

THE RESPONSE OF NEGATIVE STIGMA AND MOTIVATION TO RECOVER TO THE LEVEL OF ADHERENCE TO TAKING MEDICATION IN PULMONARY TUBERCULOSIS PATIENTS IN THE ANGGUR ROOM OF RSUD DR ADJIDARMO LEBAK IN 2023

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Abstract

Background: Tuberculosis (TB) is still the leading cause of death from infectious pathogens worldwide. Some of the factors that influence this are the negative stigma against the disease, at RSUD Dr. Adjidarmo Lebak, precisely in the Anggur room in 2022, there were 466 cases of Pulmonary Tuberculosis patients. Until now there is still a growing assumption in the community that TB is a hereditary disease that is difficult to overcome. This assumption makes many TB patients do not want to seek treatment because of shame and plus the family also tends to cover up the condition of the disease, Motivation has an influence on the success of treatment, especially pulmonary TB patients so that their desire and willingness to be able to behave obediently in treatment, a person's motivation to recover can affect adherence to taking medication in tuberculosis patients. Research Objectives: Knowing the response of negative stigma and motivation to recover to the level of adherence to taking anti TB drugs in pulmonary tuberculosis patients in the anggur room of Rsud Dr. Adjidarmo Lebak in 2023. Research methods: The research method used was descriptive correlational and cross sectional method with chi square test. The sample in this study was 33 tuberculosis sufferers undergoing anti-TB drug treatment who were treated in the anggur Room in November - December. The technique used in this research is sequential sampling, and data collection using a questionnaire. Research result: The results of data processing on respondents who have a high negative stigma as much as 97%, high recovery motivation as much as 100% and a high level of compliance as much as 42%, the results of the Chi Square test Negative stigma response to the level of adherence to taking anti TB drugs obtained p value = 0.024 means $p < \alpha$ (0.05). So it can be concluded that H_0 is rejected, and the Cure Motivation Response to the level of adherence to taking anti TB drugs obtained p value = 0.010 means $p < \alpha$ (0.05). So it can be concluded that H_0 is rejected. Conclusions and suggestions: Statistically there is a relationship between negative stigma response and motivation to recover on the level of adherence to taking anti-tuberculosis drugs in pulmonary tuberculosis patients in the Anggur room of RSUD Dr. Adjidarmo Lebak. It is expected that the results of this study can be used as input in carrying out nursing care in order to improve the quality of nursing services in the form of providing or conducting health education, especially the importance of adherence to taking OAT in tuberculosis patients in the Anggur room of RSUD Dr. Adjidarmo Lebak, in an effort to prevent drug resistance.

Keywords: Anti-Tuberculosis Drugs (OAT), Compliance Level, Healing Motivation, Negative Stigma, Tuberculosis

Introduction

Tuberculosis (TB) is still the leading cause of death from infectious pathogens worldwide, Tuberculosis is one of the infectious diseases that needs to be vigilant According to (KEMENKES RI, 2023) TB patients in Indonesia are 969,000. deaths due to TB are 144,000. According to the report (DHO of Lebak Regency, 2022) the total number of cases of new tuberculosis patients in Lebak Regency found in 2020 (TB patients who can be sorted out by their domicile in the administrative area in Lebak Regency) was 1,877 cases There were 48 deaths due to TB disease throughout 2020. The TB deaths were spread across 24 sub-districts out of 28 sub-districts in Lebak District. This number increased when compared to the previous year of 25 deaths. At RSUD Dr. Adjidarmo Lebak, to be precise in the Anggur room in 2022, it was recorded from medical records that the number of Pulmonary Tuberculosis patients was around 466 cases.

Pulmonary tuberculosis disease can lead to a decrease in the quality of life of patients with pulmonary tuberculosis. Some of the factors that influence this are negative stigma, until now there is still a growing assumption in the community that TB is a hereditary disease that is difficult to overcome. This assumption makes many people with TB do not want to seek treatment because they are embarrassed and their families also tend to cover up their illness. This is because TB in the community is still a stigma (negative thinking), although not as bad as the stigma of HIV/AIDS, but people who are diagnosed with TB will experience pressure or stress. TB patients often receive inappropriate treatment such as ostracization, rejection, and even reproach. Motivation has an influence on the success of treatment, especially for pulmonary TB patients so that their desire and willingness to be able to behave adherently to treatment arise. Low motivation to recover in TB patients has the potential to cause psychological distress for sufferers, it comes from the reactions of anger, anxiety, boredom, fear, disappointment, rejecting the situation, a person's motivation to recover can affect adherence to taking medication in TB patients.

Based on the description above, the researcher is interested in conducting a study to find out how the response of negative stigma and motivation to recover to the level of compliance with taking anti-tuberculosis drugs in pulmonary tuberculosis patients in the anggur room of RSUD Dr. Adjidarmo Lebak.

Methods

2.1 Research design

This study is a descriptive correlational study that looks at the relationship between the independent variable and the dependent variable with a cross sectional approach. The study was conducted with one time data collection of both the independent and dependent variables to determine how the response of negative stigma and motivation to recover to the level of adherence to taking anti-tuberculosis drugs in the Anggur Room of RSUD Dr. Adjidarmo Lebak. The implementation time starts from November 2023 to December 2023.

2.2 Setting and sample

The population in this study were pulmonary tuberculosis patients who had received anti-tuberculosis drugs (OAT) who were treated in the Wine Room. Patient data were obtained from patient records from August - October 2023 as many as 147 patients. With an average value per month in the anggur room of Dr. Adjidarmo Hospital as many as 49 patients, the sampling technique used was consecutive sampling technique, with a total sample size of 33 respondents. Data were analyzed with univariate and bivariate analysis tests.

2.3 Measurement and data collection

This study uses a questionnaire sheet that will be filled in by respondents (pulmonary tuberculosis patients who get anti-tuberculosis drug therapy), which will be analyzed using the SPSS 25 application: 1) Composmentis consciousness is needed because in the data collection process, because the respondent will answer questions in the questionnaire; 2) Pulmonary Tuberculosis patients who have received anti-tuberculosis drug therapy; 3) Pulmonary tuberculosis patients over 17 years old While the exclusion criteria are: 1) Lung Tuberculosis patients who are still suspected or have not received anti-tuberculosis drug therapy; 2) Patients with pulmonary TB (MDR +); and 3) Pediatric TB patients.

Data collection using questionnaires adopted from previous research by (Rizqiya, 2021), namely the Internalized Scale Of Mental Illness (ISMI) to determine the negative stigma of respondents, the Client Motivation Treatment Scale (CMOTS) questionnaire and a Likert scale for recovery motivation Researchers modified questions from Mahardita's research (2018) for leprosy to tuberculosis disease. and the Morisky Medication Adherence Scale (MMAS-8) questionnaire to determine the level of compliance with taking medication. The results of the validity test on the MMAS-8 questionnaire obtained a KR20 value of 0.8 and the ISMI questionnaire correlation value with $\alpha = 0.05$ was 0.62, and the Client Motivation Therapy Scale (CMOTS) showed a value of $r = 0.372 - 0.815$, the results showed that all question items had a valid correlation value with variations between 0.57221 - 0.84910. The reliability results on the ISMI questionnaire obtained Cronbach alpha which is 0.964, the MMAS-8 questionnaire is > 0.7 and the reliability test on the Client Motivation Therapy Scale (CMOTS) shows a Cronbach's alpha reliability value of 0.920 which means that the questionnaire is said to be reliable.

2.4 Data analysis

Data analysis uses univariate methods in the form of descriptive statistics on the characteristics of respondents and bivariate methods using the chi square test. In this study, researchers used SPSS to calculate the distribution of data.

2.5 Ethical considerations

To fulfill the legality aspect, tuberculosis patients will be asked to sign a letter of consent as respondents without any pressure or coercion from other parties. To maintain the confidentiality of the respondent's identity, the researcher will not put his/her name on the data collection sheet and simply provide a code number on each sheet that cannot be used to identify the respondent's identity. The confidentiality of pulmonary tuberculosis patient information is guaranteed by the researcher, only certain groups of data will be presented and reported as research results. Completed questionnaires will be kept by the researcher.

Results and Discussion

The results of the study obtained the characteristics of respondents of Tuberculosis Patients in the Wine Room, RSUD dr. Adjidarmo Lebak as shown in table 1.

Table 1. Characteristics of Tuberculosis Patient Respondents in the anggur Room of RSUD Dr. Adjidarmo Lebak.

Characteristics of Respondents	frequency	%
Age		
<25	3	9.1
26-35	10	30.3
>36	20	60.6
Gender		
Female	9	27.3
Male	24	72.7
Religion		
Islam	33	100.0
Catholic	0	0
Buddhism	0	0
Christian	0	0
Hindu	0	0
Confucian	0	0
Education		
Not in school	1	3.0
Elementary School	19	57.6
Junior High School	2	6.1
Senior High School	10	30.3
College	1	3.0
Marriage status		
Not married	6	18.2
Married	21	63.6
Widowed	6	18.2
Occupation		
Not working	13	39.4
Self-employed	4	12.1
Private Employee	3	9.1
Laborer	9	27.3
Farmer	3	9.1
Civil Servant	1	3.0
Duration of Treatment		
1 to 2 months	18	54.5
3 to 5 months	6	18.2
6 months	9	27.3

Source: Results of Research Data Analysis, 2023

Based on table 1, the results show that the average age of respondents is 45 years, more are male (72.7%) and the majority are Muslim (100%), the most education is elementary school graduates (57.6%), the majority of patients state that they are married (63.6%), from the employment data more are not working (39.4%) and the length of treatment is 1 month - 2 months (54.5%).

Table 2. Negative stigma of TB patients in the anggur room of RSUD Dr. Adjidarmo Lebak

Negative stigma	frequency	%
High negative stigma	32	97.0
Low negative stigma	1	3.0
Total	33	100%

Source: Results of Research Data Analysis, 2023

Based on table 2 obtained from 33 respondents, high negative stigma 32 (97%) respondents, and low negative stigma 1 (3%) respondents. The results of this study are in line with research by Efrizon Hariadi, DKK (2022) which shows the results that most of the community as many as 64 respondents (59.3%) still have a negative stigma towards people with pulmonary TB, Stigma is a negative label given by a person/group of people to other people or certain groups, which can usually be related to the existence of a chronic and infectious disease (Sari, 2018) Factors that can affect negative stigma about TB disease in this study are influenced by education level. Where the results of negative stigma were obtained with the majority of the last education being elementary school. This is in line with the theory in the research of Setiawati et al., (2022) which states that the level of education will affect the ability to absorb information, which affects the perception of the risk of pulmonary tuberculosis, treatment and irregular treatment methods. Based on the results of research conducted by researchers, it shows that the majority of TB patients treated in the anggur se affects them in socializing in the community, due to the lack of exposure to information about the disease.

Table 3. Motivation to Cure Tuberculosis Patients in the anggur Room of RSUD Dr. Adjidarmo Lebak

Motivation to Recover	frequency	%
High recovery motivation	33	100.0
Low recovery motivation	0	0
Total	33	100%

Source: Results of Research Data Analysis, 2023

Based on Table 3, 33 respondents (100%) had high recovery motivation. This shows that respondents have high motivation because the score obtained is the maximum value. Motivation is a drive from both inside and outside the patient to recognize the problems faced and review the desire and readiness to follow treatment therapy. Factors that can influence the motivation to recover in tuberculosis patients include age, length of treatment, self-desire and social support. In this study, it was found that most respondents were married as many as 21 (63.6%). According to Kodriati (2004), a marriage will benefit a person's health because they will get attention and social support from their partner. This social support can be in the form of emotional support (attention, affection and empathy), appreciation support (appreciation and feedback), instrumental support (assistance with labor, funds and time) and information support (advice, advice and information) (Lestari et al., 2020). According to research (Koupun et al., 2019) stated that the family plays a role in providing social support to people with tuberculosis such as reminding them to continue to control their treatment, take medicine on time and listen to their complaints so that they feel appreciated, loved, needed, strengthened and cared for by their family so that they become a source of strength and support for patients to recover, especially supported by good and regular treatment so that patients carry out complete treatment because they get good social support. The researcher assumed that the high motivation to recover was due to the fact that the majority of tuberculosis patients were married so that they received attention and social support from their spouses and did not want to disappoint others.

Table 4. Compliance Level of Taking Medicine of Tuberculosis Patients in the anggur Room of RSUD Dr. Adjidarmo Lebak

Medication adherence level	frequency	%
High compliance	14	42.4
Moderate compliance	12	36.4
Low compliance	7	21.2
Total	33	100%

Source: Results of Research Data Analysis, 2023

Based on Table 4, it was found that out of 33 respondents, the level of compliance with OAT in carrying out pulmonary TB treatment was in the category of high compliance 14 (42.4%) respondents, moderate compliance 12 (36.4) respondents and 7 (21.2%) respondents with low compliance levels. Previous research conducted by Christy et al., (2022) showed that the level of high compliance obtained was 23 (65.71%) respondents and the level of low compliance was 12 (34.29%) respondents. Compliance is very important in healthy living behavior. Compliance with taking anti-tuberculosis drugs is taking medicines prescribed by a doctor at the right time and dose (Saragih & Sirait, 2020). Previous research conducted by Suriya (2018) states that the treatment of tuberculosis patients who are too long makes patients lazy and leads to discontinuation of treatment and resumption of treatment from the beginning. The result of treatment non-compliance in TB patients will have an impact, among others, will result in immunity (resistance) of tuberculosis bacteria to anti-tuberculosis drugs (OAT) or often referred to as multidrug resistance (MDR) (Humaidi & Anggarini, 2020). Based on the results of research conducted by researchers, it shows that the majority of TB patients treated in the anggur room of RSUD Dr. Adjidarmo Lebak have a high level of compliance as many as 14 (42.4%) respondents. Because the attitude of treatment compliance is the most important indicator of the success of TB treatment so that the dangers that can be caused by TB such as the occurrence of MDR TB and even death can be prevented.

Table 5. Negative stigma response to adherence to anti-tuberculosis medications

Medication adherence level	Negative Stigma		Total	P Value
	Low	High		
High	1(7.1)	13(92.9)	14 (100)	0,024
Moderate	0 (0)	12 (100)	12 (100)	
Low	0 (0)	7 (100)	7 (100)	
Total	1 (3.1)	32 (96.9)	33 (100)	

Source: Results of Research Data Analysis, 2023

Based on Table 5 regarding the negative stigma response to the level of adherence to taking anti-tuberculosis drugs, 13 respondents had high negative stigma and a high level of compliance (92.9%), 1 respondent had low negative stigma and a high level of compliance (7.1%), 12 respondents had high negative stigma and a moderate level of compliance (100%), and 7 respondents had high negative stigma and a low level of compliance (100%).

The results obtained by the researcher show that the results of statistical tests that have been analyzed using the Chi square test with the help of SPSS version 25. obtained p value = 0.024 means $p < \alpha$ (0.05). So it can be concluded that H_0 is rejected. This proves that statistically there is a negative stigma response relationship to the level of adherence to taking anti-tuberculosis drugs in TB patients in the anggur room of RSUD Dr. Adjidarmo Lebak-2023. Pulmonary TB can lead to the emergence of stigma, ranging from family, community, to oneself. The emergence of stigma has a negative impact on treatment, prevention and also program plans related to pulmonary tuberculosis.

Stigma is the main cause of people with TB withdrawing from social life. They withdraw because many people think that the disease is disgusting, contagious, dangerous and is a witchcraft disease or because of hereditary factors from parents, TB sufferers often receive undue treatment such as acts of exclusion, rejection, and even reproach. Not all patients and families can stand the stigma and it has the potential to deprive sufferers and their families of their human rights, The existence of negative thinking needs to be eliminated in order to control tuberculosis disease. However, in this study, the high negative stigma of tuberculosis patients made patients also adhere to treatment. This is due to various factors, one of which is because the perception of TB disease is a bad thing, so that the desire to recover increases and adheres to treatment, and some sufferers state that suffering from TB disease makes them a tough person in life.

Table 6. Response of Motivation to Cure to the level of adherence to taking anti-tuberculosis drugs

Medication adherence level	Motivation to Recover		Total	P Value
	Low	High		
High	0 (0)	14 (100)	14 (100)	0,010
Moderate	0 (0)	12 (100)	12 (100)	
Low	0 (0)	7 (100)	7 (100)	
Total	0 (0)	33 (100)	33 (100)	

Source: Results of Research Data Analysis, 2023

Based on Table 6 regarding the response of recovery motivation to the level of compliance with taking anti-tuberculosis drugs, 14 respondents had high recovery motivation and high compliance (100%), 12 respondents had high recovery motivation and moderate compliance level (100%), and 7 respondents had high recovery motivation and low compliance level (100%). The results obtained by the researcher showed that the results of statistical tests that have been analyzed using the Chi square test with the help of SPSS version 25. obtained p value = 0.010 means $p < \alpha$ (0.05). So it can be concluded that H_0 is rejected. This proves that statistically there is a relationship between motivational response to Cure and the level of compliance with taking anti-tuberculosis drugs in TB patients in the anggur room of RSUD Dr. Adjidarmo Lebak-2023. This research is supported by research by Putri Mina Sari, Putri Dafriani, Fenny Fernando (2020) The results of the chi-square statistical test can be seen that the p-value is 0.045 ($p < 0.05$), which means that there is a relationship between motivation and adherence to taking medication in Pulmonary Tuberculosis patients in the Semerap Health Center Working Area in 2020.

Motivation is an encouragement contained in a person to try to make changes in behavior that are better in meeting their needs. The results of research by researchers found that there is a relationship between the response of recovery motivation to adherence to taking anti-tuberculosis drugs. This shows the meaning that the higher the recovery motivation of tuberculosis patients, the higher the level of compliance with taking medication.

Conclusions and Suggestions

Based on the research, it can be concluded that there is a relationship between negative stigma response and recovery motivation to the level of compliance with taking anti TB drugs in pulmonary tuberculosis patients in the anggur room of RSUD Dr. Adjidarmo Lebak. The results of this study are expected that researchers can apply knowledge about pulmonary TB and add to the experience of researchers from the research conducted, especially knowledge about how the negative stigma response and recovery motivation of pulmonary tuberculosis patients to the level of compliance with

taking anti-tuberculosis drugs, so that researchers know the description of the negative stigma response, recovery motivation, and the level of compliance with taking anti-tuberculosis drugs in pulmonary TB patients, can be reference material for the library, and can be used as input for other similar studies, and can be used as input for hospitals in carrying out nursing care in order to improve the quality of nursing services in the form of providing or conducting health education, especially on the importance of adherence to taking OAT in tuberculosis patients in the anggur room of RSUD Dr. Adjidarmo Lebak, in an effort to prevent drug resistance.

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