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The Behavior of The Family Contacts of The Same House in Examination of Tuberculosis in Pamekasan

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Abstract
Tuberculosis is still a global problem until recently. Case detection rate of tuberculosis in Pamekasan in 2015 was 39.85%. This research was conducted for the analysis of the behavior of the family contacts of the same house in examination of tuberculosis in Pamekasan. This research was conducted with cross sectional observational approach, supported by 379 respondents from 8 clinic by using a two-stage cluster sampling. Data was analyzed by logistic regression test, with the p-value were 0.000 for perceived vulnerability, 0.000 for perceived seriousness, 0.000 for perceived benefits and 0.214 for perceived barriers, so could be concluded that perceived vulnerability, perceived seriousness and perceived benefits were the determinants of behavior of the family contacts of the same house in examination of Tuberculosis in Pamekasan.

Keywords: *Health belief model, Family contacts, Conduct inspection of Tuberculosis*

I. INTRODUCTION

Tuberculosis disease is still a global problem because until now there has been no single country in the world free from this disease. To address the incidence of the disease tuberculosis, the WHO raised the issue of tackling this disease as one of the main targets in the Sustainable Development Goals (SDGs). In the year 2035 is expected throughout the country are able to hammer out the epidemic of tuberculosis globally.[1]

Until 2015, Mycobacterium tuberculosis has infected one-third of the world population, according to the WHO, there are about 10.4 million cases of tuberculosis, some 5.9 million (56%) of sufferers are female, 4.5 million (44%) are women, 1.0 million tuberculosis sufferers (10%) is attacking the children. Sufferers of tuberculosis with HIV donate 1.2 million (11%) of all new tuberculosis cases. The difficulty of healing disease tuberculosis on the old case is aggravated by the presence of new cases of tuberculosis were found.[23]

The goal of treatment of tuberculosis include several things of which to heal the patient, prevent the recurrence of the disease, reduce the risk of death, preventing the onset of drug resistance, and the most important thing is to decide the chain of transmission. Tuberculosis transmission chains decided effort to become a top priority because of the risk of tuberculosis transmission in Indonesia each year is quite high (1-3%), with the ARTI (Annual Risk of Tuberculosis Infection) tuberculosis of 1% is estimated to be between 100,000 population 100 transmission tuberculosis sufferer occur each year, with 50 tuberculosis sufferers a positive smear[4]

Based on the data of East Java Health Office, the indicator close to the discovery of new cases of tuberculosis sufferers co-founded the East Java province are at second place after West Java, however in the discovery of new cases of smear positive tuberculosis (Case Detection Rate/CDR), East Java province still ranked eight of the 33 provinces in Indonesia

Discovery of a new case number/CDR (case detection rate) tuberculosis disease in Pamekasan recorded on health services for the entire Pamekasan clinics in 2015 average 39.85%, the figure is certainly very far from the target national coverage of 70%.

Diagnosis of tuberculosis which upheld earlier aims to prevent the occurrence of digits in pain or speed up the treatment so that the hope of healing and transmission can be prevented. Delay in diagnosis and treatment of tuberculosis sufferers as well as affect the amount of other people's risk of contracting tuberculosis sufferers, one person infeksiosa untreated will pass on 10-15 people every year [5]

Family duties in addition to overseeing the tuberculosis sufferers taking medication on a regular basis, also need to prevent infectious diseases tuberculosis so that no other family to[6]

The main basic issues raised in this research is how to conduct an examination of tuberculosis contacts the same house. In order for this research was routed, not widen it to things that are not necessary, this research is limited in the scope of the discussion of family behavioral analysis contact the same house in tuberculosis examination in Pamekasan as grounding in research with the use of a variable in the Health Belief Model (HBM).

This research aimed to analyze the behavior of the family contacts of the same house in examination of tuberculosis in Pamekasan using the concept of HBM. The results of this research were expected to help health

workers to determine strategic plan so that families can make use of the contact of clinics to the maximum so that the CDR increased tuberculosis smear positive

II. METHODS

The research was conducted using observational approaches. The observation was done programmatically, among others, see, hear, and noted a number of specific activities of the existing relationships with the research that is being done[7]. The study was quantitative using cross sectional approach. Cross sectional approach was the design of the study by doing the measurements or observations at the same time or once upon a time[8]

This research was conducted in Pamekasan, carried out in December 2016 until August 2017. The population was family of tuberculosis sufferers close contacts (care giver) in Pamekasan (881 people). Based on the results of the calculation, sample size was 379, selected by two-stage cluster sampling.

III. RESULTS

Table 1. Correlation between perceived vulnerability and Tuberculosis examination

Perceived Vulnerability	n (%)			P
	Do Not Check	Check	Total	
Not Vulnerable	142 (62.6)	30 (19.7)	172 (45.4)	0.000 (significant)
Vulnerable	85 (37.4)	122 (80.3)	207 (54.6)	
Total	227 (59.9)	152 (40.1)	379 (100)	

Table 2. Correlation between perceived seriousness and Tuberculosis examination

Perceived Seriousness	n (%)			P
	Do Not Check	Check	Total	
Not serious	88 (23.2)	10 (2.6)	98 (25.9)	0.000 (significant)
Serious	139 (36.7)	142 (37.5)	281 (74.1)	
Total	227 (59.9)	152 (40.1)	379 (100)	

Table 3. Correlation between perceived benefits and Tuberculosis examination

Perceived Benefits	n (%)			P
	Do Not Check	Check	Total	
Not beneficial	62 (16.4)	9 (2.4)	71 (18.7)	0.000 (significant)
Beneficial	165 (43.5)	143 (37.7)	308 (81.3)	
Total	227 (59.9)	152 (40.1)	379 (100)	

Table 4. Correlation between Perceived barriers and Tuberculosis examination

Perceived Barriers	n (%)			*P*
	Do Not Check	Check	Total	
No barriers	18 (4.7)	8 (2.1)	26 (6.9)	0.214 (not significant)
Obstacles	209 (55.1)	144 (38.0)	353 (93.1)	
Total	227 (59.9)	152 (40.1)	379 (100)	

IV. DISCUSSION

Data analysis results explained that most of the respondents of the research did not feel vulnerable, tend not to do the inspection of tuberculosis, while respondents who felt vulnerable to tuberculosis disease more checks. The results of the statistical analysis also showed that there was a significant relationship between the perceived vulnerability and examination of tuberculosis. These results are in line with the observation data transmission of tuberculosis diseases conducted in Japan in the families with tuberculosis disease risk get the data of the family plays an active role with the voluntary program. But the results of this study argue research ever done stating that there is no influence between the perceived vulnerability of efforts to combat tuberculosis transmission.

Data analysis results explained that most of the respondents in the study who consider tuberculosis is not a serious as the disease tends not to do an examination of tuberculosis.The perceived seriousness of someone about a disease is always based on a person's views against a disease. It affects individual efforts to determine the best course of action for him, efforts are being made, among others, how one seeks to avoid contracting the disease is felt or believed to be a serious disease.

Respondents who stated that the examination of tuberculosis have high benefits, will perform an examination of tuberculosis, in contrast to respondents who feel no benefit received on the examination of tuberculosis, most do not do examination of tuberculosis. Tuberculosis examination is important to determine the diagnosis of tuberculosis disease or useful to continue the treatment program,[9] but the results of this study argue research ever done[10] Safri, (2010) stating that there is no influence between the perceived vulnerability of efforts to combat tuberculosis transmission.

The respondents in the research assessing the resistance tuberculosis examination, but many of them do not do examination of tuberculosis, while respondents with high barriers to doing more examination of tuberculosis. So the results of the statistical analysis showed no relationship between perceived barriers that respondents with tuberculosis examination conduct. According to rosenstock (Janz & Becker, 1984) suggests that belief in adopting behaviors can occur due to barriers in the health service[11]. However, in this study the respondents turned out to be capable of finding ways to reduce these obstacles

V. CONCLUSION

Based on the results of the study could be concluded that perceived vulnerability, perceived seriousness and perceived benefits were the determinants of behavior of the family contacts of the same house in examination of Tuberculosis in Pamekasan.

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