



JURNAL NERS DAN KEBIDANAN http://jnk.phb.ac.id/index.php/jnk

Family Support for The Fulfillment of Nutrition of Tuberculosis Patients





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Abstract
Family support covered informational support, instrumental support, emo-
tional support, and appraisal support needed tuberculosis patients, includ-
ing support of nutrition fulfillment. The study aimed to know the correlation
of information obtained and the family support to the fulfillment of nutrition of tuberculosis patients. The study used correlation design. The sample was
the family of tuberculosis patient of first category who was registered to
Public Health Center of Blitar city. The sample was 44 respondents selected
by simple random sampling. The data collection used the close-ended ques- tionnaire that was developed based on the theory of social support. The result showed that families who had ever received information about nutri- tion fulfillment was 11.4% (5 families) and had not ever received information was 88.6% (39 families); and the family support to the fulfillment of nutrition of tuberculosis patients of first category was in the category of supportive (59.1%) and non-supportive family was 40.9% (18 families). The correlation value of the Kendall Tau-b was 0.298 ($p = 0.014$). The family support for the fulfillment of nutrition of tuberculosis patients of first category who support was caused by the information obtained, while who did not support was caused by lack of information about the importance of nutrition fulfillment of tuberculosis patient. A weak correlation was caused by families who had received information about nutrition fulfillment for tuberculosis patients was very little, consequently the support given by the patient as a reward as a family member who was sick was also little. It is recommended that health workers at the Public Health Center give of health education regularly to the family in every drug taking.

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P-ISSN : 2355-052X E-ISSN : 2548-3811

INTRODUCTION

Tuberculosis patient often have weight loss as a sign of malnutrition and an indication of severity (Manalu, 2010). Inadequate nutrition of tuberculosis patients was caused by the patient lifestyle, lack of knowledge about nutrition, fatigue, sputum accumulation, chest pain, and weakness (Manurung, 2008). Inadequate nutritional needs of the patient can be prevented by family efforts in the form of support (Smeltzer & Bare, 2002).

Family support makes the patients (1) feel loved, (2) cared for, (3) feel respected, and (4) as part of the family. Family support can improve the healing and recovery for patients. The forms of family support include instrumental support, information support, emotional support, and appraisal support (Setiadi, 2008; Smeltzer & Bare, 2002).

The number of tuberculosis patients of first category in Blitar city in December 2016 was 48 people, and registered to the Public Health Center of Sukorejo was 20 people, Sananwetan was 17 people, and Kepanjen Kidul was 11 people. Based on the interview, it was found that five of ten families did not provide additional foods such as fruit, milk, or supplements because they did not understand the importance of supplementary food for the patient.

Based on the phenomenon above, the researcher interested to make study about family support for the fulfillment of nutrition needs of tuberculosis patients.

METHOD

The design of the study was correlational. The sample was 44 families of tuberculosis patients of first category who was registered at Public Health Center of Blitar city selected by simple random sampling. The variable was the family support for the fulfillment of nutritional needs of tuberculosis patients of first category. The instrument was a closed-ended questionnaire about family support developed from the need and nutrition fulfillment of tuberculosis patient theory. The data collection was conducted in May – July 2017 at the patient's home. The data analysis was correlation.

RESULT

Characteristic of family and tuberculosis patient of first category presented in the first table.

Table 1 Characteristic of family and tuberculosis pa-tients of first category who was registered atthe Public Health Center of Blitar city (n=44)

No.	Characteristic	f	%
1	Family (the supervisor drug		
	taking) age:		
	- 15 – 20 years old	18	40.9
	- 21 – 40 years old	3	6.8
	- 41 – 60 years old	23	52.3
2	Family relationship status:		
	- Husband	5	11.4
	- Wife	16	36.4
	- A child	18	40.9
	- Other	5	11.3
3	Family education:		
	- Never	2	4.5
	- Junior school	3	6.8
	- Senior school	33	75.0
	- Higher	6	13.6
4	Family income (IDR):		
	- 300.000 - 1.000.000	11	25.0
	- 1.000.001 - 2.000.000	25	56.8
	- > 2.000.000	8	18.2
5	Time weight loss		
	tuberculosis patient:		
	$- \leq 3$ months	29	65.9
	-3 months	15	34.1
6	The amount of weight loss		
	tuberculosis patient:		
	-constant	3	6.8
	-< 3 kg	2	4.5
	-3 – 6 kg	26	59.1
	- <u>></u> 6 kg	13	29.6

Information ever obtained and family support in the fulfillment of nutrition for tuberculosis patients of first category presented in the second table.

Type of family support in the fulfillment of nutrition for tuberculosis patients of first category presented in the third table.

	Family support to:					
	Supportive		Nonsupportive		Total	
	f	%	f	%	f	%
Information ever obtained about : Yes	5	11.4	0	0.0	5	11.4
Never	21	47.7	18	40.9	39	88.6
Total	26	59.1	18	40.9	44	100.0
Kendall's Tau-b	p = 0.014		$T_b = 0.298$			
Spearman Correlation	p :	= 0.050	rs	= 0.298		

 Table 2 Cross table between information ever obtained and family support in the fulfillment of nutrition for

 tuberculosis patients of first category was registered at the Public Health Center of Blitar city (n=44)

Tabel 3 Type of family support in the fulfillment of
nu-trition for tuberculosis patients of first
cat-egory was registered at the Public
Health Cen-ter of Blitar city (n=44)

No. Type of family		Supj	portive	Non supportive		
	support	f	%	f	%	
1	Instrumental	21	47.7	23	52.3	
2	Informational	25	56.8	19	43.2	
3	Emotional	20	45.5	24	54.5	
4	Appraisal	24	54.5	20	45.5	

DISCUSSION

Signs of nutritional fulfillment as the needs of tuberculosis patients of first category in the last 3 months of weight loss ranged from 3 to 6 kg (table 1). This situation was a sign that the family needs to fulfill the nutrition because the patients always interact with the family (Escott-Stump, 2008). The majority (88.7%) of tuberculosis patients of first category in this study was taken care of by the family (husband, wife, and child) (table 1). The fulfillment of nutrition in harmony with the third family duty in the field of health is caring for family members who are sick (Suprajitno, 2004; Suprajitno et all, 2015).

The family ability for the fulfillment of the nutritional needs could be influenced by the family education level and income per month (table 1). The level of education made easier for individuals to perceive and conclude the importance of parenting in the family. Family income affected the nutritional fulfillment of tuberculosis patients of first category because nutrition sufficiency was not cheap. Mubarak, et al (2007) wrote that the higher education the easier to receive the information and new knowledge. That families who had better income would keep their household environment clean, provide good drinking water, buy food of adequate quantity and quality for their families, and could afford health care they need (Manalu, 2010). Thus, increased knowledge and high income can help in support of tuberculosis patient to fulfillment of nutrition every daily so that the recovery would increase.

The family support for tuberculosis patients of first category based on each type of family support the percentage of support and non supportive had almost the same percentage (table 3). According to the categories, family support were instrumental support, informational support, emotional support, and appraisal support (Friedman, 1998; Setiadi, 2008).One of social support type was information support. The family information support included giving advice, direction, ideas or other information needed to someone for overcoming the problems encountered and this information may be communicated to others who may face the same or similar issues (Smet, 1994). Caplan's theory in Friedman (1998) suggested that suggestions and information could be used in expressing a problem. The benefits of information support by the family for tuberculosis patients of first category could suppress the emergence of stress caused by longlasting treatment.

Researchers argue that the family information support and provides nutrition were importance to curing. The information from family showed majority of the family never received information about the fulfillment of nutrition for tuberculosis patients of first category, but nurses ever provide health education about the importance of nutrition to tuberculosis patients of first category at the first time treatment. If the family did not have information resulted in the nutritional needs of patients were not met and could increase the severity. That is, the fulfillment of nutrients is very important.

The family instrumental support is a source of practical and concrete help. Instrumental assistance aims to facilitate a person to activities related to the problems faced reduce the difficulties or encountered(Friedman, 1998). The instrumental family support is prepared supplements such as the vitamin or choose foods that can prevent coughing.Researchers argue that the instrumental family support includes providing recommended the high protein-calorie foods, providing supplements that can increase the patient's immune system, and avoid food as a cough trigger. The appraisal family support displayed the positive appreciation or approval of ideas of the patient. the family acts as a feedback giver, guider, mediator, and validator of problem-solving. Helping people learn about themselves in an important situation can be shown that the patient's ideas and feelings are supported (Friedman, 1998; Setiadi, 2008; Suprajitno, 2004).

The family emotional support involves loving, caring, and trusting family members. The family as a safe and peaceful place and restore emotions mastery. This type of support involves the expression of sympathy and caring for someone so as to provide a comfortable feeling, making the individual feel better. Individuals regain self-confidence, feel owned, and feel loved in times of stress. In this case, the person who feels to get this kind of social support will feel relieved to be noticed, get advice or a pleasant impression on him (Friedman, 1998).Researchers believe the family emotional support about discussing the progress of patients with other family members to find the best solution for nutrition fulfilling, providing time to communicate, interact with patients, listen to complaints.

The correlation of information obtained and the social support of the family was in the weak category, because the family who received information about the importance of nutritional fulfillment for tuberculosis patients of first category only slightly.Families who received information only slightly because of the health workers busy administration.

CONCLUSIONS

The family support for the fulfillment of nutrition of tuberculosis patients of first category who gave support was caused by the information obtained and who did not support was caused by lack of information about the importance of nutrition fulfillment of tuberculosis patient.

RECOMMENDATIONS

The health workers at the Public Health Center should provide regular health education to the family in every drug taking.

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