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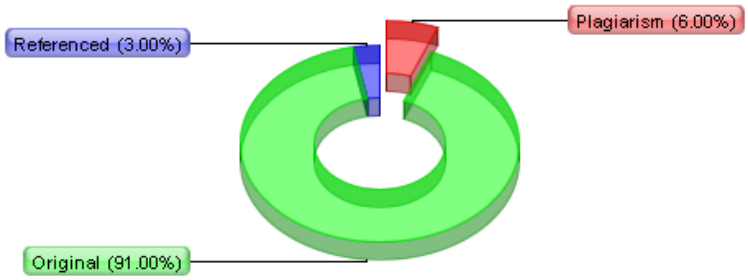

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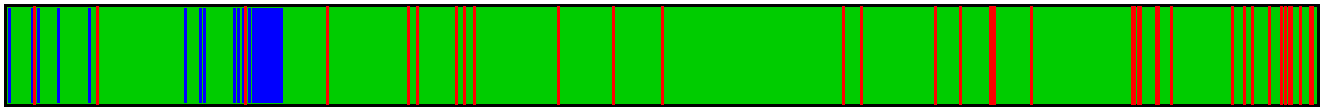

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INFLUENCE OF INFORMATION, MOTIVATION, AND BEHAVIOR SKILLS OF

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"TRISNA"

TO DRUG COMPLIANCE, NUTRITIONAL STATUS, AND FAMILY SUPPORT IN MANAGING PATIENTS WITH TUBERCULOSIS

Rita Benya Adriani1), Jenita DT Donsu2), Dwi Sulistyowati3),

Poltekkes Kemeskes Surakarta1,3), Poltekkes Kemenkes Yogyakarta2)

ABSTRACT

Background: Indonesia is one of the five countries with the highest number of patients with tuberculosis (TB) worldwide, owing to patients being undetected and untreated. Commitment and massive efforts are needed to control and increase awareness among Indonesian people to change their behaviors; therefore, the Information, Motivation, and Behavior (IMB) Skill model with the

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approach was introduced and used in the management of patients with TB.

Purpose:

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resources! This study aims to analyze the

effect of IMB with

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approach on the management of drug compliance, nutritional status, and family support for patients with TB.

Research Methods: This research is a quasi-experiment with pretest-posttest and control group design. The study population included patients with TB in Mojosongo Village, Surakarta City, Indonesia. There was a total sample of 21 respondents for the intervention group and 15 respondents for the control group. The total population sampling along with Stata statistical software was used to analyze the data.

Results: The provisions of IMB Intervention Skill with

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approach on medication compliance, nutritional status, and family support in managing patients with TB were as follows: Compliance after intervention in the intervention group (mean, 10.80; SD, 0.98) was higher than in the control group (mean, 10.46; SD, 1.12) with a p value of 0.001 and effect size (ES) value of 4.16. Body mass index (BMI) in the intervention group (mean, 23.40; SD, 1.08) was higher than in the control group (mean, 21.43; SD, 0.75) with a p value of 0.001 and ES value of 1.95. Family support in the intervention group (mean, 106.28; SD, 22.00) was higher than in the control group (mean, 94.00; SD, 8.40) with a p value of 0.004 and ES value of 0.69.

Conclusion: In managing patients with TB, the provision of IMB Intervention Skill with

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approach could improve medication compliance, nutritional status, and family support.

Keywords: IMB, Trisna, taking medication, nutritional status, family support, patients with TB

Correspondence:

Rita Benya Adriani. Poltekkes Kemenkes Surakarta. Jl.

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Letjen Sutoyo, Mojosongo, Kec. Jebres, Kota Surakarta, Jawa Tengah 57127. Email: benyaadriani@gmail.com

INTRODUCTION

Tuberculosis (TB) is an infectious disease that spreads through air and can kill about two million people per year (Farmer & Keshavje, 2012). Bacteria are transmitted through tiny droplets in the air of positive smear TB sufferers when coughing (Mahan & Escott, 2008). TB is caused by the Mycobacterium group, namely, Mycobacterium, including M. tuberculosis, M. africnum, M. bovis, and M. leprae, which are acid-resistant bacteria. These bacteria not only attack the lungs (pulmonary TB) but also other organs, such as the lymph, brain membranes, skin, bones, joints, intestines, and kidneys (extrapulmonary disease) (Ministry of Health, 2014).

The World Health Organization (WHO) data (2015) stated that Asia contributed 56% of TB sufferers in the world in 2013, followed by Africa (29%), Europe (4%), and America (3%). The five countries worldwide with the highest numbers of TB sufferers are India, China, South Africa, Indonesia, and Nigeria. In 2014, TB caused the death of 1.5 million people, consisting of 890,000 men, 480,000 women, and 140,000 children. In addition, the development of TB in the last 10 years (2005-2015) has increased from 8.4 million per year to 10 million in 2005 and has slightly decreased to 9.6 million per year in 2015. Meanwhile, the WHO/Riskesdas (2018) study showed that the TB incidence was about 319/100,000.

The rapid transmission of TB infection is affected by the nutritional status of a person. TB affects food intake and causes weight loss (Gupta, et al, 2009). A malnourished person has low immunity; therefore, malnourished individuals are easily infected with TB. Compared to patients with TB who have normal nutritional status, TB sufferers who have malnutrition status will have a slow healing period, thus increasing their mortality risk (Dargie et al., 2016). The nutritional status and body weight of patients with TB who are AFB-positive are affected, and the effect is inversely proportional to the bacteria present in the body (Praygod et al., 2011). Good nutritional condition will prevent the recurrence of TB (Sianturi, 2014).

In social marketing, Information, Motivation, and Behavior (IMB) Skill with the

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approach (Fisher, 2003), a process that uses marketing principles and techniques, is used to influence and change the behavior of people (Kotler & Lee, 2011). IMB helps in controlling patients with TB who are resistant to drugs (Kanjee, 2012). IMB, which is based on appropriate technology, is proven to support patients with TB in medication compliance (Irribaren et al., 2014).

The

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approach is rarely used in research by medical personnel. It needs to be implemented to determine its success level.

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is the values of Javanese teachings, and the meanings of each letter is as follows: T means friendship, honesty, fairness, and earnestness in running a business with good planning, implementation, and responsibility; R means sincerity in giving good material, mind, energy, or service to others in need; S means patience and not easily giving up in running a business, for example, in care or healing, looking calm, not rushing or being hasty, being humble or not arrogant, applying compassion, and not wanting to be in conflict; and N means narima or accepting business results happily, whether good or not, according to the expectations, as well as always trying to be grateful in dealing with problems. The Javanese cultures friendship,

sincerity, patience, and narima, abbreviated as

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must be cultivated in humans, to serve with love, service, sacrifice, and effort. These serves in Indonesia mean

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, which used as an approach in this study. Research on the effectiveness of

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approach is important as the TB transmission rate in Indonesia is increasing.

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resources! This study aims to analyze the

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approach on the management of drug compliance, nutritional status, and family support for TB sufferers.

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SUBJECT AND METHOD

Research Design

Quasi-experiment was used in this research. This study was conducted at Mojosongo Village, Jebres, Surakarta City, and Panggungharjo Village, Sewon, Bantul, Yogyakarta City, Indonesia.

Sample and Population

The target populations were 21 respondents in the intervention groups in Mojosongo Village and 15 respondents in the control groups in Panggungharjo Village. This study used a total sampling technique; 36 individuals were included in the sample. Data for nine months (from January to September) were collected. This study included those patients with TB who wanted to become respondents and excluded those who refused.

Research Variable

The dependent variables in this study were medication compliance, nutritional status, and family support. The independent variable in this research was the IMB with "

Trisna" approach.

Variable Operational Definition

Compliance to taking Medication means an individual who took medication obediently under the advice of the healthcare professional.

Nutritional status means anthropometric assessments in which body mass index (BMI) was used.

Family support means Patients with TB statement who got support from the family members who dealt with TB disease.

Data Analysis

Univariate analysis was performed to describe the sample characteristics. Bivariate analysis was measured by t-test. Quasi-experimental analysis was conducted using the application, Stata statistical software version 13.

6. Research Ethics

The ethical feasibility of the research came from the Health Research Ethics Committee of Health Polytechnic of the Ministry of Health, Surakarta, with No. LB. 02.02/1. 3/9152/2020.

RESULT

Univariate Analysis

Table 1 depicts the continuous data of patients with TB. Based on the continuous data, the average age of patients was 46 years and the average time span of suffering from TB was 5 months. In addition, the average compliance

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in taking TB medication before and after

intervention was also measured, which was 9.91 and 13.00, respectively. BMI before and after intervention were 21.33 and 22.62, respectively. Family support before and after intervention were 91,66 and 101.16, respectively.

Table 1. Continuous data of the characteristics of patients with TB

VariablenMeanSDMinMaxAge

Time span of suffering

Compliance for taking medication before intervention

Compliance for taking medication after intervention

BMI before intervention

BMI after intervention

Family support before intervention

Family support after intervention

36

36

36

36

36

36

36

3646.02

4.61

9.91

13.00

21.33

22.62

91.66

101.1617.90

2.03

0.99

2.40

2.03

1.33

8.35

18.47

16

1

8

8

17.56

20.13

77

11

83

9

12

16

25.96

25.02

110

114

Table 2 depicts the results of the data in a categorical form. The ages of patients with TB were as follows: 18 people were 46 years old (50.00%), whereas 18 people were =46 years (50.00%). Education was divided into four categories: elementary school (SD), 11 people (30.56%); junior

high school (SMP), 5 people (13.89%); senior high school (SMA), 17 people (47.22%); and higher education, 3 people (8.33%). The jobs of patients with TB were as follows: housewives (n = 12; 33.33%), private jobs (n = 22; 61.11%), and State Civil Apparatus (n = 1; 2.78%); one participant was a student (2.78%). There were 20 male participants (55.56%) and 16 female participants (44.44%).

Table 2. Characteristics of data categorical samples of patients with TB

VariablenPercentage (%)Age:

46 years

=46 years

Education:

Elementary school

Junior high school

Senior high school

Higher education

Job:

Housewife

Private job

State Civil Apparatus

Student

Gender:

Male

Female

18

18

11

5

17

3

12

22

1

1

20

16

50.00

50.00

30.56

13.89

47.22

8.33

33.33

61.11

2.78

2.78

55.56

44.44

Bivariate Analysis

Table 3 depicts a bivariate analysis with the following results: TB drug compliance before intervention in the intervention group (n = 21; mean, 8.95; SD, 2.34) and control group (n = 15; mean, 9.26; SD, 1.08),

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with a significance value of p

= 0.358 and effect size (ES) value of −0.31, and compliance in taking TB medication after intervention in the intervention group (n = 21; mean, 10.80; SD, 0.98) and control group (n = 15; mean, 10.46; SD, 01.22),

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with a significance value of p

0.001 and ES of 4.16.

Table 3. Bivariate analysis of patients with TB

Variable GroupnMeanSDpSize EffectCompliance in taking TB medication before intervention:

Intervention

Control

Compliance in taking TB medication after intervention:

Intervention

Control

BMI before intervention:

intervention

Control

BMI after intervention:

intervention

Control

Family support before intervention:

Intervention

Control

Family support after intervention:

intervention

Control

21

15

21

15

21

15

21

15

21

15

21

15

21

15

8.95

9.26

10.80

10.46

21.92

20.50

23.40

21.43

91.80

91.46

106.28

94.00

0.80

1.22

0.98

1.12

2.34

1.08

1.08

0.75

7.97

9.14

22.00

8.40

0.358

0.001

0.001

0.001

0.097

0.004

−0.31

4.16

0.73

1.95

0.05

0.69

In addition, Table 3 also shows the following: BMI of patients with TB before intervention in the intervention group (n = 21; mean, 21.92; SD, 0.80) and control group (n = 15; mean, 20.50; SD,

1.22),

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with a significance value of p

0.001 and ES value of 0.73, and BMI of patients with TB after the intervention in the intervention group (n = 21, mean, 23.40; SD, 1.08) and control group (n = 15; mean, 21.43; SD, 0.75),

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with a significance value of p

0.001 and ES value of 1.95.

In addition, the following results were also shown in Table 3: family support for TB sufferers before the intervention in the intervention group (n = 21; mean, 91.80; SD, 7.97) and control group (n = 15; mean, 91.46; SD, 9.14),

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with a significance value of p

0.097 and ES value of 0.05, and family support for TB sufferers after intervention in the intervention group (n = 21; mean, 106.28; SD, 22.00) and control group (n = 15; mean, 94.00; SD, 8.40), with a significant value of p = 0.004 and ES value of 0.69.

DISCUSSION

Compliance in Taking TB Medication

The intervention given was statistically significant to improve compliance of patients with TB in taking medications regularly. In this case, compliance in taking medication in patients with TB was developed with the help of the advice of health workers. Strong self-motivation was a major factor in the compliance of patients with TB in their drug therapy. Motivation factors greatly affect the maintenance of the health of patients with TB, thus controlling their TB . Belief in oneself, a spiritual dimension, can also affect patient compliance. Patients who had beliefs would have a steadfast spirit; they were not easily discouraged and accepted their situation (Morisky DE, 2018).

Willingness and motivation to recover also influenced patient compliance. TB sufferers might already understand their disease, and the understanding of their disease will make them take their medication according to the type, dose, method of taking, drinking time, and number of days of taking the appropriate medicine recommended by the doctor. TB sufferer compliance is a vital factor. On a predetermined time, the TB bacteria might have immunity to anti-TB drugs (OAT); this is widely known as multidrug resistance. Generally, patients take medication for 6 months to ensure their recovery, but in some circumstances, it may take longer (DepKes RI, 2006).

The high level of medication compliance among respondents can be affected by several factors; these include the following: (1) free medicines and health services, (2) once-daily dosing regimens during the intensive phase, (3) mild and corrective side-effects such nausea, (4) clear written instructions for taking medication, and (5) a health service center that is easily accessible to the public (Belloe, 2010).

Differences in illness behavioral patterns are also influenced by gender. Women heal at a faster pace than men (Notoatmojo, 2010). Women seemed

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to be more diligent in taking medication.

Researchers argue that the differences between men and women also affect a person's compliance. Men tend to prioritize rationality without paying attention to emotion (feelings), whereas women are opposite and are more diligent in taking medication. Hurlock (1998) stated that the older you are, the more mature and stronger in thinking and working you will be. In terms of public trust, someone who is more mature will be more trusted than someone who is not mature enough.

Some patients with TB do not comply in taking the drug completely, as pulmonary TB medicine must be consumed for a long period of time. Long treatment period can cause psychological pressure on TB sufferers. According to the results of interviews and questionnaires filled out by patients, the low level of patient compliance is generally due to the fact that patients feel that their disease reduced or symptoms disappeared 1-2 months or more after undergoing therapy. Sufferers do not continue the treatment seriously again. Another reason is the side-effects of TB drugs, which include reduced appetite of the patient (Snewe F, 2003). It is also possible that sufferers become bored with the long-term treatment and that they lack understanding regarding the effects of the drug. There is a disease history requiring the patient to take various drugs differently every day. The number of drugs and rules in taking different drugs

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can make
patients feel confused and

bored, potentially causing treatment noncompliance (Hayati, 2011).

The Effect of BMI in Improving the Nutritional Status of Patients with TB

Treatment is also related to the nutritional status of a patient. The better the immune system of the body, the lower the use of nutrients in fighting infection; therefore, nutrients can be optimally used for growth process. For example, in children, their nutritional status can increase. Apart from treatment, the intake of sufficient energy and protein can support the healing process and improve the nutritional status of children with TB infection.

TB treatment is divided into two phases: the initial and advanced phases. The initial phase is a treatment for 2 months, whereas the advanced phase lasts for 6-12 months. The drugs given in the early phase are Isoniazid, Rifampin, and Pyrazinamide, whereas Isoniazid and Rifampin are given in the advanced phase. This drug kills the TB bacteria. The side-effects of this drug include nausea, vomiting, anorexia, and headache. This effect can result in decreased appetite (Pusponegoro, 2005).

TB can reduce energy intake by changing the metabolism through decreasing appetite as part of the inflammatory and immune response. A study in Uganda

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found that
there was a decrease in

a number of nutrients, consisting of macronutrients and micronutrients, such as carbohydrates, energy, protein, total fat, calcium, vitamin A, and folate, in patients with TB (Ezekiel Mupere, 2012). Poor nutrition is a vital risk factor for TB, as cell-mediated immunity is the main key for fighting TB (J. P. Cegielski, 2008).

Family cultural factors can affect nutritional intake. For example, unequal food distribution in the family can affect the nutritional status of women. This can happen due to several factors, such as habits of women, in which they are trained to reduce food consumption to prioritize certain family members to eat first and provide the best food for men (Meena Mehta, 2016). This is also same in the case of men, in which they tend to consume more varied and high-quality food from restaurants.

Increasing energy requirements and worsening the condition of patients and food supplies affected the recovery of TB patients. Body wasting, a decrease in BMI, is a characteristic of patients with TB. Wasting causes the body to be nonfunctional, and if left untreated, it will cause death in patients with TB. Patients with TB can experience wasting for months, even after the patient has started OAT therapy. Inadequate nutrition increases the risk of TB infection changing into active TB and also increases the risk of death (Yung-Feng Yen, 2011).

The risk of death happened when nutritional status influence the TB patients . There is a relationship between malnutrition status and the risk of contracting TB. Poor nutritional status will increase the risk of TB. On the other hand, TB affects the nutritional status of the patient. Many patients with active pulmonary TB experience dramatic weight loss, and some show vitamin and

mineral deficiencies. Several factors, such as decreased appetite and food intake, increased metabolic loss, and changes associated with inflammatory and immune responses, can cause the above case (Cegielski P, 2004).

Family Support to Patients with TB

Family and community support plays a critical role in improving patient treatment. Interviews with several respondents indicated that some of the roles of PMO remain low; they only remind them to take drugs and control them regularly. This is probably due to the lack of knowledge of PMO about the importance of PMO for patients with pulmonary TB and TB counseling (Tirtana B, 2011).

It is hoped that family support can inspire patients to try to recover. One of the duties of family is to take care of family members who are sick. The family should be able to carry out these duties to achieve an optimal degree of health.

In real life, the optimal degree of health is achieved by the efforts of each family member, it should achieved from the cooperation of all members. Not all families can understand the patient's situation and needs. Family through good approach is able to psychologically ease the burden felt by the patient. According to Sarafino in Smet (1994), people who feel they receive the comfort, attention, and help they need from the social support can follow medical advice more easily than patients who do not. Therefore, the family is responsible for providing support both physically and psychologically.

Emotional support means a sense of empathy and sympathy the patients receive from family members, making the patient feel that they are not alone in bearing the burden of the pain he is suffering from. Families provide a sense of comfort and care for TB sufferers during the treatment period. With this, patients will improve their health and recover faster (Tri, 2020).

According to Niven (2012), family can be a very influential factor in determining individual health beliefs and values and the treatment program they can receive. Family support is a vital factor in medical compliance programs.

Family support and TB treatment achievement has been studied by many researchers, including research conducted by Rachmawati, Laksmiati, and Soenarsongko (2008). Family support has a vital role in the compliance of patients with pulmonary TB. The family is also responsible of acting as the supervisor of taking drugs (PMO); the family is expected to play a key role in monitoring and reminding patients continuously so that patients will take their medicines regularly and on time according to the dosage set by the health officer (Rachmawati, 2008).

The relationship between family support and patient compliance to take the medicine, means that the families as a supervisor. If the family members not support the patient, it risk 3.013 times the patient not comply with sputum re-examination in the final phase of treatment compared to patients who have good family support (Asra, 2017).

Family support

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is one of the factors that

influence pulmonary TB treatment compliance, where the nuclear family and extended family function as a support system for family members. The basic function of the family is the healthcare function. The healthcare function is the family's ability to care for family members who have health problems (Pare, 2012).

Families need to provide positive support as this will lead to cooperation in monitoring treatment between

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officers and family members who are

sick (Friedman, Bowden, & Jones, 2010).

The conclusion of this study is that the provision of IMB Intervention Skill with "Trisna" approach can improve treatment compliance, nutritional status, and family support in the treatment of patients with TB.

RESEARCHER CONTRIBUTIONRita benya Adriani as the main researcher played a role in collecting data and processing research data. Jenita DT Donsu examined the conceptual framework and methodology of knowledge. Dwi Sulistyo, examined the results of research and writing procedures.

RESEARCH FEE SOURCEThis study fee used from the Medical Polytechnic of Surakarta

CONFLICT OF INTERESTResearcher did not have any confilct of interest.

ACKNOWLEDGEMENTWe are grateful to Mojosongo Village, Jebres, Surakarta and Panggungrejo Village, Sewon, Bantul, who helped us to carry out research and all who have participated and are willing to become research subjects. We also thank Professor Bhisma Murti for his guidance in this research.

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