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A QUALITATIVE STUDY OF FAMILY SUPPORT AMONG FAMILIES LIVING IN THE SAME HOUSEHOLD WITH TUBERCULOSIS PATIENTS

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Abstrak

Family support for tuberculosis (TB) patients living in the same household plays a crucial role in treatment adherence and disease control, as families are directly involved in daily care, decision-making, and prevention of transmission. This study aimed to explore family support experiences among families living in the same household with TB patients. This qualitative study employed a descriptive phenomenological approach and involved 18 family members of TB patients receiving outpatient treatment at a primary healthcare center, selected using purposive sampling. Data were collected through in-depth semi-structured interviews and analyzed using Colaizzi's method to identify key themes related to family support. The findings revealed six main themes: initial family perceptions of TB, family decision-making in treatment, forms of family support, efforts to maintain health and prevent transmission, barriers to supporting treatment, and family expectations regarding patient recovery. Families provided emotional, instrumental, and treatment-related support, despite facing psychological, social, and practical challenges. Family understanding of TB influenced their ability to support treatment adherence and implement preventive behaviors. Family support plays a central role in the TB treatment process, and strengthening family knowledge through education and continuous guidance from healthcare professionals is essential to enhance treatment success and prevent household transmission.

Kata Kunci: *Tuberculosis, Family Experience, Family Support, Friedman's Family Support Theory*.

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INTRODUCTION

Tuberculosis (TB) remains a chronic infectious disease and a major global and national public health problem. TB transmission occurs through airborne droplets when patients cough, speak, or sneeze, placing family members living in the same household at high risk of infection. Indonesia is among the countries with the highest TB burden worldwide, with an estimated 969,000 cases and 93,000 deaths annually (WHO, 2023). This condition indicates that TB control depends not only on medical treatment but also on family involvement within the household environment (Donsu, 2021).

Families living with TB patients face various physical, psychological, social, and economic challenges. Limited knowledge about TB, fear of transmission, and social stigma often lead to anxiety, fear, and social withdrawal among both patients and family members (Fuady, 2025). Psychological impacts such as depression, anxiety, and decreased self-confidence among TB patients may affect treatment adherence and the quality of family support (Alqassim, 2025). Previous studies indicate that although some families possess adequate knowledge about TB, the implementation of tangible support such as treatment accompaniment and household transmission prevention remains suboptimal (Padoli, 2021).

Family support is a crucial factor in the success of TB treatment and prevention of transmission at the household level. According to Friedman's family support theory, families play a role in recognizing health problems, making care decisions, providing care to sick family members, modifying the home environment, and utilizing healthcare services (Friedman, 2003). Therefore, this study aims to explore family support among families living in the same household as TB patients using a qualitative approach to obtain an in-depth understanding as a basis for strengthening family-based nursing interventions.

METHOD

Study Design

This study used a descriptive qualitative design to explore the experiences and support of families living in the same household as TB patients. This approach was chosen because it allows for an in-depth description of phenomena within participants' real-life contexts and facilitates understanding of their meanings, perceptions, and lived experiences (Kim, Sefcik, & Bradway, 2017).

Participants and Sampling Technique

Participants were selected using purposive sampling based on relevance to the phenomenon under study (Ahmed, 2025). The number of participants was determined based on data saturation, whereby data collection ceased when no new meaningful information or themes emerged. Inclusion criteria were: (1) aged ≥18 years, (2) primary caregiver of a TB patient, (3) living in the same household as the TB patient, (4) able to communicate in Indonesian or Javanese, and (5) willing to participate by signing informed consent. The minimum age requirement was determined in accordance with national legal regulations and international research ethics guidelines (Australian Government et al., 2023)

Instruments and Data Collection

The primary instrument in this qualitative study was the researcher, who was responsible for determining the research focus, conducting interviews, and analyzing data (Basrowi & Suwandi, 2014). Data were collected through semi-structured in-depth interviews using an interview guide developed based on Friedman's family support theory and relevant studies on family support for TB patients (Melizza et al., 2022). Interviews were audio-recorded using a voice recorder and supplemented with field notes.

Research Setting and Time

The study was conducted in the service area of Perak Timur Primary Health Center, Surabaya, East Java. This location was selected due to its high TB case numbers and significant treatment dropout rates (Jayanti, 2020)**.** Data collection took place from November to Desember 2025.

Data Analysis and Trustworthiness

Interview data were transcribed verbatim and analyzed using Colaizzi's method to identify major themes based on participants' experiences. Data trustworthiness was ensured through member checking, whereby transcription results and interpretations were confirmed with participants, and through researcher reflexivity throughout the data collection and analysis process (Gearing, 2004).

RESULTS AND DISCUSSION

This study involved 18 family members of TB patients living in the same household and receiving outpatient care at Perak Timur Primary Health Center, Surabaya. In-depth interviews identified six main themes describing family support for TB patients: (1) initial family perceptions of the disease, (2) treatment decision-making processes, (3) family support for TB patients, (4) family efforts to maintain health and prevent transmission, (5) barriers to supporting treatment, and (6) family expectations regarding patient health.

Participant Characteristics

Most participants were female (12 participants), all were adults, and the majority were unemployed (11 participants). All participants resided in Surabaya and were

Muslim. Based on caregiving duration, most participants had cared for their family members for 3–9 months (13 participants), while the remainder had done so for 1–2 months (5 participants).

Theme 1. Family's Initial Perceptions of TB

In the early phase, families tended to perceive the patient's symptoms as mild complaints, such as common coughs or fatigue due to daily activities. Symptoms were often attributed to habits, age, or pre-existing conditions. Perceptions changed when symptoms persisted and were accompanied by physical deterioration, such as prolonged cough, weight loss, night sweats, and weakness, prompting families to recognize the need for further examination and treatment.

Theme 2. Family Decision-Making in Treatment

Treatment decisions were generally triggered by concern for the patient's condition and the risk of transmission to other family members. Decision-making was predominantly led by the patient's spouse or parents, although some families engaged in collective discussions. After decisions were made, families divided roles in treatment implementation, such as accompanying clinic visits and collecting medications.

Theme 3. Family Support for TB Patients

Families provided emotional, instrumental, and treatment-related support. Emotional support included motivation and companionship to help patients remain optimistic. Instrumental support involved meeting daily needs and providing financial assistance. Treatment accompaniment included reminding patients to take medication, accompanying follow-up visits, and collecting medications from healthcare facilities, which played a vital role in maintaining treatment adherence.

Theme 4. Family Efforts to Maintain Health and Prevent Transmission

Families actively implemented TB transmission prevention measures at home, such as mask use, separating eating utensils, improving household cleanliness, opening ventilation, and limiting patient activities. Information and education from healthcare providers served as the basis for families to adopt preventive behaviors and reinforce them with patients.

Theme 5. Barriers to Supporting Treatment

Families experienced barriers including adaptation to lifestyle changes, medication side effects, patients' physical limitations, and psychological burdens such as anxiety and fear of transmission. These barriers were most prominent during the early treatment phase and tended to decrease as family understanding of TB improved.

Theme 6. Family Expectations Regarding TB Patient Health

Families hoped for complete recovery, completion of treatment, and prevention of relapse. Beyond medical recovery, families also expected patients to regain social functioning, daily activities, and economic independence as before the illness.

Discussion

This study demonstrates that family support for TB patients living in the same household is a dynamic process that evolves throughout the disease trajectory. As a contagious disease requiring prolonged treatment, TB demands family involvement not only in treatment but also in psychological, social, and environmental aspects. These findings reinforce the role of the family as the primary support system, consistent with Friedman's theory, which outlines five major family health tasks: recognizing health problems, making health decisions, caring for sick family members, modifying the environment, and utilizing healthcare services.

Family's Initial Perceptions of TB

The findings indicate that in the early phase, families did not recognize TB as a serious health problem and tended to interpret symptoms as mild complaints. Prolonged cough and other physical symptoms were often attributed to fatigue, smoking habits, or previous illnesses. This reflects limitations in fulfilling Friedman's first family health task: recognizing health problems. These findings align with studies by (Krause, 2022), which highlight misconceptions about TB symptoms as a major challenge in TB control. Family perceptions began to shift when symptoms persisted and disrupted daily activities, consistent with findings by (Msoka, 2021), which emphasize the role of direct experience in increasing family health awareness.

Family Decision-Making in TB Treatment

Treatment decision-making occurred gradually. Initially, families tended to engage in self-medication or delay seeking healthcare due to the perception that symptoms were not serious. This pattern aligns with findings by (van Vuuren, 2019).which indicate that low perceived severity of TB encourages self-medication practices. Within Friedman's theoretical framework, this reflects the family's adaptive process in performing health decision-making tasks. Interaction with healthcare providers served as a crucial turning point in helping families understand TB diagnosis, treatment duration, and the importance of adherence, as reported by (Nanoi Patricia, 2021). Continuous education has been shown to enhance families' ability to make appropriate decisions and support treatment adherence (Ehsanul et al., 2022).

Family Support for TB Patients

Identified family support included emotional support, instrumental support, and treatment supervision. These forms of support reflect the family's role in caring for sick members according to Friedman's theory. The findings are consistent with studies showing that family support significantly improves treatment adherence and quality of life among TB patients (Patil, & Shaikh, 2024). Indonesian studies also indicate a positive correlation between family support and treatment motivation and adherence (Dana, 2025). Consistent support helps reduce the risk of treatment interruption and therapy failure, as emphasized by (Alinaitwe, 2025).

Family Efforts to Maintain Health and Prevent TB Transmission

Preventive measures implemented by families, such as mask use, household ventilation, improved environmental hygiene, and separation of eating utensils, reflect the family's role in modifying the environment to support health. These findings are consistent with studies by (Martinez et al., 2017). and Noviana & Landudjama (2024), which demonstrate the effectiveness of ventilation and mask use in reducing household TB transmission (Noviana & Landudjama, 2024). Although separating eating utensils is not directly related to TB transmission mechanisms, it reflects heightened family vigilance (Madebo, 2023). Education from healthcare providers strengthens families' capacity to consistently implement preventive measures (Wongchana & Songthap, 2024), highlighting the linkage between environmental modification and utilization of healthcare services within Friedman's framework.

Barriers Faced by Families in Supporting TB Treatment

Barriers experienced by families were multidimensional, encompassing psychological, social, economic, and structural aspects. These barriers affected families' ability to provide consistent support, including medication supervision and clinic accompaniment. These findings align with (Agus, 2026), which associates limited family support with poor treatment adherence. Economic constraints and work demands have also been reported as significant barriers to family involvement (Munro et al., 2007). Furthermore, psychological stress and social stigma exacerbate the burden faced by families in supporting TB patients (Godfrey et al., 2024). From Friedman's perspective, these barriers underscore the need for external support to enable families to optimally fulfill their health-related functions.

Family Expectations Regarding TB Patients

Family expectations of recovery and restoration of patients' social functioning emerged as an important theme that strengthened support throughout treatment. These expectations extended beyond physical symptom resolution to improvements in quality of life and resumption of social roles. These findings are consistent with studies by Izdihar et al. (2025) (Izdihar et al., 2025) and Pearce (2021), which demonstrate that family support and expectations contribute to treatment motivation and adherence (Pearce, 2021). Studies by Sebothoma (2024further emphasize that strong family expectations enhance patients' psychological resilience during long-term therapy (Sebothoma, 2024). Within Friedman's theory, family expectations are part of the affective function that supports patient adaptation to chronic illness.

CONCLUSION

This study demonstrates that families play a crucial role in the care of TB patients living in the same household. In the early stage, families often perceive symptoms as mild complaints; however, as symptoms persist and worsen, families begin to recognize TB as a health problem and decide to access healthcare services. Throughout treatment, families provide emotional, instrumental, and financial support and play a key role in maintaining medication adherence and accompanying patients.

Families also implement transmission prevention efforts through clean and healthy living behaviors and home environment management. Despite facing various barriers during the care process, families demonstrate strong commitment and hope for patients' recovery and restoration of social functioning. Strengthening the family's role through education and continuous support from healthcare professionals is a critical strategy for supporting successful TB treatment at the household level.

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