

## **The Relationship of The Medication Adherence Model to The Quality of Life of Communities Pulmonary Tuberculosis Suffering in The Working Area of The Muliorejo Health Center, Sunggal District, Deli Serdang 2023**

**Megawati\*, RR. Sri Arini Winarti Rinawati, Soep**

Poltekkes Kemenkes Medan, Indonesia

\*email: [hjmegawati1963@gmail.com](mailto:hjmegawati1963@gmail.com)

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### **ABSTRACT**

*Tuberculosis sufferers experience changes in their physical, psychological health and social life which can have an impact on the quality of life of pulmonary tuberculosis sufferers. Curing pulmonary tuberculosis requires regular treatment for up to 6 months. The purpose of this research is to identify the relationship between the Medication Adherence Model and the Quality of Life of People Suffering from Pulmonary Tuberculosis at the Muliorejo Community Health Center, Sunggal District, Deli Serdang Regency. This research method uses descriptive collaborative with a cross sectional approach. Sampling was taken by accidental sampling with a sample size of 60 respondents. Medication adherence was obtained using the MMAS-8 questionnaire and quality of life using the WHO QoL-BREF questionnaire. The statistical analysis used is the Chi-Square test. Of the 60 respondents, 25 respondents were found in the low medication adherence category, namely 25 people (41.7%) had a poor quality of life, 20 people (33.3%) had a moderate quality of life and none had a moderate quality of life. good, out of a total of 30 respondents in the high medication adherence category, 35 people (58.3%) had a quality of life in the moderate category, 20 people (33.3%) experienced a quality of life in the good category and no one experienced a poor quality of life. Based on the results of the Chi-Square Test, it was found that the pvalue (0.000) was smaller than the significant value (0.05) so that  $H_a$  was accepted, which means there is a relationship between adherence to taking medication and the quality of life of Tuberculosis patients in the Muliorejo Community Health Center working area. There is a relationship between adherence to taking medication and quality of life in tuberculosis patients in the Muliorejo Community Health Center working area. Consume nutritious food · Let sunlight enter the room · Use a mask · Limit contact at the start of treatment · Wash your hands frequently.*

**Keyword:** Medication Adherence; Quality of Life; Pulmonary Tuberculosis.

## ABSTRAK

Penelitian Kajian Kebijakan Strategis (KKS) merupakan sebuah program pendanaan penelitian dimana luarannya bisa membantu pemerintah merumuskan kebijakan strategis dalam rangka memecahkan masalah-masalah publik. Tuberkulosis (TB) adalah salah satu jenis penyakit menular. Sumber penyakit ini adalah bakteri *Mycobacterium tuberculosis*. Tujuan dari penelitian ini adalah teridentifikasinya hubungan Hubungan Model Kepatuhan Minum Obat Terhadap Kualitas Hidup masyarakat Penderita Tuberkulosis Paru Di Puskesmas Mulioorejo Kecamatan Sunggal Kabupaten Deli Serdang. Rancangan penelitian ini menggunakan Descriptive Colerative dengan pendekatan cross sectional. Pengambilan sampel dengan cara Accidental sampling dengan jumlah sampel sebanyak 60 responden. Kepatuhan minum obat diperoleh melalui kuesioner MMAS-8 dan kualitas hidup menggunakan kuesioner WHO QoL-BREF. Analisa statistik yang digunakan adalah uji Chi-Square. Dari 60 orang responden didapatkan 25 orang responden dengan kategori kepatuhan minum obat rendah yaitu 25 orang (41,7%) memiliki kualitas hidup dengan kategori buruk, 20 orang (33,3%) dengan kualitas hidup kategori sedang dan tidak ada yang memiliki kualitas hidup baik, dari total 30 orang responden dengan kategori kepatuhan minum obat tinggi yaitu 35 orang (58.3%) memiliki kualitas hidup dengan kategori sedang 20 orang (33,3%) mengalami kualitas hidup dengan kategori baik dan tidak ada yang mengalami kualitas hidup buruk. Berdasarkan hasil Uji Chi-Square didapatkan nilai pvalue (0.000) lebih kecil dari nilai signifikan (0.05) sehingga Ha diterima yang artinya ada hubungan antara kepatuhan minum obat dengan kualitas hidup pasien Tuberkulosis di wilayah kerja Puskesmas Mulioorejo. Terdapat hubungan antara kepatuhan minum obat dengan kualitas hidup pada pasien tuberkulosis di wilayah kerja Puskesmas Mulioorejo. Disarankan kepada responden yang berusia > 50 tahun agar melaksanakan kegiatan olahraga, senam, pola hidup sehat dan rajin minum air putih hangat, Mengkonsumsi makanan TKTP.

**Kata Kunci:** Kepatuhan Minum Obat; Kualitas Hidup; Tuberkulosis Paru.

## INTRODUCTION

Pulmonary tuberculosis (TB) is still a public health problem that causes high levels of morbidity, disability and mortality, so efforts to control it need to be made. Pulmonary TB should not be a problem because the germ that causes it is known, the medicine is available and it is free and can be cured. But in reality, TB cases are still increasing, and many are even drug-resistant due to lack of discipline in taking medication.

This is compliance in pulmonary TB in taking medication through the role of the family as a medication taking supervisor

(MTS) who is a person who directly supervises pulmonary TB sufferers when taking medication every day using short-term medication guidelines. The MTS's task for pulmonary TB sufferers is to be willing to receive explanations at the polyclinic to supervise patients regarding taking medication.

Pulmonary TB transmission occurs when a person inhales droplet nuclei (sputum splashes) that enter through the mouth or nose, upper respiratory tract and bronchi until they reach the alveoli of the lungs (Ministry of Health of the Republic of Indonesia, 2014). Symptoms that often

appear in pulmonary TB sufferers include fever, productive cough for 2 weeks or more accompanied by coughing up blood, night sweats, shortness of breath, chest pain, fatigue, weight loss, and malaise (G Narendran et al., 2016). Consume nutritious food · Let sunlight enter the room · Use a mask · Limit contact at the start of treatment · Wash your hands frequently.

The highest number of cases is in the provinces with the largest populations, namely West Java, East Java and Central Java. TB cases account for almost half of all pulmonary TB cases in Indonesia (Ministry of Health of the Republic of Indonesia, 2019). Around 75% of pulmonary TB sufferers are residents of economically productive age, namely between the ages of 15 years and 60 years (Ministry of Health of the Republic of Indonesia, 2018).

Patient compliance in taking medication regularly until completion is one of the factors that determines success in treating pulmonary tuberculosis. This study aims to determine the level of compliance with drug use in patients suffering from pulmonary TB at the Mayjen H.A Talib Hospital, Kerinci Regency, in April–June 2015. This research includes observational (non-experimental) research. Data were collected using a questionnaire created based on MMAS (Morisky Medication

Adherence Scale) and CSA (Continuous Single-Interval Medication Availability). The research results showed that 55.56% of respondents complied; 33.33% of respondents were quite compliant and 11.11% of respondents were not compliant in drug use.

Quality of life according to WHO (1996) is a person's perception of their position in life, this is in the context of the culture and value system in which they live and their relationship to goals, hopes, standards and concerns. Poor quality of life can result in difficulty adapting, carrying out activities, managing disease and having the wrong coping strategies so that health continues to decline.

Based on the results of research on pulmonary TB patients at the Pidie Jaya District Health Center, Aceh, it showed that 34 (61.8%) patients had a good quality of life and 21 (38.2%) patients had a poor quality of life (Azalla et al., 2020). Meanwhile, in research conducted by Suriya (2018) on 96 pulmonary TB patients, it was found that 36 (37.5%) patients had a good quality of life and 60 (62.5%) patients had a poor quality of life. This shows that the majority of pulmonary TB sufferers experience a decrease in quality of life.

An effort to control pulmonary TB is the DOTS (Directly Observed Treatment Short Course) strategy. One of the components of DOTS is short-term anti-tuberculosis drug (OAT) guided treatment with direct supervision by a MTS (Drug Swallowing Supervisor) (Ministry of Health, 2011). The MTS is tasked with supervising pulmonary TB sufferers so that they take medication regularly until treatment is complete (Ministry of Health, 2017).

Pulmonary TB treatment is carried out by taking OAT regularly at the correct dose and time for 6 months or more (Ministry of Health, 2021). Patients who do not regularly take OAT can result in TB germs becoming resistant to OAT. Thus, TB sufferers are resistant to OAT. This can cause the sufferer's condition to worsen and they have to change the medication and repeat the treatment (Abrori & Ahmad, 2018).

Research conducted by Azalla et al., (2020) on 55 TB patients showed that 31 (56.4%) patients adhered to taking medication and 24 (43.6%) patients did not adhere to taking medication. Meanwhile, research conducted by Fitria Dewi et al., (2019) on pulmonary TB sufferers at Community Health Centers I and III North Denpasar on 42 patients showed that 29 (69%) patients had high medication adherence, 9 (21.4%)

patients with moderate medication adherence and 4 (9.6%) patients with low medication adherence. This shows that there are still many pulmonary TB sufferers who do not comply with taking medication.

## **METHODS**

### **type and design of research**

This type of research was carried out using descriptive methods. Descriptive research is a research method carried out to create a picture or describe a situation objectively (Notoatmojo, 2010). This study made observations about the relationship between medication adherence models and the quality of life of people suffering from pulmonary tuberculosis. By using data analysis using a pulmonary TB patient compliance questionnaire.

**Design** This research was carried out using a cross-sectional approach. Cross-sectional research is research to study the dynamics of the correlation between risk factors and effects, using an observational, data collection or approach. Cross-sectional research only observes once and measurements are made on subject variables at the time of the research (Notoatmojo, 2010).

### **Location and Time of Research**

This research will be carried out in the Muliorejo Health Center work area which is

located on Jl. Development No. 13, KM. 12, etc. Mulioarjo, District. Sunggal, Kab. Deli Serdang in 2023. Implementation time is May – October 2023.

**Population and Samples**

**1. Population**

According to Arikunto, 2010: 173, population is the entire research subject. In this study, the population was all people

with pulmonary tuberculosis at the Mulioarjo Community Health Center, where in 2023 there will be 1077 people.

**2. Samples**

The sample in this study was 60 respondents in the Mulioarjo Community Health Center working area in 2023.

Using random sampling

**DISCUSSION**

**Univariate Analysis**

Table 5.1 Characteristics of respondents based on Gender's

<b>Gender</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Male	35	58,3
Female	25	41,7
<b>Total</b>	<b>60</b>	<b>100</b>

Source : Primary data

Based on table 5.1 above, it can be seen that of the 60 respondents, the majority were male, 35 people (58.3%), while 25 female respondents (41.7%).

The gender differences that are more common in men are also similar to the results of research by Agustina and Chatarina (2015) which shows that men are more likely to suffer from tuberculosis compared to women. This is associated with work and men's habits of smoking and consuming alcohol, thereby reducing the immune system. According to the researchers' assumptions based on the results of research conducted on 35

respondents, it was found that the highest number of men was 35 people (58.3%) compared to female respondents, namely 25 people (41.7%) due to habits such as smoking which were the habits of male respondents. men before they get sick, thereby lowering their immune system which is also influenced by their work. Men are more at risk of being exposed to tuberculosis bacteria. It is recommended that respondents adopt a healthier lifestyle so that their body's immunity is maintained, thereby reducing the risk of spreading infectious diseases.

Table 5.2. Characteristics of respondents based on Age's

<b>Age</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Late Teens	13	21,7
Early Teens	12	20
Late Adulthood	15	25
Early Elderly	20	33,3
<b>Total</b>	<b>60</b>	<b>100</b>

Source : Primary data

Based on table 5.2 above, it can be seen that of the 60 respondents there were 13 people (21.7%) categorized as late teens, 12 people (20%) categorized as early teens, 15 people (25%), categorized as late adults and 20 people ( 33.3%) were categorized as early elderly. From these results it can be seen that the majority of respondents were early elderly. This is in line with research conducted by Dewanty, Titik and Tri (2016) which stated that the older one is, the greater the risk of transmission of tuberculosis bacteria. This is associated with the decline in the immunological system in old age, making it very vulnerable to various diseases.

The results of this study also show that the ages of all respondents are of productive age (15-55 years). Productive age is the age when humans are physically and biologically mature and at this age humans

are at the peak of their activity, doing more activities such as working and also being more social. Based on the description above, the researcher assumes that the initial elderly population is 20 people (33.3%) because the older they get, the lower their immune system, so they are more at risk of contracting tuberculosis bacteria. Apart from that, the results show that the age of all respondents, including those of productive age, is related to At this age, respondents do more activities outside the home and socialize a lot with other people, so the risk of transmitting tuberculosis bacteria also increases. It is recommended that more health education be provided, especially about infectious diseases, so that someone can understand the prevention and transmission of disease.

Tabel 5.3. Characteristics of respondents based on Education

<b>Education</b>	<b>frequency</b>	<b>Persentase(%)</b>
Low	35	58,3%
High	25	41,7%
<b>total</b>	<b>60</b>	<b>100%</b>

Source : Primary data

Based on the table above, it can be seen that of the 60 respondents, the frequency distribution of respondents' education in the low educated category was 35 people (58.3%) and in the highly educated category was 25 people (41.7%).

This is in line with the results of research by Muaz (2014) which shows that there is a significant relationship between education and sufferers of BTA+ pulmonary tuberculosis, respondents with low education will be at risk of suffering from BTA+ pulmonary tuberculosis by 1.8 times compared to respondents with higher education. This is because education describes a person's behavior in terms of health. The lower the education, the less knowledge in the field of health, both directly and indirectly, can have physical, biological and social influences that are detrimental to health and ultimately influence the high number of tuberculosis cases. According to Lawrence Green's theory, the level of education is one of the predisposing factors (facilitating factors) to facilitate the realization of health behavior (Notoatmodjo, 2012).

Based on the description above, the researcher assumes that the research results show a greater number of respondents in the low-educated category because a person's level of education can describe a person's behavior in responding to problems that occur, with higher education respondents get more information and knowledge, but education also does not fully guarantee the level knowledge because someone can find out by asking, reading or being exposed to health education. Tuberculosis is also an infectious disease with various risk factors such as decreased immunity, nutritional status and others which influence the increasing incidence of tuberculosis.

In this study the researcher also asked about the respondents' knowledge of tuberculosis, it was found that many respondents did not know about tuberculosis, the researcher also explained briefly about tuberculosis, so that it was hoped that sufferers and their families would be more motivated and active in seeking information about tuberculosis and more. pay attention to personal health and the environment where you live.

Tabel 5.4. Characteristics of respondents based on Profession

<b>Profession</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Entrepreneur	20	34
Private	23	38
Housewife	8	13
Jobless	9	15
<b>Total</b>	<b>60</b>	<b>100</b>

Source : Primary data

Based on the table above, it can be seen that of the 60 respondents, the frequency distribution of respondents' type of work was as self-employed as many as 20 people (34%), working in the private sector which was the job of most respondents, namely 23 people (38%), as housewives (IRT) namely 8 people (13%) and 9 people (15%) who do not work. The results of this research show that more respondents have self-employed or private sector jobs, which means that many respondents work and carry out activities outside the home.

This agrees with research by Sarmen, Surya and Suryanto (2017) which states that there is a relationship with activity level which allows for easier transmission of TB germs from pulmonary TB sufferers, who basically work as entrepreneurs such as trading, have a greater risk of being infected by TB sufferers. lungs because workers come into contact with many people.

Risk factors for transmission of tuberculosis bacteria are related to work that is mostly outside the home, workers

who work in dusty environments, exposure to dust particles in exposed areas which will influence the occurrence of problems with the respiratory tract. Chronic exposure to polluted air can increase morbidity, especially the occurrence of symptoms of respiratory tract disease and in general tuberculosis (Suryo, 2010).

Based on the description above, the researcher assumes that the research results show that more respondents work as entrepreneurs, 20 people (34%) and in the private sector, 23 people (38%), which means that respondents do a lot of activities outside the home and socialize a lot with other people, which can increase the risk of exposure. tuberculosis bacteria. The results of this research also show that there are 8 respondents who are housewives (IRT), and 9 people who do not work (15%), which means they spend a lot of time at home, exposure to tuberculosis bacteria can be obtained from family members and Other risk factors that influence the occurrence of tuberculosis.

Tabel 5.5. Characteristics of respondents based on Length Of Treatment

<b>Length Of Treatment</b>	<b>Frequency</b>	<b>Percentage (%)</b>
1-3 month	25	41,6
3-6 month	28	46,7
>6 month	7	11,7
Total	60	100

Source : Primary data

Based on the table above, it can be seen that of the 60 respondents who underwent treatment for 1-3 months, 25 people (41.6%), 28 people (46.7%) underwent treatment for 3-6 months and 28 people underwent treatment for more than 6 months as many as 7 people (11.7%). The results of this study indicate that the treatment stage is a maximum of 3-6 months.

The duration of TB treatment is the period of time TB sufferers undergo treatment which aims to prevent recurrence, resistance to OAT, break the chain of transmission, and death (Muttaqin, 2008). At this stage, sufferers must take medication regularly because it has a big impact on healing the disease. Failed treatment will cause recurrence and treatment failure.

Tabel 5.6. Characteristics of respondents based on Medication adherence

<b>Adherence</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Low	25	41,7
High	35	58,3
Total	60	100

From the table above, the results show that respondents with low compliance in taking medication were 25 people (41.7%) and high compliance was 35 people (58.3%). Compliance is an individual's behavior in carrying out therapy and treatment according to recommendations or advice as well as brochures obtained from a health practitioner (Kozeir, 2010; Ian & Marcus,

2011). Compliance is influential in determining the success of treatment which aims to eradicate the disease by up to 100%. Based on the research results, it shows that there is more high compliance than low compliance. This is in line with research by Maulidia (2014) which also shows the results of more than 70% or more than half of the population in the adherent category,

this is reinforced by research by Dhiyantari (2014) which also states that more than 50% of sufferers are compliant with treatment, this is related to the patient's desire to recover. According to the researchers' assumptions, based on the results of research conducted on 60 respondents, it was found that the majority of respondents were in the high compliance category, this was related to the symptoms of tuberculosis that they experienced disrupting the respondents' activities, resulting in a desire to get well soon. From the results of this study, it was also found that 25 respondents were in the low compliance category, this was because the respondents felt bored with long-term treatment so that when the symptoms of

tuberculosis disappeared, the respondents stopped taking the medication before the programmed time period and there was a lack of family support in terms of reminding them. schedule for taking medication and visiting health services. In this research, through interviews with respondents, many respondents did not understand the concept of the disease or the treatment program for tuberculosis, so the researchers in this study, apart from providing questionnaires, also provided a brief explanation of the disease and treatment program which is expected to provide motivation for sufferers which has an impact on healing process.

Tabel 5.7. Characteristics of respondents based on Quality of Life

Poor QoL	Frequency	Percentage (%)
Average	20	33,3
Good	30	50
Total	60	100

Source : Primary data

From the table above, the results show that 10 respondents experienced quality of life in the poor category (16.7%), 20 people experienced quality of life in the moderate category (33.3%) and 30 people experienced quality of life in the good category (30). 50%). Quality of life is a view of self-perception regarding emotional, social and well-being, as well as

the value of the meaning of life and a sense of satisfaction with the life they live (Sarafino, 2011; Donald, 2009). Quality of life is influenced by various aspects, namely physical health, psychological well-being, social relationships and the environment. Quality of life can also be influenced by various factors such as

support, opportunities and changes in the economy, health and environment.

This is in line with research by Terok, Jeavery and Frenly (2013), which showed that there were 7 respondents with a low quality of life (7.2%), 26 respondents with a moderate quality of life (26.8%) and those who experienced a high quality of life. As many as 64 people (66%) in this study quality of life was influenced by the amount of social support received by tuberculosis patients. The greater the support received, the greater the quality of life of tuberculosis patients.

According to the researchers' assumptions based on the results of research conducted on 60 respondents, it was found that the most were 30 people in the high quality of life category. This is related to the support they get from family and the environment as well as their inner motivation to recover, comply with the treatment program so that they are healthy. getting better.

The results of this study also showed that there were 20 people in the medium quality of life category and 10 people in the low quality of life category. Respondents who experienced moderate quality of life were related to the perceived side effects of treatment and felt disturbed by the long treatment program, making the treatment program a burden and lacked family support, while respondents who experienced low quality of life were related to the lack of support received such as motivation. and when visiting health services, there are respondents who still feel the effects of tuberculosis which interferes with their daily activities, the respondent's smoking habit also influences the prognosis of tuberculosis, the condition of the house located close to each other thus affecting the condition of the air and lighting entering the house.

Tabel 5.8 The relationship between adherence to taking medication and the quality of life of tuberculosis patients in the Muliyo Rejo Community Health Center working area

Quality of life	Adherence Poor		Average		Good		Total	P Value	
	N	%	N	%	N	%			
Low	13	68.4	6	31,6	0	0	25	100.0	0.000
High	0	0	9	33.3	18	66.7	35	100.0	
Total	13	28.3	15	32.6	18	39.1	60	100.0	

Source : Primary data

Based on the table above, it can be seen that of the 60 respondents, there were 27 respondents in the category of high medication adherence, 9 people (33.3%) had a quality of life in the medium category, 18 people (66.7%) experienced a quality of life in the good category and no one had a poor quality of life, of the 19 respondents in the low medication adherence category, 13 people (68.4%) had a poor quality of life, 6 people (31.6%) had a moderate quality of life and none had a moderate quality of life. Good.

The treatment program has an effect in improving health which is able to improve the condition and treat a disease which has an effect on improving a person's quality of life, however the treatment program must be carried out in accordance with the program that has been recommended or determined by health workers. Non-adherence to therapy for TB disease is the most common cause of initial treatment failure and recurrence of the disease worldwide.

Compliance with TB treatment is necessary for the health of affected individuals and society as a whole. International Standards for TB care outline responsibility for compliance not only with patients but also with health workers. The results of research conducted by Orr, P (2011) on the Canadian

population, concluded that barriers to adherence may originate from complex interactions between the health system, personal factors and social factors which can include dysfunctional acute and community health systems, gaps between providers. health services and patients, belief systems, life stress, poverty and social stigma.

In this study, from the results obtained from 25 respondents in the high medication adherence category, it was found that 18 people (66.7%) had a quality of life in the good category, 9 people (33.3%) had a quality of life in the medium category and none had a quality of life. bad. Respondents with a good quality of life in this category felt the effects of the treatment they were undergoing, namely the improvement in their health which they felt was the disappearance of the effects of the disease, not being disturbed by the effects of the treatment and getting good support from the family, environment and being supported by a healthy lifestyle, while 9 people who experienced a moderate quality of life, related to the side effects felt by the drugs consumed, such as nausea and reddish urine.

The research results also showed that of the 19 respondents in the low medication adherence category, there were 6 people

(31.6%) with a medium quality of life, 13 people (68.4%) had a poor quality of life and none had a good quality of life. Respondents who have a moderate quality of life in this category are related to feeling disturbed by long treatment programs so that they sometimes forget to take medication and lack family support, while respondents who experience a poor quality of life are related to a lack of social and environmental support obtained both in motivation and in undergoing a treatment program so that respondents do not regularly take medication which results in the effects of the disease still being felt and influenced by unhealthy lifestyles such as smoking and unfavorable living environmental conditions such as air and lighting pollution due to the location of adjacent houses and residential areas dense.

After obtaining data from the independent variable, namely adherence to taking medication and the dependent variable, quality of life for tuberculosis patients in the Muliorejo health center working area, an analysis was carried out using Chi-Square by combining the cells into 3x2, it can be seen that the significance level is  $\alpha=0.05$  with  $p \text{ value}= 0.000 < \alpha = 0.05$ , so that  $H_0$  is rejected and  $H_a$  is accepted. It can be concluded that there is a relationship between adherence to taking medication and the quality of life of Tuberculosis

patients in the Muliorejo Community Health Center working area.

This is in line with Widiyanto's (2016) research on the relationship between adherence to taking medication and the recovery of smear-positive pulmonary tuberculosis patients at the Delanggu Community Health Center, Klaten Regency. Analysis of the results data used the Chi-Square test with a significance value (P) of 0.006 with ( $\alpha$ ) = 5%, so  $P < 0.05$ ), this is related to the patient's recovery which depends on the patient's compliance in taking medication. Compliance with taking medication in tuberculosis treatment is very important because by taking medication regularly for a period of 2 weeks, TB germs have been broken down and have no potential to spread, If adherence to taking medication is high, the recovery of smear-positive pulmonary TB patients will also increase, so that the risk of drug-resistant TB cases can also be prevented.

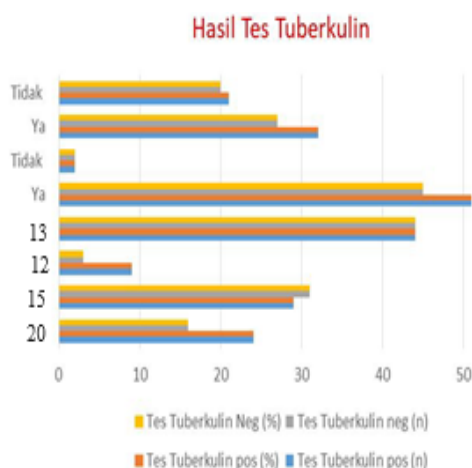
The results of this research are also strengthened by research conducted by Appriiyasari, Wulandari and Purwanto (2014) regarding the relationship between adherence to taking medication and the rate of recovery from treatment of pulmonary tuberculosis patients in BKPM in the Pati area, analyzing the results data using the

Chi-Square test with the value ( $p$  value  $0.000 < 0.05$ ), this is related to the aim of tuberculosis treatment, namely to cure, avoid recurrence, prevent death, break the chain of transmission and prevent germ resistance to anti-tuberculosis drugs (OAT), the patient's regularity in taking medication is said to be good if the patient swallow medication according to the dosage specified in the treatment guide, this regularity will ensure the success of treatment and prevent relapse and the occurrence of resistance, social, such as weight loss, coughing, shortness of breath and weakness which affect the sufferer's daily life (Wijaya and Putri 2013), where these changes will affect a person's outlook on life or quality of life both in terms of physical, psychological health, social relationships and the environment. One of the healing factors for tuberculosis patients is patient compliance in taking medication. This compliance is defined as the behavior of patients who have met officials who explain the plan and effects of a treatment and then agree to the plan and carry it out

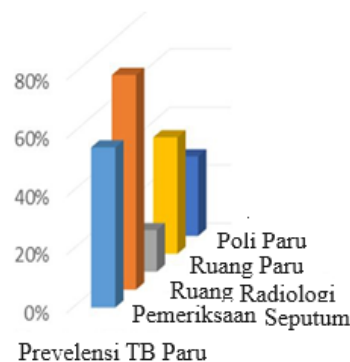
(Ministry of Health of the Republic of Indonesia, 2011).

Researchers assume that the quality of life in tuberculosis patients is influenced by compliance with the treatment program they are undergoing, because with compliance in undergoing the treatment program the patient's condition is expected to improve and they will not feel the signs and symptoms of the disease so that they can improve the patient's physical, psychological and social condition. The higher the level of patient compliance, the better the patient's quality of life. However, in undergoing a treatment program, sufferers need support from family, environment and health services (health workers). So it is hoped that sufferers will get good support, making it easier for sufferers to get information and knowledge about the disease and treatment. With the support obtained, it will also be able to reduce the risk of spreading the disease and increase the cure rate for tuberculosis.

THE RELATIONSHIP OF THE MEDICATION ADHERENCE MODEL TO THE QUALITY OF LIFE OF COMMUNITIES PULMONARY TUBERCULOSIS SUFFERING IN THE WORKING AREA OF THE MULIOREJO HEALTH CENTER, SUNGGAL DISTRICT, DELI SERDANG DISTRICT 2023



**Grafik 2. Prevelensi TB Paru Di Puskesmas Mulyorejo**



**CONCLUSION AND SUGGESTION**

**A. Conclusion**

Based on the results of research conducted by researchers on respondents in the Mulyo Rejo Community Health Center Working Area, Sunggal District, Deli Serdang Regency in January 2023 regarding the Relationship of the Medication Adherence Model to the Quality of Life of People Suffering from Pulmonary Tuberculosis in the Muliorejo Community Health Center Working Area, Sunggal District, Deli Serdang Regency in 2023, it can be concluded as follows :

1. From the results of the research that has been conducted, there is a difference between the length of knowledge of pulmonary TB sufferers before and after the intervention.

2. From the results of research that has been carried out, there are differences between the genders of pulmonary TB and pulmonary TB sufferers before and after intervention.
3. From the results of the research that has been carried out, there is a difference between the knowledge of pulmonary TB sufferers before and after the intervention.
4. From the results of the research that has been carried out, there are differences between the economy and pulmonary TB before and after the intervention.
5. From the results of the research that has been conducted, there are differences between the categories of social support and pulmonary TB sufferers before and after the intervention.

6. From the results of research that has been conducted, there are differences between the categories of family support for pulmonary TB sufferers before and after intervention.

### B. Suggestion

Consume nutritious food · Let sunlight enter the room · Use a mask · Limit contact at the start of treatment · Wash your hands frequently. For future researchers regarding compliance with taking pulmonary TB medication with other variables that are not yet in the research and different methods by digging deeper.

### REFERENCE

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