Application of the Self Esteem Model to Improve the Quality of Life of Pulmonary Tuberculosis Patients at Public Health Center, Kerom District

Korinus Suweni[1] , Nasrah[2] , Sofietje Gentindatu[3], Agussalim[4]*

Abstract

Pulmonary TB sufferers often experience problem psychological, because still there is a negative stigma from environment and less knowledge from sufferer. this _ could lead to feelings of inferiority, inferiority yourself hard _ get along , close yourself , and can occur depression . Impact from Thing this will resulted quality life pulmonary TB sufferers decreased . self -*esteem* model through peer groups is one effort to enhancement quality life pulmonary TB patients and support successful TB elimination program .The application of the Self Esteem model to TB sufferers need provided knowledge for cultivate trust that illness can be cured, with cultivate trust _ self for tuberculosis sufferers are expected will give motivation and support to self-sufferer for want to undergo therapy treatment until get well. Method use design model intervention is a "quasi *experiment* "with design study use *"One Groups Pre and Post Test Design".* Before given treatment, group experiment given pretest, then given treatment (treatment) with using the Self Esteem Model with method training and after that conducted posttest 1 and 2. Results obtained _ there is difference quality life before and after conducted treatment with the self-esteem model, seen exists enhancement quality significant life _ after conducted treatment.

Introduction

Problems main failure in TB treatment lungs is problem socio-demographics and economy; knowledge and perception; and effects TB treatment. (Pradipta, 2021). things _ like _ there is a stigma, a lack Support family and trouble in access facility health consequence cost, distance, and transportation. Stigma got raises discrimination to TB patients both in the community and in the environment family as well as in the environment power Health. Ignorance sufferer to consequent TB resistance break medicine, because active TB treatment is relatively long, so make challenge for sufferer. Failure in handling disease tuberculosis lungs will very influence quality life from pulmonary TB patient. one _ problem main Pulmonary TB sufferers is often experience problem psychological, because still there is a negative stigma from environment the place stay nor association and less knowledge from sufferer. this _ could lead to feelings of inferiority, inferiority yourself hard _ get along, close yourself, and can occur depression. TB sufferers a lot experience break treatment, which resulted in fail treatment and resistance in some Anti Tuberculosis Drugs (OAT). Impact from Thing this will resulted quality life pulmonary TB sufferers decreased . Self -*esteem* model through peer groups is one effort to enhancement quality life pulmonary TB patients and support success treatment and

Correspondence Author: Dr. Agussalim, MSN
Address: [1] Jayapura School of Nursing, Jayapura Health Polytechnic, Jayapura City, Papua province, Indonesia.
[2] Jayapura School of Nursing, Jayapura Health Polytechnic, Jayapura City, Papua province, Indonesia.
[3] Jayapura School of Nursing, Jayapura Health Polytechnic, Jayapura City, Papua province, Indonesia.
[4]*Parepare School of Nursing, Makassar Health Polytechnic, Parepare City, South Sulawesi Province, Indonesia. Email: salim170878@gmail.com

support TB elimination programs.

Method of study

Stage intervention deep Self Esteem model study this use design model intervention is a "quasi *experiment* "with design study use *"One Groups Pre and Post Test Design"* . Before given treatment, group experiment given pretest, then given treatment (treatment) with using the Self Esteem Model with method training and after that conducted posttest 1 and 2.

Results and Discussion

The application of the model was carried out at the Puskesmas East Arso, West Arso , and Regency City Arso Kerom and implemented for 4 months , Intervention on Peer Group Support was carried out in accordance programmed schedule _ health center and adjust with standard TB services at the health center with added Self Esteem model in implementation of peer group support. Obtained data then processed with use SPSS program computer and presented in form table frequency, table bivariate with chi square test and sample t test table in pairs .

1. Characteristics Respondents

At stage this conducted analysis univariate for characteristics general respondents which include : type gender , group age , marital status , level education , and work , with destination for knowing distribution frequency respondent .

Table 4.1 Characteristics Respondents (TB patients) in the District Kerom Year 2022

Characteristics Respondents	n	%
Type Sex		
Man	68	60,2
Woman	45	39,8
Group Age		
≤ 30 Years	18	15,9
> 30 Years	95	84,1
Marital Status		
Marry	75	66,4
Not yet Marry	34	30,1
Widow / Widower	4	3,5
Level of education		
SD	35	31.0
JUNIOR HIGH SCHOOL	25	22,1
SENIOR HIGH SCHOOL	47	41.6
PT	6	5,3
Work		
civil servant	4	3,5
Employee Private	16	14,2
IRT/ No Working	68	60,2
Laborer	10	8,8
Trader	15	13.3
Amount	113	100

Source: Primary Data

2. Normality Test

Below _ this will outlined quality data normality test results life TB patients before and after application of the Self Esteem Model with *Peer Group Support* in the District Kerom Year 2021. The Kolmogorov-Smirnov test is used for analyze normality of the data in the group this because amount sample more of 50 people.

Table 4.2 Normality Test quality life TB patients before and after application of self-esteem models with peer group support in the district Kerom Year 2022

Variable	Significance
Pretest quality life TB patient	0.170
Posttest 1 quality life TB patient	0.065
Posttest 2 quality life TB patient	0.141

Source: Primary Data

Table 4.2 shows from the results of the data normality test with Test Kolmogorov- Smirnov above could see score significance for variable quality life TB patient good pretest then posttest first with application *Peer Group Support* with Self Esteem Model and Posttest second more big of 0.05 then could concluded that research data normally distributed . For next requirements normality in paired T test already fulfilled for identify difference quality life TB patient before follow *Peer Group Support* with the Self Esteem Model and after follow *Peer Group Support* with the Self Esteem Model.

3. Analysis Bivariate

Bivariate Analysis conducted for get description difference variable study before and after intervention . Evaluation quality life TB patient before and after follow *Peer Group Support* with the Self Esteem Model is obtained results as following:

a. describe quality life patient TB with the application of the *Self Esteem* model in Kerom Regency.

Table 4.3 Statistical Results Descriptive from variable quality life TB patients before and after participating in peer group support with the Self Esteem Model in the District Kerom Year 2022

Quality Life TB patient	Means	Difference	std. Deviation	p value
Pre Test	55.07	27, 009	10,780	0.000
Post Test 1	82, 08		10.139	

Source : Primary Data

Table 4.3 shows occur enhancement the

average score quality life TB patients from before follow *Peer Group Support* with the Self Esteem Model as big 55.07 ± _ 10,780 b _ 82.08 ± 10.139 on measurement first after intervention , with difference as big 27 ,009 .

Paired T Test results on Table 4.3 shows p value of 0.000 (< 0.05), which means enhancement score quality life TB patients mean statistically. So that could concluded there is difference quality life TB patients in the District Kerom before and after 1 month intervention *Peer Group Support* with the Self Esteem Model with results measurement *pretest* to *posttest* 1.

Next conducted measurement posttest 2nd of the month second after gift purposeful intervention _ measure quality life TB patients from *posttest 1* to *posttest 2* , with results shown in table 4.4

Table 4.4 Statistical Results Descriptive from variable quality life TB patient after 1 month participating in peer group support with the Self Esteem Model in the District Kerom Year 2022

Quality Life TB patient	Means	Difference	Std. Deviation	Nilai p
Post Test 1	82,08	28,823	10,139	0,000
Post Test 2	110,90		8,748	

Sumber : Data Primer

Table 4.4 shows occur enhancement the average score quality life TB patient from 1 month follow *Peer Group Support* with the Self Esteem Model as big 82.08 ± 10.139 b _ 110.90 ± 8.7 48 on measurement second after intervention , with difference of 28, 823 .

The results of the Paired T Test in table 4.4 show p value of 0.000 (< 0.05), which means enhancement score quality life TB patients mean statistically. So that could concluded that there is difference quality life TB patients in the District Kerom from 1 month intervention and after 2 months intervention *Peer Group Support* with the Self Esteem Model with results measurement *posttest* 1 *to posttest* 2.

Table 4.5 Statistical Results Descriptive of Variables Quality Life TB patient before following peer group support with the Self Esteem Model and After 2 months participating in peer group support with the Self Esteem Model in the District Kerom Year 2022

Quality Life TB patient	Means	Difference	std. Deviation	p value
Pre Test	55,07	55,832	10,780	0.000
Posttest 2	110,90		8,748	

Source : Primary Data

Table 4.5 shows occur enhancement the average score quality life TB patients from before follow *Peer Group Support* with the Self Esteem Model as big 55.07 ± 10.780 b _ _ 110.90 ± 8.748 on measurement _ _ second after intervention , with difference as big 55,832.

The results of the Paired T Test in table 4.5 show p value of 0.000 (< 0.05), which means enhancement score quality life TB patients mean in a manner statistics. So that could concluded there is difference quality life TB patients in the District Kerom before and after 2 months intervention *Peer Group Support* with the Self Esteem Model with results measurement *pretest* to *posttest* 2.

Next for prove is difference the Correct real (significant) or no , then need interpret results *Paired T test - Test* contained in the table following .

b. Prove effectiveness application of the *Self Esteem* model in increase quality life patient TB in Kerom District.

Table 4.6 Improvement Quality Life TB Patients Before and After Participating in Peer Group Support with the Self Esteem Model in the District Kerom Year 2022

Variable	Mean Paired Differences	Sig. Correlation	T Count	T Table	p-value
Quality of Life of TB Patients					
Pre Test - Post Test 1	-27.009	0,000	-101.907	1,659	0,000
Post Test 1-Post Test 2	-28.823	0,000	-50.899	1,659	0,000
Pre Test – Post Test 2	-55.832	0,000	-100.579	1,659	0,000

Sumber : Data Primer

From table 4.6 shows correlation test results or connection among third data or connection variable quality life TB patients pretest, posttest 1 with Post Test 2. It is known score significance Pre-test with Posttest 1 of 0.000 < probability of 0.05, then could said there is connection Among quality life TB patients before and after follow *Peer Group Support* with the Self Esteem Model stage 1. Meanwhile score significance Posttest 1 with Posttest 2 is 0.000 < probability 0.05, then could said there is connection Among quality life TB patient after follow *Peer Group Support* with the Self Esteem Model stage 1 and *Peer Group Support* with the Self Esteem Model stage 2. And value significance Pre-test with Posttest 2 is 0.000 < probability 0.05, then could said there is connection Among there is connection Among quality life TB patients before and after follow *Peer Group Support* with the Self Esteem Model

stage 2.

Based on results output *Paired Sample T* Test above , loading the Mean Paired Differences Pre Test - Post Test 1 value is - 27.009 value this show difference between the pre-test means with an average posttest of 1 quality life TB patients , Post Test 1 - Post Test 2 amounted to -28,823 shows difference between the average posttest 1 with the average posttest 2 quality life TB patients , Pre Test - Post Test 2 of - 55,832 shows difference between the pre-test means with an average posttest of 2 quality life TB patient .

Based on the output results of the *Paired Sample T Test* above are known t value count negative value ie Pre Test - Post Test 1 was - 101.907, Post Test 1 - Post Test 2 was -50.899 and Pre Test - Post Test 2 was -100.579. T count worth negative this caused because the average value of the Pre Test quality life more TB patients low from the average posttest 1 and 2. In context like this so t value count negative could meaning positive. So that count T value Becomes Pre Test - Post Test 1 was 101.907, Post Test 1 - Post Test 2 was 50.899 and Pre Test - Post Test 2 was 100.579. Sign negative up front number the no means the value is below 0 but show direction influence. Sign negative means influence is negative or vice versa whereas sign positive means the effect is also positive. So count T value taken score absolutely or score absolute so still T count > T Table and Significance < 0.05.

Analysis results with using sample t test in pairs obtained p value 0.000 < α = 0.05. this _ have meaning that there is significant difference _ quality life TB patients before and after 1 month conducted intervention follow *Peer Group Support* with the next Self Esteem Model (p=0.000) . from 1 month intervention *Peer Group Support* with the Self Esteem Model to two 2 months next obtained (p<0.000) and before intervention *Peer Group Support* with the Self Esteem Model to two month next obtained (p<0.000) significantly overall, there is difference enhancement quality life significant TB patient from before intervention and after 1 month and 2 months intervention (p<0.000).

this _ show that there is enhancement quality life TB patient before and after follow *Peer Group Support* with the Self Esteem Model in the Regency Kerom Year 2022..

Reference

Daulay , W. (2009). Connection Support Family With Price Self in Pulmonary TB Patients in Hospital Sidikalang . [Online] Http://Repository.Usu.Ac.Id/Bitstream/123456789 /37338/4/Chapter%20i.Pdf. Retrieved Oct 10, 2022

Moons, P. , Marquet K., Budts W., Geest, &Sabina. 2004. Validity, Reliability And Responsiveness Of The "Schedule For The Evaluation Of Individual Quality Of Life - Direct Weighting" (Seiqol-W) In Congenital Heart Desease. Health And Quality Of Life Outcomes. Retrieved Oct 13, 2022

Pradipta S. Ivan dkk, 2021. https://bmcpublichealth. biomedcentral.com/articles/10.1186/s12889-021-12005-y#citeas

Pranita, E. 2020. Tuberculosis Disease Infectious Dangerous , Recognize Symptom Until Prevention . [Online] Https://Sains.Kompas.Com/Read/2020/02/04/073 200223/Tbc-Penyakit-menularberbahaya-Kenali-Gejala-Hinggapentanganannya?Page=All. Retrieved Oct 10, 2022

Rakerkesnas _ 2018, Chemenkes Percepat Below 3 Masalah Kesehatan _ [Online] http://www.chemistry.go.id/. Retrieved Oct 13,

Roba AA, Dasa TT, Weldegebreal F, Asfaw A, Mitiku H, Teklemariam Z, et al. 2018. A mixed methods case-control study of tuberculosis patients in Eastern Ethiopia. PLoS One.;13(10):1–14.

Sulistiyawati , & Kurniawati . 2012. Relationships Support Family With Stressor Levels in Aged Tuberculosis Patients Productive at RSU Muhammadiyah Yogyakarta. [Online] Http://Jurnal.Dikti.Go.Id/ . Retrieved Oct 13, 2022