community and family- based approach is an alternative to overcome the problem of TB in Indonesia. The role of the family in this case

the task of family health and community role are combination important aspect in solving the problem of TB. The role of family and community is very important in the implementation of the treatment of patients with pulmonary TB to increase the cure rate and transmission. Five family duties in the field of healthcare are ; know the health problems, decide on appropriate measures for families, providing proper care for a sick family, modify the right environment to ensure the health and wellness facilities, using an appropriate step and cheap to overcome increasing regularity in taking medicine and prevent the transmission of TB disease (2). The community also has a role in improving health. The participation of society is the persuasive effort and did not rule that aims to improve knowledge, attitude, behavior and society's ability to find, plan and solve problems using the resources / potential included the participation and support of community leaders and NGOs exist and living in the community RESEARCH METHOD This study consisted of two phases of the study. The first stage is explanation survey to look at the relationship Predisposition factors, Enabling and Reinforcing the task of Family Health. The samples were 60 respondents taken by accidental sampling method. Analysis of data from first stages was testing Partial Least Square (PLS) for the relationships between variables. The results of the first stage were used as a basis for preparing a strategic issue that was discussed with related institutions. The result was formed Module for Health Task of Patients with pulmonary tuberculosis, were taught health cadres who have given the training expected to disseminate to the patients and families with pulmonary tuberculosis. The second stage was evaluating the level of knowledge and family health task after the cadres trained. The family were gave a questionnaire to measure the level of knowledge and behavior in the conduct of family health. The second stage was pre- experimental research by comparing the before and after training of cadres. The 60 respondents were taken by accidental sampling method and the data was analyzed by t-test RESULT 1. The results of First Phase Research with Explorative Survey a) Description of Predisposing Factors Variable of predisposing factors of respondents with pulmonary tuberculosis consist of TB disease history, family income, gender, age, education, work and knowledge of pulmonary TB disease . For more details can be found in this table Table 1. Distribution of predisposing factors of respondents with pulmonary tuberculosis No Predisposition factors Frequency (f) (%) Total 1. With History of pulmonary tuberculosis No History of pulmonary tuberculosis 3 5 57 95 60 (100%) Sex 2. Man 33 Woman 27 55 60 45 (100%) Income 3. < 2 million IDR 4 2-5 million IDR 56 6,7 60 93,3 (100%) 4. Occupation Housewife 17 Enterpriser 17 Laborer 15 Government employees 4 Unemployment 7 28,3 28,3 60 25 (100%) 6,7 11,7 5. Education No school 4 Primary School 15 Junior High School - Senior High School 22 University 19 6,7 25 - 36,7 31,6 60 (100%) Age (years) The most age 52 6. Average 46,2 Max 85 Min 16 Knowledge 7. Good 15 Sufficient 20 Less 25 25 60 33,3 (100%) 41,7 The above table shows that the gender knowledge about pulmonary TB disease in the balanced between men and women, mostly in category enough and less the age of 52 years, the type of secondary a) The overview of Enabling Factors education, as a housewife and the private Enabling factor variables used in this study sector with the private sector with an income were the role of access to health facilities and of middle-class and most have levels of health workers. For more details can be found in the table Table 2. The Distribution of Enabling Factors No Enabling Factors Frequency(f) (%) Total 1. Access to health facilities Simple 50 Complicated 10 83,3 60 16,7 (100%) 2. Role of Health Personnel Good 26 Sufficient 26 Less 8 43,3 60 43,3 (100%) 13,4 The above table shows that the enabling factors showed good results. In terms of ease in accessing health facilities showed 83.3 % of respondents said easy access to health facilities and 43.3 % of respondents said health workers to

provide good services . b) The overview of Reinforcing Factor The variable of reinforcing factors used in this study were the role of access to health facilities and health workers . For more details can be found in this table Table 3. The Distribution of Reinforcing Factor No Reinforcing Factor Frequency (f) (%) Total 1. The role of Supervisor of taking medication Good Sufficient 28 Less 25 7 46,7 41,6 11,7 60 (100%) 2. The Role of Health Cadre Good 5 Sufficient 10 Less 45 8,3 60 16,7 (100%) 75 3. 4. The Role of Community Leaders Good Sufficient Less The role of the Environment / Neighbors Good Sufficient Less 7 11,7 7 11,7 46 76,6 - - 7 11,7 53 88,3 60 (100%) 60 (100%) The above table shows that the role of the role of community leaders and neighborhood Supervisor of taking medication, cadres, around the family . public figures and the environment in improving the family's ability to perform the c) The overview of Family Health Task task of family health were still very low. In the The variables of Family health task used in aspect of the role of the Supervisor of taking this study were : recognize health problems, medication, more than half in the category taking the decision to care, providing care to enough and less . The role of health cadres the sick family members, maintaining a who were around the community in propitious situation at home and utilization of disseminating TB are also largely in the poor health facilities . For more details can be found category. It also happens on the aspect of the in this table. . Table 4. The Distribution of Family Health Task No Family Health Task Frequency Percent (f) (%) Total 1. Know your Health Problems Good Sufficient Less 8 37 15 13,3 61,7 25 60 (100%) 2. Decision to Take Care Good Sufficient Less 12 30 18 20 50 30 3. Providing Care Good Sufficient Less 2 23 35 3,4 38,3 58,3 60 (100%) 60 (100%) 4. Maintaining a favorable situation of the house Good 2 3,4 Sufficient 25 41,7 Less 33 55 60 (100%) 5. Utilization of Health Facilities 60 Good 10 Sufficient 35 Less 15 16,7 58,3 25 (100%) The table shows that most of the family's ability to perform the task of family health in enough categories and less, especially in terms of providing care and maintaining the home situation favorable to the health of the client, while other capabilities in the category enough and a fraction that has a good ability d) Evaluation of Inner Model Evaluation of inner models for the test hypotheses of the study. The study hypothesis can be accepted if the value of t-test (t - statistic) > t - table . T-table value at an error rate (α) of 5% was 1.96. Values path coefficients and value t count on inner model was presented in this table. Table 5. The Distribution of results of Hypothesis test No Variable Path coefficients Standar error T- statistic 1. The influence of predisposing factors to the task with pulmonary TB Family Health. 0,533 0,088 6,051 Significant 2. The influence factor enabling the Family Health Task with pulmonary TB 0,050 0,080 0,633 No Significant 3, Effect of reinforcing factors for task with pulmonary TB Family Health 0,353 0,092 3,828 Significant 2. Research of Second Phase . The second phase evaluated the level of knowledge and behavior of families in the task of family health . a) The general of data Respondents Table 6. The Distribution of Predisposition factors No Predisposition factors Frequency (f) Percent (%) Total 1. Sex Man 33 Woman 27 55% 60 45% (100%) 2. Employment Unemployment Housewife Enterpriser Laborer 11 18,33% 15 25,% 5 8,33% 29 48,33% 60 (100%) 3. Education No school Primary School Junior High School Senior High School 5 8% 19 32% 15 25% 21 35% 60 (100%) 4. Age (year) >50 31 30-49 23 20-29 6 52% 60 38% (100%) 10% From the table above can be seen that the percentage of TB cases occur evenly on gender male and female, and mostly occurs in people with age range 50 and above while formal education factors , occur spreads evenly across all levels of education . : b) Data of Family Knowledge about TB Disease The module of Family Health Tasks was created and conducted training for health workers in five districts. A month later to evaluate the level of knowledge of the family. The results of the evaluation of

family knowledge about pulmonary TB can be seen in this table Table 7. The knowledge level of the patient before and after training cadres No Knowledge Frequency Percent 1. Pre Test • Less 48 80% • Sufficient 12 20% 2. Post Test • Sufficient 50 83% • Good 10 17% Uji t test • p value 0,000 From the table shows a significant increase in knowledge. It was proven statistically by comparing the results of pre-test and post- test t -test showed the level of p value < α = 0.05, which means there is a significant difference between the level of knowledge before and after training . c) Data of Family Behavior on Treatment and Care TB Disease Training of cadres who do give change in behavior on the family in caring for sick family members . Changes in behavior in the care can be seen in this table. Table 8. The Treatment and Care of Family behavior of TB Disease The Treatment and Care of Family No Behavior Frequency Percent 1. Pre Test • sufficient 28 47% • good 32 53% 2. Post Test • good 60 100% Uji T test • Sig 0,000 From the table shows a significant behavioral improvement. It was proven statistically by comparing the results of pre-test and post-test t test and Wilcoxon test. Both the tests showed the level of p value <α = 0.05, which means there is a significant difference between the level of knowledge before and after training DISCUSSION 1. Relationship between the predisposing factors to the task of family health with pulmonary TB 60 people with Pulmonary TB were being treated for tuberculosis in the clinic with a history of pulmonary TB by 5% means no transmission of TB disease of the patient to the other family members. This shows that they lack knowledge about how to prevent transmission family of TB. Sex with pulmonary tuberculosis was relatively equal between men and women. There were no differences between the sexes signifkan. Economic factors did not affect the occurrence of TB. It is seen that these diseases are more prevalent these middle socioeconomic range of 2-5 million per month per family (93.3%). Works with pulmonary tuberculosis mostly are Entrepreneur, Housewife and Labour. Pulmonary TB patient educations mostly are elementary and high school graduates. The age of patient TB occurs most often at the age of 52 years and the average age of patients was 46.2 years. This was likely due to a decline in the elderly endurance that enable it easier for someone to become infected. 2. Relationships reinforcing factors to the task of family health with pulmonary TB Supervisory of taking medication mostly good (46.7%), because it was given counseling about TB disease earlier but the Supervisory of taking medication sometimes not of the family of TB itself but neighbors or community leaders who are considered respected by TB patient. The role of Health Cadre mostly less (75%), it was probably because Health Cadre not given education about TB unless these cadres so Supervisory of taking medication, therefore in this study with discussion result of the experts at the District Health Office Sidoarjo held socialization Application Module Duty Family Health in patients with Pulmonary TB so that the health cadres can be a motivator towards TB patients to be able to carry out the treatment with regular and thorough as well as being the reporter susfac Health Officer against TB for people suspected. Prominent Role of partially community great deal less (88.3%), it was probably because the community leaders have never given education about TB unless they voted Supervisory of taking medication, therefore further needs to be counseling the Community leaders so that they can be a motivator for people with TB to carry out the treatment regular and Completed. The role of the Environment and Neighbors mostly less (88.3%) it is probably because they are not given education about TB disease unless they become Supervisory of taking medication. Nagarkar declared Good support and care was considered as receiving necessary attention and help in daily routine, monitary help, emotional and moral support and motivation for early recovery (4). 3. To Analyze the relationship Enabling factors to the family health task with pulmonary TB The access to

health facilities mostly easy to TB patients (83.3%) was consistent with the infra structure facilities (roads) in East Java, especially Sidoarjo and Malang were good so that access to health facilities more easily. The role of Health Personnel mostly good, it was probably because health care workers who deal with TB treatment specifically held by a nurse at the health center so that the handling of TB focus, however, TB incidence rates still remain high every year should be a concern we all Health officers, cadres Health and Community Leaders are empowered to combat TB disease was to be free of TB disease. This is accordance with Nagarkar's results were family awareness and preparedness for providing support need to be strengthened. Counselling and motivation during each visit are the keys to successful completion of treatment (4). There is need to make counsellors/psychologists available in the existing system 4. Development of Module for Family Health Task with pulmonary TB From the initial survey results knowledge about family Duty Family Health with lung TB patient are still largely (80%), This was in accordance with the meeting with the holders of TB program of health centers and District Health Bureau Sidoarjo who said that the family of TB patients are not given extension about TB disease but were given counseling are Supervisory of taking medication whereas sometimes are not family members. therefore, researchers developed a module on Duties of Family Health with pulmonary TB-Based Model of society then this module is applied in counseling Health Cadre in Region Health Center District Sidoarjo and Malang order Health Cadre be a motivator to people with TB to TB patients willing to take medication regularly and complete, for families with pulmonary tuberculosis can prevent pulmonary TB transmission to family members and can take care of a family member being treated for tuberculosis. 5. Analyze the effects of the application of the Module for Family Health Assignment to increased knowledge and health behavior family with pulmonary TB The effects research results of the application of Module for Family Health Task with pulmonary TB to family's knowledge about the pulmonary tuberculosis disease, the test results obtained statistic test obtained significant with p value = 0,000 <α = 0.05, meaning there was significant influence change in family knowledge after application of module for Family Health Tasks with TB sufferers, this was in accordance with the opinion of Oblitas that Different professional nursing institutions can play a decisive role in TB problem' integral approach, both in national and international scopes (5). The education can increase knowledge through formal and informal education such as training, seminars and so on. Source of knowledge can be community leaders both formal and informal clergy, the incumbent government, and so forth (1). From the description above to increase family knowledge of TB patients can be performed by the extension either directly to the families as well by health counseling and health cadres or public figure, while the indirect way can memalui mass media, leaflets and posters This study shows that the cadres can play a role in improving family knowledge of TB patients so that patients with TB can carry out regular and thorough treatment and prevent transmission to other family members. Empowering health concerns need to be cadres of the government to combat the fight against TB in the community. The results also show that changes of behavioral families with pulmonary TB. The results of t test showed p value = 0,000 <α = 0.05 means that there was a significant difference between before and after implementation of Module for Family Health Task with pulmonary TB. This was consistent with the theory that a person's behavior is strongly influenced by the level of knowledge. According to the theory of Lawrence Green, that there are three factors that influence changes in individual behavior ie factors that facilitate (predisposing factor) which includes knowledge, attitudes, beliefs, social norms, and other elements contained within the individual and society, Factor supporters (Enabling factors), among others their age, socio-

economic, educational, and human resources and the factors driving (reinforcing factors) are factors that reinforce behavior change someone because of the attitude of the husband, parents, community leaders or health worker or health worker. Marwansyah's statement was family empowerment affect the family ability to carry out family health tasks to prevent, to care and to cure pulmonary tuberculosis, which includes the known health problems, take the right decisions, giving care to sick family, maintaining physical environments that support health home, using the majority of health facilities (1). Training modules to cadres of health can increase knowledge and motivate volunteers to disseminate knowledge who get to the surrounding community so that TB patients who have been motivated by a cadre is willing to do regular treatment and complete and able to undertake prevention efforts TB disease. According to Wilson was the factors of environmental have great power in determining behavior sometimes even greater strength than on the characteristics of the individual, it is this which makes predictions more complex behavior (6). CONCLUSION AND RECOMMENDATION The conclusion of this study is the factor of knowledge and the role of Supervisory of taking medication, cadres and public figures greatly affect the family's ability to perform tasks that efforts to improve family health knowledge and public participation needs to be optimized in pulmonary TB eradication efforts in Indonesia Acknowledgement: Thank you for Director of Health Polytechnic Ministry Of Health Surabaya Indonesia and the Agency for Development and Empowerment of Human Resources which has provided funding for this study . REFERENCES 1. Marwansyah, Hidayad Heny Sholikhah (2015), The Influence of Empowering TB (Tuberculosis) Patients' Family on Capability of Implementing The Family Health Task in Martapura and Astambul Public Health Center Areas in Banjar District, Bulletin of Health System Research, vol 18 no 4 Oct 2. Jensen, Paul A., Lauren A. Lambert, Michael F. Iademarco, Renee Ridzon (2005) Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, Division of Tuberculosis Elimination, National Center for HIV, STD, and TB Prevention, December 30, 2005 / 54(RR17);1-141 3. Antopo, Prealisa Dwi, Makhfudli, Eka Misbahatul M Has (2012) Analysis factors related to family behavior in preventing the transmission of pulmonary tuberculosis on family duties in health at health center of Pegirian Surabaya, Indonesian Journal of Community Health Nursing, Vol. 1 / No. 1 4. Nagarkar, Aarti Kaulagekar-, Deepali Dhake And Preeti Jha (2012), Perspective Of Tuberculosis Patients On Family Support And Care In Rural Maharashtra, Indian Journal Of Tuberculosis Vol 59: 224-230 5. Oblitas, Flor Yesenia Musayón, Natalie Loncharich, María Esther Salazar, Helena Maria Leal David, Inés Silva, Doris Velásquez (2010), Nursing's role in tuberculosis control: a discussion from the perspective of equity, Rev. Latino- Am. Enfermagem vol.18 no.1 Ribeirão Preto Jan./Feb 6. Wilson John W., Julio Garay Ramos, Francisco Castillo, Evelyn F. Castellanos, Patricio Escalante (2016), Tuberculosis patient and family education through videography in El Salvador, Journal of Clinical Tuberculosis and Other Mycobacterial Diseases, Volume 4, August p.14–20 73 74 75 76 77 78 79 80 81