

Research Article

Social Support for the Quality of Life of Pulmonary Tuberculosis Patients

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ABSTRACT

Pulmonary tuberculosis is an infectious disease that can affect the quality of life of sufferers. Social support is often considered a contributing factor to the quality of life of pulmonary TB patients, but research results on this relationship are still mixed. This study aims to analyze the relationship between social support and the quality of life of pulmonary TB patients. This study used a quantitative design with a cross-sectional approach, consisting of 33 pulmonary TB patients registered at one of the health centers in Palembang city. Data were collected using a questionnaire that included a social support scale, a stigma scale, and the WHOQOL-BREF instrument to measure quality of life. Correlation analysis showed that social support had a weak positive relationship with quality of life ($r = 0.33$; $p = 0.05$) which means that the higher the social support received by the respondents, the better their quality of life. Social support contributes positively to improving the quality of life of pulmonary tuberculosis patients.

Keywords: Pulmonary Tuberculosis; Social Support; Quality of Life

1. INTRODUCTION

Tuberculosis (TB) is an infectious disease caused by an infection of rod-shaped bacteria called *Mycobacteria tuberculosis*. These bacteria attack the lung parenchyma causing pulmonary tuberculosis (pulmonary TB) but also infect other organs (extrapulmonary TB) such as the pleura, lymph nodes, bones and other organs. Clinical manifestations of pulmonary TB include coughing up blood-stained phlegm for more than 2 weeks, chest pain, shortness of breath, and accompanied by other symptoms such as malaise, weight loss, loss of appetite, chills and fever (Erlina et al., 2020). Tuberculosis is one of the 10 leading causes of death in the world (Dewita et al., 2023). According to the World Health Organization (WHO) in 2023 based on data collected by the National Ministry of Health of 192 countries and territories with more than 99% of the world's population and TB cases reporting their data. In 2021, Pulmonary TB became the second deadliest infectious disease after Covid-19 in Indonesia and was the 13th leading cause of death in the world. WHO reported that the estimated number of people diagnosed with TB in 2021 globally was 10.6 million cases, an increase of around 600,000 cases from 2020 which was estimated at 10 million cases of TB. Of the 10.6 million cases, 6.4 million (60.3%) people have been reported and are undergoing treatment and 4.2 million (39.7%) others have not been found (World Health Organization, 2023).

Indonesia is in second place with the largest number of pulmonary TB sufferers in the world after India, followed by China, the Philippines, Pakistan, Nigeria, Bangladesh and the Democratic Republic of the Congo in sequence. In 2020, Indonesia was in third place with the largest number of cases, so 2021 is clearly not better. Pulmonary TB cases in Indonesia are estimated at 969,000 cases of Pulmonary TB (one person every 33 seconds). This figure is up 17% from 2020, which was 824,000 cases. The incidence of Pulmonary TB cases in Indonesia is 354 per 100,000 population, which means that for every 100,000 people in Indonesia, there are 354 people suffering from Pulmonary TB (Organisation, 2023). Pulmonary TB can be suffered by anyone, of the total 10.6 million cases in 2021, at least 6 million cases were adult men, then 3.4 million cases were adult women and other Pulmonary TB cases were children, which was 1.2 million cases. Deaths from Pulmonary TB as a whole are also very high, at least 1.6 million people died from Pulmonary TB, this figure is up from the previous year which was around 1.3 million people. There are also 187,000 people who died from Pulmonary TB and HIV. In 2021 in South Sumatra from a population of 8,605,288 cases of TB cases estimated to be 33,773 with 14,591 confirmed SO pulmonary TB cases, 274 confirmed RO TB cases and 14,865 confirmed Pulmonary TB cases and the results of treatment of cases from 10,009 cases were declared cured 2040, complete treatment 6,896, died 376, failed 32 lost to follow up 454 and not evaluated

211 (World Health Organization, 2023). Based on a preliminary study conducted by researchers at a health center in Palembang City, data recorded in 2022 showed that there were 90 cases of pulmonary tuberculosis, in 2023 it decreased to 59 people and the number of patients recorded in January to June 2024 was 40 people. TB patients often face various challenges, including disease burden, side effects of treatment, and social stigma. The social stigma experienced by TB patients can have a negative impact on quality of life. Community stigma is a prejudice, discrimination, stereotype that leads to a negative attitude or views someone or differentiates someone based on something (Saiful, Besar et al., 2022).

Research Question

The formulation of the problem of this study Pulmonary tuberculosis is an infectious disease that is still a global health problem, especially in developing countries. In addition to physical impacts, pulmonary TB also has significant psychological and social impacts on sufferers. One factor that plays a role in the quality of life of pulmonary TB sufferers is social support. Strong social support from family, friends, and community can help patients face the challenges of the disease and include undergoing long and sometimes tiring treatment. However, the stigma that is often attached to TB can hinder the social support received by patients. The social stigma associated with TB, which is often caused by a lack of knowledge and understanding of the community about this disease, can cause social isolation, feelings of shame, and low self-esteem in patients which have an impact on decreasing the quality of life, so the research question is whether there is a relationship between social support and stigma on the quality of life in pulmonary tuberculosis patients.

Justification for the research

This study aims to describe and understand the relationship between social support and quality of life in pulmonary tuberculosis patients.

2. RESEARCH METHOD

This type of research will use quantitative research with a descriptive correlational research design with a cross-sectional approach. Correlation design is used to analyze the relationship between one variable and another (Polit & Beck, 2018). Researchers chose to use a correlation design because using this design will help researchers answer the objectives of the study, where the purpose of this study is to determine the relationship between social support and stigma on the quality of life of pulmonary tuberculosis patients. This research will be conducted in the working area of the health center in the city of Palembang. The research begins with the preparation of the research proposal which begins in August 2024, while the time for collecting research data is carried out from September to December 2024. A sample is a part or element of a population selected for research that is considered to be representative of a population (Grove et al., 2014). Sample collection in this study was carried out using the total sampling technique. Total sampling is a sample collection technique when all members of the population are used as research samples (Siregar et al., 2021, p. 115). The number of samples in this study was 33 pulmonary tuberculosis patients registered with the Health Center in Palembang City. The inclusion criteria in this study are as follows: 1) Adult tuberculosis patients registered with the Health Center in Palembang City, 2) Adult patients are willing to take part in the research process from start to finish, 3) able to communicate well, 4) have good vision and hearing, 5) are able to read and write well, 6) are willing to be respondents by signing an informed consent. While the exclusion criteria in this study are: 1) Respondents who do not respond and are not cooperative. The research instrument that will be used in this study is a questionnaire. The questionnaire that will be used in this study consists of a respondent demographic questionnaire, a social support questionnaire, and a quality of life questionnaire.

3. RESULTS AND DISCUSSION

The Relationship between Social Support and Quality of Life of Pulmonary Tuberculosis Patients (n=33)

Variabel Independen	Variabel Dependen Quality of Life		Total Responden (n)
	Koefisien korelasi (r)	P value	
Social support	0,33	0,05	33

The social support variable has a correlation coefficient value of 0.33 with a p value of 0.05. This shows that there is a weak positive relationship between social support and quality of life, where the higher the social support received by respondents, the higher their quality of life tends to be.

4. CONCLUSION

The quality of life of patients ranged from 42 to 75, with a mean of 60.97 and a standard deviation of 8.55. Although the average quality of life was at a moderate level, wide variations indicated that some patients experienced low quality of life. Factors such as low social support and high stigma can contribute to this decline in quality of life (Terok et al., 2012). The results of the statistical analysis of the relationship between social support and quality of life of pulmonary tuberculosis patients, namely the correlation coefficient value of 0.33 with a p value of 0.05, showed a weak positive relationship between social support and quality of life, meaning that the higher the social support received by respondents, the quality of life tends to increase. Forms of social support can be in the form of emotional support, information, or practical assistance provided by family, friends, or the community. This support plays a very important role in improving individual welfare, thereby improving quality of life. Previous studies have stated that the influence of the role of social support in the coping strategy of pulmonary tuberculosis patients is very important. Social support can improve the quality of life of patients and can increase patient compliance with treatment. Social support can be obtained from family, peers or the community. (Handayani & Suryana, 2024). The results of a study conducted by Septia et al., (2021) explained that patients who received negative family support were 4.3 times less likely to be compliant in taking medication compared to patients who received positive support. The success of pulmonary TB treatment will affect the patient's psychological condition for the better. So with the social support strategy, it can be an option for pulmonary TB patients in improving their quality of life and can improve the psychological condition of patients (Handayani & Suryana, 2024). According to the researcher's assumption, social support plays an important role in improving the quality of life of pulmonary tuberculosis patients by providing a sense of security, improving emotional well-being, and helping individuals cope with stress that arises due to the disease they experience. Support from family, friends, or the community can strengthen the patient's ability to face the psychological and physical challenges experienced due to the impact of the disease. Social support can increase compliance with treatment, speed up the recovery process, and reduce the stigma that is often experienced by patients, thereby improving the quality of life of patients.

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