A Study on the Social Support Approach in Overcoming Drop-Out (DO) and Multi Drug Resistant (MDR) Patients of Tuberculosis

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ABSTRACT
Nowadays, the medical approach over still dominating and hegemonies in overcoming tuberculosis (TB), and its fact, not only the patient population and the prevalence of TB that continues to increase from year to year, but drop-out (DO) and multi-drug resistant (MDR) TB cases also increasingly widespread among people with TB. Therefore, its better to try to examine the social support approach as a solution to overcome these problems. The research objective was to analyze the development of a social support approach to overcome DO-MDR TB. A quantitative-qualitative descriptive as type of research. Design by case study, analytic, evaluative, phenomenological, exploratory – comparative. Location at Gowa Regency. 100 TB sufferer as sample. Data collection by literature study, documentation, observation, questionnaires, interviews. A qualitative descriptive as data analysis. Results was there are seven main and important aspects in the social support approach to preventing and overcome DO-MDR TB, namely: (1) Their view and belief that social support can play an important role as a multidimensional drug in the process of treatment and healing of the disease, (2) Knowledge regarding the sources, types and components of social support needed, (3) Perceptions on social support need from people close, (4) Perceptions on their behavior, (5) Patients' behavior, (6) Positive perception about the role of social support, (7) Social support as the main supporting factor. Recommendation: Social support needs to be institutionalized as an integrated approach that strengthens medical approaches in preventing and overcoming DO-MDR TB cases.
Keywords: *Social support, DO-MDR TB, approach*

INTRODUCTION

Data and information from various reports both at the global and national levels as well as several research results in amount countries including Indonesia show that Drop Out (DO) and multi-drug resistant (MDR) TB have become global and national problems from the past until now. The DO and MDR TB prevalence rates above 10% to > 40% clearly indicate that the use of the DOTS (directly observation treatment short course) or TOSS (find treat until healed) approach which has prioritized a medical approach since 1995 until now is no longer effective in treating TB (Kemenkes, 2018; Depkes, 2011). TB control, so it needs to be evaluated in an integrated, comprehensive, comprehensive and holistic way to produce/formulate other approach strategies in overcoming the DO-MDR TB problem.

One approach that is considered more basic is the social support approach which involves the sufferer directly together with close people around such as family, parents, relatives, friends/friends, neighbors, and other people, including a network of social groups. In general, there are two characteristics of sources of social support, namely artificial (through programs) and natural (Rook and Dootey, 1985). Specifically regarding natural sources of social support, it has several main characteristics (Koentjoroningrat, 2002), among others: (1) it is what it is without being made up so that it is easier to obtain and is spontaneous; (2) have conformity with the prevailing norms about when something should be given; (3) rooted in long-standing relationships; (4) have diversity in the delivery of social support, ranging from giving tangible goods to just meeting someone with greetings; (5) free from burdens and psychological labels. Sources of natural social support according to Wangmuba (2009, in Yesmil A and Adang, 2013) are divided into: 1) The main social support comes from family, 2) Social support

from friends or friends, and 3) Social support from the community.

Social support which includes various types and components such as informational, emotional, instrumental support, appreciation, friendship, network groups (Cohen & Syme (1985), Hendropuspito (1989), House (Smet, 1994), Wills & Fegan (David Berry S & Landry, 1997), Sheridan and Radmacher (1992 in Baron and Byrne (2000) play an important role in overcoming various problems and crises that are faced or occur in the sufferer such as helplessness, decreased productivity, emotional disturbances, anxiety, depression, stress, sadness. , isolation, stressors (stigma, labeling, oppression), crisis of self-confidence, feelings of inferiority and inferiority, crisis of attention and affection, crisis of empathy and caring, crisis of appreciation, financial problems and costs, problems with drugs and food, and others.

Looking further, there are a number of factors that cause a TB patient to experience DO-MDR TB, such as the lack of social support, feeling healthy and recovering too quickly (Mardhiyyah A and Carolia N, 2016; Salim and Abdool (2010) and Guy T, 2009), factors for lack of medication adherence and medication discipline, neglect of PMO assistance, factors of laziness and/or feeling tired of taking drugs, intervention factors from health workers who stop treatment with a certain balance, as well as factors of financial difficulties and the cost of buying drugs.

Hady J (2020) based on the results of his research suggests that first, a problem solution-based social support approach has the potential for great socio-cultural power as a medicine and a solution in overcoming various multidimensional problems (physical, socio-psychological, socio-medical and health, socio-cultural, religious, biocultural, economic, environmental, legal, political) faced by TB sufferers. Second, the lack of social support can be a source of problems and have a wider impact on sufferers, hampering the treatment process and slowing down the healing process, as well as the potential for prolonged DO-MDR TB. Based on these reasons, the formulation of the main problem and research objectives is a social support approach in overcoming drop-out and multi-drug resistant (MDR) tuberculosis patients.

METHOD

This type of research was quantitative-qualitative descriptive. Design by case study research design, analytic, evaluative, phenomenological, exploratory – comparative (Creswell, 2010). The research location was in South Bontonompo District, Gowa Regency. The study population was all TB patients, both those who experienced DO (drop out) cases of treatment and MDR TB and those who did not. Sampling technique with purposive sampling (Sugyono, 2012) taken 100 people with TB as respondents. Data collection methods include literature study, documentation, observation, questionnaires, interviews. Data processing with Likert scale. Data analysis with qualitative descriptive (Miles and Huberman 2012; Moleong, 2014)

RESULTS

Characteristic of Respondent

Based on the results of research on 100 respondents, it shows that first, the age group of respondents with TB is the most aged 36 years and over to 55 years, as many as 66.0% are classified as productive age. In addition, there are respondents with an easier age, namely under 36 years as much as 20% and an older age, namely above 55 years as much as 17.0%. This means that the productive age group is quite appropriate to obtain social support in the process of treatment and healing of the disease.

Second, the number of male respondents is 61.0% more than female (39.0%) so that there will be more social support for male patients with TB. In terms of marital status, the majority (89.0%) of the respondents were married or married. In addition, 87.0% already have children or family members, so the opportunity for social support from the family is getting bigger. Third, the

education group with the most basic and secondary education levels (SD/equivalent, SLTP/equivalent and senior high school/equivalent) was 78.0%, in addition to 12.0% of respondents with diploma and undergraduate education. In addition, there are also 10.0% of respondents who did not finish elementary school and never even went to school. This situation and condition of the Education group allows the inclusion of social support to play a role in supporting the smooth process of treatment and recovery of patients, especially in preventing or overcoming DO-MDR TB cases.

Fourth, the types of occupations or professions of community respondents are relatively diverse, but the most numerous groups are farmers/fishers and daily laborers, namely 34.0%, then traders/entrepreneurs as much as 22.0%, government employees (ASN) as much as 11.0%, 10.0% of household workers and 9.0% of private employees. The remaining 14.0% are members of the TNI/Polri, retired civil servants, teachers/educational staff, medical/health workers, and students.

Fifth, the status as TB sufferers at most (61.0%) was less than 1 year or the last few months, then 25,0 % had suffered from TB for the last 1-2 years. While the other 14.0% have had TB disease for more than 2 years or even more than 3 years. Sixth, related to the history of DO, 76.0% of respondents stated that they did not or had never experienced a treatment dropout while suffering from TB disease. However, there were 24.0% of respondents who stated that they had dropped out of treatment with varying durations, i.e., some were less than 1 year, some were more than one year to two years, and some had even stopped taking medication for three years or more. Seventh, related to the history of MDR-TB, it remains parallel to the history of DO.

Social support approach in overcoming DO-MDR with tuberculosis

Based on the results of the study, a social support approach can be formulated in overcoming DO-MDR patients with tuberculosis as shown in Table 1 below

Table 1. Formulation social support approach to overcome DO-MDR TB

No.	Indicator's assessment	Frequency of Respondent Answer (F, %)			Total (%)
		S	KS	TS	
1	Views and beliefs related to the important role of social support in the process of treatment and healing of the disease.	74 74,0%	20 20,0%	6 6,0%	100 100,0%
2	Knowledge of the sources, types and components of social support is needed in the treatment and recovery process.	35 35,0%	45 45,0%	20 20,0%	100 100,0%
3	Perceptions about the need for social support from people close to the vicinity for the smooth process of treatment and healing of the disease	64 64,0%	24 24,0%	12 12,0%	100 100,0%
4	Perceptions about the behavior of people close to them in providing or meeting the needs of social support for the smooth process of treatment and healing of the disease	38 38,0%	41 41,0%	21 21,0%	100 100,0%
5	Perceptions about attitudes and actions or behavior towards social support from close people around for the smooth process of treatment and healing of the disease	58 58,0%	30 30,0%	12 12,0%	100 100,0%
6	Perceptions about the role of social support from people close to them in overcoming DO-MDR TB	63 63,0%	25 25,0%	12 12,0%	100 100,0%
7	Perceptions about the factors that cause TB patients to experience DO-MDR TB	68 68,0%	20 20,0%	12 12,0%	100 100,0%
	Average amount (%)	**57** **57,0%**	**29** **29,0%**	**14** **14,0%**	100 100,0%
	Category	Good	Less		

Source: secondary data processing, 2021

Description: S= agree; KS= less agree; TS = not agree

The data and information in Table 1 show a few phenomena, namely First, 74.0% of respondents with TB have the view and belief that social support can play an important role in the treatment and healing process of their disease, while the other 26.0% do not or lack the views and beliefs. such. This means that the number of TB sufferers who welcome and believe in social support as a drug to support the treatment process and cure their disease is still far more numerous than those who do not/less believe in social support. Thus, social support can be an important instrument in overcoming various physical and psychological problems and disorders experienced by sufferers.

Second, 65.0% of TB patients have less knowledge about the types and components of social support needed in the treatment and recovery process, while the other 35.0% stated that they already know and understand well the sources and types of social support needed. This means that there are opportunities for organizing socialization and education about social support for TB sufferers and those close to them.

Third, 64.0% of TB patients have a good perception of the need for social support from people close to them for the smooth process of treatment and healing of their disease, while 36.0% still tend to consider social support as a necessity. This means that there are opportunities for providing social support for TB sufferers who already feel the need, and at the same time there are opportunities for socialization and education activities about social support for TB sufferers who are still in doubt and consider social support unimportant.

Fourth, 62.0% of TB sufferers perceive the behavior of those close to them who are still relatively lacking in providing or meeting the needs of social support for the smooth process of treatment and healing of their disease, while 38.0% of others consider the behavior of people close to them good. parents, family, relatives, friends/friends, co-workers, neighbors, and others in providing social support. This means that there are opportunities for organizing socialization and education activities about social support for families and communities as well as for the sufferer himself

Fifth, 58.0% of TB sufferers perceive well and positively their responses, attitudes and actions or behavior are open to social support from people close to their surroundings for the smooth process of treatment and healing of their disease, while the other 42.0% still tend to be closed or closed. semi-open, semi-closed, tend to try to hide or keep their illness a secret from the people around them, tend to limit their interactions with others, tend to isolate themselves and keep their distance from the people around them. This means that there are opportunities for organizing socialization activities and health education and social support behavior for sufferers, families, and communities.

Sixth, 63.0% of TB patients perceive well and positively the role of social support from people close to them in overcoming drop-out (DO) and multi-drug resistant (MDR) TB, while the other 37.0% still tend to maintain the perception negative, apathetic, and suspicious of people close to who want to provide help and support. This means that there are opportunities for organizing socialization activities and health education and social support behavior for sufferers, families, and communities.

Seventh, 68.0% of TB patients perceive well and positively a number of factors that cause TB patients to experience drop-out (DO) and multi-drug resistant (MDR) TB such as lack of social support, factors that are too early to feel healthy and recover, factors of lack of medication adherence and medication discipline, neglect of assistance from PMOs, laziness and/or feeling bored taking medication, intervention factors from health workers who stop treatment with a certain balance, as well as financial difficulties and the cost of buying drugs, while 32.0% sufferers

Others don't/don't agree with this. This means that there are opportunities for organizing socialization activities and health education and social support behavior for sufferers, families, and communities.

Eighth, the overall data in Table 1 shows that on average 57.0% of patients received well and positively and were open to social support approaches in overcoming DO-MDR TB, while the other 43.0% were still hesitant. This means that the social support approach can be an alternative approach that supports or strengthens the medical approach in preventing and overcoming cases of DO-MDR TB in patients.

DISCUSSION

Based on the results of the study, further discussion of the seven sub-variables and indicators of the social support approach in preventing and overcoming DO-MDR TB can be carried out as follows.

1. View and believe owned sufferer or patient about significantly the role of social support

The findings of the study indicate that an average of 74.0% of people with TB have the view and belief that social support (such as directives, good advice and advice, attention, empathy, affection, caring, motivation, a good and pleasant attitude, material assistance) and medicines, as well as awards) can be a medicine in the process of treating and healing the disease. In addition, he also believes that social support can influence his attitude, behavior, and motivation to continue to undergo the treatment process and cure his illness, increase adherence to continue treatment, be diligent in taking medicine and regularly check his health. Meanwhile, 36.0% of other TB patients were hesitant or did not have such views and beliefs.

This reality shows that first, in fact there are still many sufferers who have a good understanding of the philosophy of local cultural wisdom regarding the meaning and importance of social support as medicine, so that what is seen and trusted as a cure for their illness is not only medical drugs given by health workers but also comes from the social support of people close to the vicinity. Second, there tends to be a paradigm shift and the values of local cultural wisdom among sufferers who do not view/believe in the power of social support as medicine, so that what is seen and believed to be medicine is only a number of capsules and tablets of chemical drugs from pharmacies. health centers, hospitals and others.

The findings of this study are in accordance with the opinion of experts regarding the usefulness or benefits of social support for recipients of support, such as the opinion of Rook (1985) and (Smet, 1994) that social support received can make individuals feel calm, cared for, loved, valued, a sense of well-being arises. confident and competent. Social support for people with TB is useful as a sedative, reducing stress, overcoming sadness and anxiety and anxiety, generating self-confidence.

Social support from close people around such as family and friends/friends and other people for TB sufferers as stated by Cobb, Piece, Baron and Byrne (2000) can play a role and be useful as a provider of physical and psychological comfort for sufferers, giving a sense of being appreciated and cared for, source of emotional, informational or mentoring, motivational reinforcement and encouragement in dealing with various problems and psychological disorders as well as a crisis of self-confidence. Social support for people with TB as stated by Lieberman et al., (1999) can play a role in reducing the tendency of occurrence of events that can cause stress. With social support according to Baron and Byrne (2000), sufferers who are experiencing or facing stress will be able to maintain their immune system and improve their health.

Therefore, according to Raho (2007) and Sarafino (2011) that interacting with other people can modify or change the individual's perception of the stressful event and will reduce the potential for new stress or prolonged stress to emerge.

The research findings are also in accordance with expert opinion regarding the goals and benefits of social support, including: (1) increasing positive feelings and increasing self-esteem (Baron & Byrne, 2000), (2) making individuals feel calm, cared for, self-confident and competent , (3) makes individuals feel loved, valued and part of the group (Smet, 1994), (4) emotional support will make the recipient feel valuable, comfortable, safe, secure, and loved (Cohen & Syme, 1985), (5) reduce the tendency of occurrence of events that can cause stress and anxiety, (6) can maintain endurance and improve individual health. (Baron & Byrne, 2000), (7) interacting with other people can modify/change an individual's perception of an event and will reduce the potential for anxiety and its effects as well as new or prolonged stress (Raho, 2007; Sarafino, 2011).

The important role of social support for the health of TB sufferers is in accordance with the theory of Buffering Hypothesis and Direct effect hypothesis proposed by Sarafino (2006, in Raho, 2007), Taylor (2009) and Ritzer & Goodman, 2010 which explain the role of social support in influencing health. First, social support functions or plays an important role as a protector from stress or protects patients against the negative effects of high stress. Second, individual sufferers with a high level of social support have strong feelings (loved and appreciated), feel that others care and need them so that it leads to a healthy lifestyle. Similarly, Argyle's (1991) opinion regarding the role of social support from family in inhibiting the negative effects of buffering stressors, as well as Veiel & Baumann's (1992) opinion that the physical health of individuals who have close relationships with other people will recover faster than isolated individuals.

2. Knowledge owned sufferer or patient about sources, kind and component of social support

The findings of the study showed that an average of 65.0% of TB patients had poor knowledge about the sources, types and components of social support needed in the treatment and recovery process, and 35.0% of other TB patients had good knowledge about it. This means that there are still many sufferers who do not/less or do not know and understand well about the sources and types of emotional, informational, instrumental, appreciation, and group network assistance and support needed for the treatment and healing process of their disease. The phenomenon is that many sufferers (71.0%) have good knowledge about the assistance and support of health services needed for the treatment and healing process of their disease. Thus, knowledge about social support and its needs is still a fundamental problem for many sufferers.

Referring to the opinions and theories put forward by experts, there are a number of sources, types and components of social support that patients with the disease need to know, as stated by Cohen & Syme (1985), Hendropuspito (1989), House ((Smet, 1994), Wills & Fegan (David Berry S & Landry, 1997), Sheridan and Radmacher (1992 in Baron and Byrne (2000) regarding the classification of social support categories, namely: information support (Informational Support, Cognitive support), emotional support (Emotional Support), or esteem support), instrumental (Tangible or instrumental support, material support), appraisal support, network support, friendship support, as well as 7 (seven) components of social support referred to as "The social provision scale"

developed by Cutrona *et al.,* (1994:371, in Baron and Byrne, 2000) where each component can stand alone, but are interconnected with each other, namely: (1) Emotional attachment, (2) Social integration, (3) Reassurance of worth, (4) Reliable alliance, (5) Guidance, (6) Opportunity for nurturing (Opportunity for nurturance), and (7) Aspects of social relationships in patients (Baron and Byrne, 2000). All types of classification of types and components can be actualized into the implementation of socialization and social support education for sufferers, families and communities.

Specifically in the field of health services, Kaplan and Saddock (1998, in Baron and Byrne, 2000)) divides three forms of social support, namely: (1) Actions or actions given by people around TB sufferers, both from family, friends and the community; (2) Religious or physical activity, which encourages sufferers to get closer to God; (3) Interaction or exchanging opinions between sufferers and those closest to them. In this regard, Heller et al (1986, in (Soerjono, 2001, 2014) suggest two components of social support, namely appraisals that enhance rewards, and interpersonal transactions related to anxiety.

Associated with sources of social support that TB sufferers need to know and understand include artificial sources and natural sources (Rook and Dootey, 1985, Rook K, 1992, Smet, 1994). First, artificial social support is designed into the primary needs of sufferers in the form of material assistance, medicines, health facility services, and others. Second, natural social support for TB sufferers comes from people around, especially family members (children, wife, husband and relatives), close friends or relations. The main characteristics of natural sources of social support, according to Koentjoroningrat (2002), are rooted in long-rooted relationships, free from psychological burdens and labels, as they are without being made up so that they are easier to obtain and spontaneous and have conformity with norms. which applies to when something should be given. In addition, it also has diversity in the delivery of social support ranging from giving tangible goods to just meeting someone with greetings.

3. Perception owned sufferer or patient about their need over social support

The findings of the study indicate that an average of 64.0% of TB patients perceive their need for social support from people close to them in the process of treating and recovering their disease. While the other 36.0% felt no need or less. However, 89.0% of patients stated their interests and needs for social support that came from family, parents, and relatives, 82.0% needed support from friends/friends, and 67.0% needed support from neighbors. The perception of the need for support that is somewhat lacking is sourced from colleagues (61.0%) and organizational group networks (55.0%), and the least is from other people (47.0%) and community leaders (48.0%).

The findings of the study are in line with Stanley's opinion (DuBois and Miley, 1992) that social support for people with TB is difficult to separate from the determinants of the factors that influence it, especially the tri-needs namely: (1) physical needs, (2) social needs, and (3) psychic needs. First, physical needs include clothing, food and shelter. If a person with TB does not fulfill their physical needs, then they do not get social support. Second, social needs indicate that with good self-actualization, a person with TB is better known by the community than people who have never socialized in society. People with TB who have good self-actualization tend to always want to get recognition in people's lives. For that recognition is needed to give awards. Third, the

psychological needs of the TB patient involve curiosity, security, religious feelings, and others that cannot be fulfilled without the help of others, especially if the sufferer is facing both mild and severe problems, so they tend to seek social support from other people. environment so that he feels valued, cared for and loved.

The findings of the research on social support from family and friends/friends according to Wangmuba (2009)'s opinion regarding natural sources of social support that are free from burdens and psychological labels for TB sufferers are divided into: 1) the main social support comes from family, 2) social support from friends. or friends, and 3) social support from the community. Family according to Yesmil A and Adang (2013) are the closest people who have the potential as a source of support for TB sufferers and are always willing to provide assistance and support when the sufferer needs help. The family plays an important role in generating feelings of belonging among family members, ensuring lasting friendships and providing a sense of security for its members.

The findings of the study indicate that there are some TB sufferers who perceive other social support so that it seems as if they don't need it. This is in accordance with the opinion of Dunkle-Scheter (Baron and Byrne, 2000) that even though there is social support available for a sufferer, he does not feel that it is a support. This opinion indicates that there is a tendency among people with TB who consider certain types of assistance, both material and non-material, not as support. In other words, not all help and support received from close people or other people is seen and recognized as social support. Therefore, the opinion of Cohen and Wills (David Berry S & Landry, 1997) is correct that social support is not only available to individuals in need, but the most important thing is the perception of the availability and adequacy of support. This opinion implies that first, a person with TB will consider a help as a support if the help is given when he really needs it. Therefore, regardless of the type of assistance and no matter how large the amount is given, the sufferer does not necessarily consider it as support if he feels no / less need / need. On the other hand, no matter how small a help, if it is given at a time when he really needs it, it is considered as support. According to Sarafino (2006, in Raho, 2007) these phenomena are some examples of negative effects that arise from social support.

4. Perception owned sufferer or patient about behaviour of around people close them to satisfy social support need

The findings of the study showed that an average of 62.0% of TB patients perceived the behavior of those close to them as lacking in providing or meeting the needs of social support for the treatment and healing process, while 38.0% rated the behavior of close people as good. around in providing needed or expected support. However, the phenomenon is, there are 67.0% of patients assessing the behavior of family, parents, and relatives in giving attention, affection, empathy, caring, advice, entertainment, motivation, good and pleasant attitude, appreciation, material assistance and facilities for TB sufferers. for the treatment and recovery of the disease. Similarly, there are 41.0% of patients who rate the behavior of friends/friends/coworkers in providing similar support well.

The findings of the research are in accordance with Saranson (1983, in (Baron and Byrne, 2000) regarding two scopes of social support, namely: First, the number of available sources of social support. In this case, TB sufferers perceive a number of people who can be relied upon when they need help (approach). based on quantity). Second, the level of satisfaction of TB sufferers on the social support they receive

is related to their perception that their needs will be met (quality approach). Similarly, Stanley's opinion (DuBois and Miley, 1992) that if a person with TB is not fulfilled his physical needs, he will not get enough social support. Social needs of people with TB indicate that by socializing and self-actualizing well, they are better known by the community and tend to always want to get recognition in people's lives. For this reason, recognition is very necessary to give appreciation to people with TB. The psychological needs of people with TB involve curiosity, security, religious feelings, and others that cannot be fulfilled without the help of others, especially if he is facing light or heavy problems, so he tends to seek social support from the people around him so that he feels valued, cared for and loved.

5. **Behaviour owned sufferer or patient against social support given by around people close them**

The findings of the study indicate that on average 58.0% of TB patients perceive their openness behavior and always show good and positive attitudes, actions and responses to people close to their surroundings who aid and support. While 42.0% of other sufferers tend to behave in a closed manner, their attitudes and responses are sometimes negative and suspicious of others, so they do not receive any support. However, the phenomenon is, there are 70.0% of patients who give a good response and attitude and are open to family, parents and relatives who help and support for the process of treatment and healing of the disease. In addition, there are 66.0% of patients who show positive behavior and are open to friends/friends/coworkers who provide support.

The findings of the study are in accordance with Sarafino's (2006, in Raho, 2007) explanation regarding several examples of negative effects that arise from social support, including: First, the support available for TB sufferers is not considered as something that helps. This can happen because the support provided is not enough, the TB patient feels he does not need help or is too worried emotionally so that he does not pay attention to the support provided. (2) The support provided is not in accordance with the needs of the TB patient. (3) Sources of support set a bad example for people with TB such as doing or suggesting unhealthy behavior. (4) Too guarding or not supporting individuals with TB in doing something they want. This situation can interfere with the rehabilitation program that should be carried out by the individual and cause the individual to become dependent on others.

6. **Perception owned sufferer or patient of Tb about any role of around people close them to overcome *drop-out* (DO) and *multi-drug resistant* (MDR) TB**

The findings of the study indicate that an average of 63.0% of TB patients perceive favorably and positively the role of social support from people close to them in preventing or overcoming cases of drop-out (DO) and multi-drug resistant (MDR) TB, while 37 Another .0% of sufferers consider social support from people close to them not or less important. But the phenomenon is, there are 79.0% of patients assessing social support from family, parents and relatives can prevent TB sufferers from dropping out of treatment and not experiencing drug resistance. Similarly, 68.0% of patients rated positive and good social support from friends/friends/coworkers.

The findings of the research are in accordance with the opinion of Baron and Byrne (2000) regarding the background of the emergence of social support which is based on the perception of TB sufferers that there are close people around such as family, parents, friends/friends, or neighbors who will help themselves in

dealing with the problem. burden of health problems and illnesses suffered. With the perception of this assistance, TB sufferers experience an increase in positive feelings and self-esteem so that they generate responses and behavior to consistently seek treatment, and always try to resist the temptation and influence of dropping out of treatment.

The findings of the study are in accordance with the opinion of experts such as Cobb, Piece, Baron and Byrne (2000) regarding the meaning and function of social support, namely the provision of support by close people around such as family, friends, or other people/groups so that TB sufferers have physical comfort. and psychological, feel valued and cared for, feel meaningful help and support, and feel not alone in facing every problem and crisis that occurs every day in his life. With all these characteristics and forms of support, TB sufferers can maintain consistency in treatment, are more motivated and diligent in taking medicine in order to recover and have companions and supervisors.

The findings of the research are in accordance with the opinion of Taylor & Scadding (1980, 2009) regarding the presence of parents, husband, or loved ones, family, friends, social relations and communication take a role in providing direction and advice, mentoring, supervision, motivation, and helping and support the process of treatment and healing of the disease suffered by the TB patient so as to prevent the patient from DO-MDR TB cases. Similarly, the opinion of Cohen and Wills (Baron and Byrne, 2000) and Gottlieb (Smet, 1994) and Saroson (Smet, 1994) regarding the presence of other people who are meaningful and important and socially close to providing assistance and support to the person with TB, providing information or advice (verbal and nonverbal), real assistance or actions that have emotional benefits or behavioral effects on the part of the TB sufferer, especially preventing DO behavior and MDR-TB conditions. The same thing was stated by Schwarzer & Leppin (Smet, 1994) regarding the support of others for the TB patient (perceived support) and as individual cognition that refers to the perception of the support received (received support) in preventing DO-MDR TB.

Efforts to prevent and overcome DO-MDR TB cases in TB patients through the role of social support require the provision of informational, emotional, instrumental support, and appreciation support from people close to the TB patient (Cohen & Syme (1985), Hendropuspito (1989).), House (Smet, 1994), Wills & Fegan (David Berry S & Landry, 1997), Sheridan and Radmacher (1992), Baron and Byrne (2000).First, in terms of informational support, people close around (especially parents, family, neighbors, friends/friends) can provide information and explanations as well as advice to the TB patient regarding the effects, impacts and risks of the attitude and action of stopping treatment or dropping out of treatment. Second, in terms of emotional support, people close to can show attention and affection, empathy, care, take care of feelings, spend time accompanying and being the interlocutor with the sufferer, invites and listens to the sufferer n complaints sincerely and openly, always reminding to take medicine. Third, in terms of instrumental support, people close to the vicinity can take on the role of helping provide medicine for sufferers, representing patients taking medicine at the puskesmas, providing preferred food, easing the burden of medical expenses, and others. Fourth, in terms of appreciation support, close people around can give sincere appreciation and praise to sufferers for their consistency and patience in taking medication, and so on.

Referring to the seven components of social support referred to as "The social provision scale" developed by Cutrona et al (1994:371, in Baron and Byrne, 2000), the presence of close people can be more proactive (1) provide emotional support to sufferers (Emotional attachment), (2) often accompany the patient to tell stories so as not to feel lonely and isolated (Social integration), (3) give sincere recognition and appreciation (Reassurance of worth), (4) build a trusting relationship with the sufferer (Reliable alliance), (5) spend time giving direction and advice (Guidance), (6) spend time helping the sufferer meet his needs (Opportunity for nurturance), and (7) develop friendship, brotherhood, family relationships with the sufferer. All types of classification of types and components can be actualized into the implementation of socialization and social support education for sufferers, families, and communities.

7. **Perception owned sufferer or patient of Tb about any determinant oof factors caused them to be experienced *drop-out* (DO) and *multi-drug resistant* (MDR) TB**

The findings of the study show that first, the TB sufferers perceive several factors that cause drop-out (DO) and multi-drug resistant (MDR) TB, such as the lack of social support, the factor of feeling healthy and recovering too quickly, the factor of lack of medication adherence and discipline. taking medication, neglecting assistance from PMO, laziness and/or feeling bored taking medication, intervention factors from health workers who stop treatment with a certain balance, as well as financial difficulties and the cost of buying drugs. Second, an average of 68.0% of TB patients perceive their recognition of the influence of these factors as the cause of TB patients experiencing DO-MDR TB. Meanwhile, 32.0% of other patients tend to not/less sure about these factors. Phenomenon, 83.0% of patients perceive the factor of lack of social support as the main cause of DO-MDR TB, 78.0% consider the factor of lack of adherence to treatment and discipline to take medicine and the factor of laziness and boredom taking medicine as the cause.

The findings of this study are in line with the results of Hady J's research (2020) regarding the important role of social support in overcoming the various burdens of problems faced by TB sufferers, and the impact of the lack of social support on the incidence of DO-MDR TB cases among sufferers. Similarly, the results of research by Mardhiyyah A and Carolia N (2016) regarding the factors that cause the number of MDR TB cases in drop outpatients, namely after undergoing intensive treatment, patients usually feel healed and stop their treatment. The prevalence of DO in patients with MDR according to Lalor MK et al., (2013) is influenced by other factors such as geography, environment, and behavioral variations. In this regard, WHO (2018) and Tulak A *et al.*, (2015) suggest that the challenges in TB treatment in the world and in Indonesia include treatment failure, treatment withdrawal, incorrect treatment, resulting in the possibility of primary resistance of TB bacteria to anti-tuberculosis drugs or anti-tuberculosis drugs. Multi-Drug Resistance (MDR).

CONCLUSION

1. There are seven main and important aspects of the social support approach in preventing and overcoming drop-out (DO) and multi-drug resistant (MDR) TB patients, namely: (1) The view and belief that social support can play an important role in the treatment process and healing the disease,; (2) Patients' knowledge of the types and components of social support needed; (3) Perceptions about the need for social support from people close to the vicinity for the smooth process of treatment and healing of diseases; (4) Perceptions of the behavior of those close to them in providing social

support; (5) The patient's behavior towards social support from close people around; (6) Positive perceptions about the role of social support from people close to them in overcoming drop-out (DO) and multi-drug resistant (MDR) TB; (7) Social support as the main supporting factor in overcoming drop-out (DO) and multi-drug resistant (MDR) TB.

2. The social support approach can be an alternative approach that supports or strengthens the medical approach in preventing and overcoming cases of DO-MDR TB in patients.

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