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Attitudes and Practices of Pulmonary Tuberculosis Prevention among Family with Tuberculosis in Children Specialist Polyclinic, Center of Lung Health Makassar Community

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Abstrak

Tren proporsi kasus tuberkulosis (TB) pada anak di Indonesia mengalami peningkatan dari tahun 2014 hingga 2016. Sikap dan praktik keluarga merupakan salah satu faktor yang berhubungan dengan kejadian TB pada anak. Penelitian ini bertujuan untuk mengetahui gambaran sikap dan praktik keluarga pasien TB tentang pencegahan TB paru di Poli Spesialis Anak Balai Besar Kesehatan Paru Masyarakat (BBKPM) Makassar. Jenis penelitian yang digunakan adalah kuantitatif dengan pendekatan deskriptif. Sampel ditentukan dengan menggunakan metode purposive sampling sehingga diperoleh 31 keluarga pasien TB anak yang menjadi responden penelitian ini, analisis data menggunakan analisis univariat. Hasil penelitian menunjukkan bahwa sikap responden lebih banyak bersikap positif yaitu sebanyak 16 orang (51,6%). Sebaliknya, responden yang memiliki sikap negatif sebanyak 15 orang (48,4%). Praktik responden lebih banyak pada kategori baik, yaitu sebanyak 19 orang (61,3%), dan praktik yang tidak baik sebanyak 12 orang (38,7%). Penelitian ini menyimpulkan bahwa sebagian besar responden memiliki sikap dan praktik yang baik mengenai tuberkulosis paru. Disarankan kepada instansi terkait untuk memasang poster, memberikan leaflet di ruang tunggu poliklinik anak, memberikan iklan edukasi tentang tuberkulosis paru di ruang tunggu utama, dan memberikan penyuluhan rutin kepada keluarga pasien tuberkulosis.

Kata Kunci: *Sikap, Praktik, Tuberkulosis Paru, Anak, Keluarga*

Abstract

The trend in the proportion of children with tuberculosis or TB cases in Indonesia has increased from 2014 to 2016. Family attitudes and practices include factors related to the incidence of TB in children. This study aims to describe the attitudes and practices of TB families regarding the prevention of pulmonary TB in the Children's Specialist Polyclinic of the Makassar Center for Lung Health. The type of research used is quantitative with a descriptive approach. The sample was determined using a purposive sampling method so that 31 families of TB patients of children who were respondents to this study were obtained—data analysis using univariate analysis. The results showed that the attitude of respondents was more positive, with several 16 people (51.6%). In contrast, respondents who had a negative attitude were 15 people (48.4%). Respondent's practice is more in the good category, with 19 people (61.3%), and bad practices in as many as 12 people (38.7%). This study concludes that most respondents have good attitudes and practices regarding pulmonary tuberculosis. It is recommended that the relevant agencies put up posters, provide leaflets in the pediatrician's polyclinic waiting room, provide educational advertisements about pulmonary tuberculosis in the main waiting room, and provide routine counseling to the families of tuberculosis patients.

Keywords: *Attitudes, Practices, Pulmonary Tuberculosis, Children, Family*

INTRODUCTION

Tuberculosis, or TB, is a disease that is still a global concern. In accordance with the 2030 sustainable development goals, the WHO targets to reduce deaths from tuberculosis by 90% and reduce the incidence by 80% in 2030 compared to 2014 (Kemenkes RI, 2017). The trend in the number of new tuberculosis cases in children globally increased in 2016, an estimated 1,040,000 cases compared to 2015, which was estimated at 950,000 cases (WHO, 2016, 2017). Asia is the second largest based on the number of deaths from TB aged 0-14 years after Africa, which was an estimated 89,600 cases in 2016. Indonesia is the 2nd highest after India based on the incidence of tuberculosis cases, which was estimated at 1,020,000 people in 2016 (WHO, 2017). Based on the Profile of the Ministry of Health of the Republic of Indonesia (2017), the trend in the proportion of tuberculosis cases in children in Indonesia has increased from 2014, 2015, and 2016 is estimated at 7.10%, 8.59%, and 9.04%.

The number of tuberculosis cases in children in South Sulawesi increased in 2016 compared to 2015, estimated at 581 (4.46%) and 551 (4.60%). The highest number of tuberculosis cases in children in South Sulawesi Province in 2015 and 2016 were in Makassar, estimated at 210 (5.77%) and 240 (6.13%). Based on this, it can be seen that the trend of the number of tuberculosis cases in children in Makassar increased from 2016 compared to 2015 (Dinas Provinsi Sulawesi Selatan 2016, 2017). The highest number of TB cases in children

(aged 0-14 years) were found in Makassar in 2016, namely at the Makassar Community Lung Health Center (estimated at 56 cases) (Dinas Kesehatan Kota Makassar, 2017).

Factors related to the incidence of tuberculosis are based on research by Agustin and Sustini (2017), namely the attitudes and actions of tuberculosis sufferers. According to research by Hamidi (2011) related to the relationship between knowledge, attitudes, and behavior of mothers regarding the prevention of pulmonary TB disease with the incidence of pulmonary TB in children aged 0-14 years at the Salatiga City Lung Disease Treatment Center in 2010, there was a relationship between knowledge ($p = 0.012$), attitudes ($p = 0.015$), and behavior of mothers ($p = 0.044$) regarding the prevention of pulmonary TB disease with the incidence of pulmonary TB in children.

The previous studies show that the factors related to the incidence of pulmonary tuberculosis in children are very closely related to the attitudes and practices of parents or, in this case, the family. According to Ali (2010), the role of the family in preventing the transmission of pulmonary tuberculosis is vital because one of the tasks of the family is to provide care for sick family members and prevent transmission to healthy family members. Based on this and the background description, the author is interested in researching the description of attitudes and practices regarding pulmonary tuberculosis in families of pediatric tuberculosis patients at the Pediatric Specialist Polyclinic of the Makassar Community Lung Health Center.

RESEARCH METHOD

This type of research was quantitative research using a descriptive approach. This research was conducted at the Children's Polyclinic of the Makassar Community Lung Health Center for about one month, from November to December 2018. The sampling method used was purposive sampling, and 31 families of children with TB were obtained as respondents in this study. The inclusion criteria were those willing to be respondents, families with patients treated in June - December 2018, and those living in Makassar. At the same time, the exclusion criteria were families with patients suffering from tuberculosis combined with HIV and AIDS. The analysis method used in this study was univariate analysis using the SPSS program, which was presented as tables and narratives.

RESULT AND DISCUSSION

In this study, the respondents were families of tuberculosis patients treated at the Children's Polyclinic of the Makassar Community Lung Health Center in 2018, totaling 31 people. Based on the distribution of the sub-districts where the most respondents live,

namely Tamalate and Rappocini Districts, with six people each (19.4%). The results showed that the respondents were mainly in the age range ≥ 20 - 35 years, with a total of 18 people (58.1%) and female gender totaling 28 people (90.3%). Most of the respondents in this study were mothers of tuberculosis patients, totaling 25 people (80.6%). The most extensive distribution was based on the respondent's last education, namely graduating from high school for as many as 18 people (58.1%) and working as a housewife for as many as 20 people (64.5%). Respondents mostly have monthly family income $>1,000,000$ – $2,000,000$ and $>3,000,000$ – $4,000,000$, each of which is nine people (29.0%) (Table 1).

Table 1. Socio-Demographic Characteristics of Families of Childhood Tuberculosis Patients at the Pediatric Specialist Polyclinic of the Makassar Community Lung Health Center

Family Characteristics	Number of Respondents	
	n	%
Subdistrict		
Biring Kanaya	2	6.5
Mamajang	2	6.5
Manggala	5	16.1
Mariso	1	3.2
The Panakkukang	4	12.9
Rappocini	6	19.4
Tallo	3	9.7
Tamalanrea	1	3.2
Tamalate	6	19.4
Ujung Tanah	1	3.2
Age		
<20 years	1	3.2
≥ 20 – 35 years	18	58.1
≥ 35 years	12	38.7
Gender		
Man	3	9.7
Woman	28	90.3
Relationship with Tuberculosis Patients		
Father	3	9.7
Mother	25	80.6
Aunt	2	6.5
Brother/sister	1	3.2
Last education		

Graduated from elementary school	3	9.7
Graduated from junior high school	4	12.9
Graduated from high school	18	58.1
Graduated from Academy/College	6	19.4
Work		
Doesn't work	1	3.2
Housewife	20	64.5
Private employees	4	12.9
Self-employed	6	19.4
Family Income		
0 – 1,000,000	2	6.5
>1,000,000 – 2,000,000	9	29.0
>2,000,000 – 3,000,000	7	22.6
>3,000,000 – 4,000,000	9	29.0
>4,000,000 – 5,000,000	2	6.5
>5,000,000	2	6.5
Total	31	100

Source: Primary Data, 2018

The sample in this study were tuberculosis patients treated at the Makassar Community Lung Health Center in 2018, the number of which was the same as the respondents. Distribution according to age, the most tuberculosis sufferers were 1 year old, with a total of 6 people (19.4%).

Table 2. Socio-Demographic Characteristics of Childhood Tuberculosis Patients at the Pediatric Specialist Polyclinic of the Makassar Community Lung Health Center

Patient Characteristics	Number of Respondents	
	n	%
Age		
6 months	1	3.2
1 year	6	19.4
2 years	3	9.7
3 years	4	12.9
4 years	2	6.5
5 years	4	12.9
7 Years	3	9.7
11 years old	2	6.5
12 years old	1	3.2

13 years old	2	6.5
14 years	3	9.7
Birth order		
1	12	38.7
2	8	25.8
3	6	19.4
4	4	1.9
5	1	3.2
Number of Siblings		
1 Siblings	6	19.4
2 Brothers	10	32.3
3 Brothers	9	29.0
4 Brothers	4	12.9
5 Siblings	1	3.2
7 Siblings	1	3.2
Gender		
Man	15	48.4
Woman	16	51.6
Patient Type		
New Patient	24	77.4
Relapsed Patients	3	9.7
Treatment Failure Patients	3	9.7
Patient Discontinued Medication	1	3.2
Breastfeeding Status (6 Months)		
Yes	18	58.1
No	13	41.9
BCG Status		
Yes	31	100
No	0	0
Contact History		
Family in the same house	19	61.3
Neighbor	3	9.7
Don't know	9	29.0
Treatment Duration		
0 Days	2	6.5
4 Days	1	3.2
2 weeks	1	3.2
1 month	11	35.5

2 months	4	12.9
3 months	6	19.4
4 months	2	6.5
5 months	4	12.9
Total	31	100

Source: Primary Data, 2018

Based on the distribution of birth order, the tuberculosis sufferers were the 1st, with a total of 12 people (38.7%), and two siblings, with a total of 10 people (32.3%). Most tuberculosis sufferers were female, with a total of 16 people (51.6%) and included new patients (77.4%). In addition, most tuberculosis sufferers had exclusive breastfeeding status with 18 people (58.1%). All tuberculosis patients have BCG status, with 31 people (100%). Based on this study, most tuberculosis patients have a history of contact. As many as 21 people (68%), consisting of 19 people (61.3%), have a history of family members and neighbors, and as many as three people (9.7%) have a history of neighbor contact. Based on the distribution of the most prolonged treatment period, which is 1 month, as many as 11 people (35.5%) (Table 2).

Table 3. Frequency Distribution of Respondents' Attitudes and Practices on Pulmonary Tuberculosis Prevention

Category	Number of Respondents	
	n	%
Attitude		
Positive	16	51.6
Negative	15	48.4
Practice		
Good Practice	19	61.3
Bad Practices	12	38.7
Total	31	100

Source: Primary Data, 2018

The study results showed that the respondents' attitudes toward preventing pulmonary tuberculosis were more positive, with 16 people (51.6%). Meanwhile, respondents who had a negative attitude were 15 people (48.4%). Respondents had more good practices towards the prevention of pulmonary tuberculosis, with a total of 19 people (61.3%) and less suitable as many as 12 people (38.7%) (Table 3).

Discussion

Respondents' attitudes towards pulmonary tuberculosis are the opinions or assessments of families of tuberculosis sufferers regarding the causes, transmission, prevention, symptoms, risk factors, and treatment of pulmonary tuberculosis. The distribution of respondents' attitudes towards pulmonary tuberculosis is more in the positive category than the negative category.

This is in line with research conducted by Hamidi showing that the attitude of mothers with pulmonary tuberculosis who have a negative attitude about preventing pulmonary TB disease is nine people (31.0%) and those who have a positive attitude about preventing pulmonary TB disease, 20 people (69.0%) (Hamidi, 2011). Research conducted by Nugroho and Astuti on 25 families of pulmonary tuberculosis patients in the North City Health Center Work Area showed that almost all respondents had a good attitude towards preventing pulmonary TB transmission (96%) (Nugroho & Astuti, 2010). The results of this study contradict research conducted by Purwanto on 22 respondents of pulmonary TB patient families in the Wringinaom-Gresik Health Center work area, which showed that respondents had more negative attitudes (54.5%) than positive attitudes (45.5%) (Purwanto, 2014). Based on the results of Agustin and Sustini's research, it shows that there is a significant relationship between attitudes and the incidence of tuberculosis as evidenced by a p-value of 0.013 and the incidence of tuberculosis is 7.667 times greater and does not occur in respondents with attitudes that support tuberculosis prevention efforts (Agustin & Sustini, 2017).

Respondents' attitudes towards pulmonary tuberculosis are also likely to be influenced by personal experiences, mass media, the influence of other people who are considered important, and the level of family education. All of the respondents have a role in health care and have family relationships with pulmonary tuberculosis sufferers, namely fathers, mothers, aunts, and siblings of sufferers. The requirements for respondents in this study were families who have a role in the health of pulmonary tuberculosis sufferers. In addition, most respondents work as housewives so that respondents are very aware of the condition of tuberculosis sufferers. Thus, based on this, respondents' attitudes are more positive, possibly influenced by the respondents' personal experiences when caring for their families who suffer from tuberculosis.

The study's results show that the sources of information for several respondents come from mass media such as the internet, posters, leaflets, banners, stickers, or TV advertisements. In addition, the respondents' information sources also come from neighbors or family. So, the possibility of sources of information, including the influence of

other people, is one of the formations of respondents' attitudes. According to Azwar (2012), a person's attitude is formed by personal experience, the influence of other people who are considered necessary, culture, mass media, educational institutions, religious institutions, and emotional factors.

Most respondents have a good level of education, namely graduating from high school (58.1%), and some respondents graduated from college/university (19.4%). A good attitude about tuberculosis towards TB patients is significantly associated with a high level of education (Bati et al., 2013). Respondents' attitudes towards pulmonary tuberculosis are also likely influenced by personal experience. All of the respondents have a role in health care and have family relationships with pulmonary tuberculosis sufferers, namely fathers, mothers, aunts, and siblings of sufferers. The requirements for respondents in this study were families with a role in the health of pulmonary tuberculosis sufferers. In addition, most respondents work as housewives, so respondents are very aware of tuberculosis sufferers' conditions.

Pulmonary tuberculosis prevention practices are anything that families do to prevent tuberculosis in their families, either to protect their families from being infected or to prevent the disease from getting worse, such as providing healthy and nutritious food regularly, routinely opening windows/ventilation or doors of the house, avoiding cigarette smoke, arranging a sufficient sleep schedule, washing hands with soap and routinely covering the mouth when sneezing or coughing. Based on the study results, the distribution of respondents' practices regarding preventing pulmonary tuberculosis was mostly in the good category. This is in line with research conducted by Nurfadillah, which stated that most families with pulmonary tuberculosis have good practices, with a percentage of 53.3% regarding measures to prevent transmission of pulmonary tuberculosis and less good at 46.7% (Nurfadillah et al., 2014). This study contradicts the results of interviews conducted by Suprajitno et al. with 36 families with tuberculosis recorded at the Community Health of Kepanjenkidul, Sukorejo, and Sananwetan Districts throughout Bliteran City, showing that respondents' efforts to prevent transmission of tuberculosis when caring for family members suffering from tuberculosis were mainly in the categories of less (58.3%), sufficient (36.1%), and good (5.6%) (Suprajitno et al., 2015).

The respondent's attitude likely influences the practice of preventing pulmonary tuberculosis. Respondents also have more positive attitudes than negative attitudes. The results of research conducted by Purwanto show a relationship between attitudes and family behavior regarding the prevention of infectious diseases of tuberculosis: the more positive attitudes, the better behavior, and the more negative attitudes, the more adequate/less

behavior (Purwanto, 2014). According to Adane et al., based on the results of bivariate analysis, it shows that good attitudes are associated with good practices regarding tuberculosis (Adane et al., 2017).

CONCLUSION

This study concludes that respondents have more positive attitudes and good practices. Based on the incidents found in the field, it is expected that Children Specialist Polyclinic, Center of Lung Health Makassar Community will provide leaflets in the waiting room of the pediatrician polyclinic and display educational advertisements about pulmonary tuberculosis in the main waiting room. Health workers (doctors, nurses, and officers at the DOTS Center) should provide routine counseling to families of tuberculosis sufferers, even if only briefly. For families with children who live in the same house as tuberculosis sufferers, contact should be avoided as much as possible, and taken to the health center to get prophylaxis. Moreover, most importantly, for the community, especially families who live in the same house as tuberculosis sufferers, to be more active in increasing their knowledge, for example, by reading posters, leaflets, or on the internet about tuberculosis.

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