



Phenomenological Study of the Causes of Drug Discontinuation (Loss to Follow Up) of Tuberculosis Patients at Sanggeng Community Health Center in 2024

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ABSTRACT

The case of drug discontinuation in West Papua Province in 2024 was 20.2%. The general objective of the study was to examine the factors causing drug discontinuation in tuberculosis (TB) patients at the Sanggeng Health Center in 2024. The type of research is qualitative research with a phenomenological approach at Sanggeng Health Center, Manokwari Regency, West Papua Province. The results showed that the main causes of patients discontinuing medication were drug side effects, suboptimal service quality, wrong perceptions in completing treatment, accessibility barriers, and low economic factors of informants. The factors causing discontinuing medication related to patients were low knowledge, drug side effects, wrong perceptions about treatment, and low socio-economic status. The factors causing medication related to health services were lack of education about TB disease and suboptimal support from officers to informants. The availability of medication was not a problem at Sanggeng Health Center. Environmental factors found that there was still stigma against informants although not dominant, access to health services was far away, and the culture of the community still using herbal remedies as a companion and substitute for medical drugs. Family support existed but was not optimal.

INTRODUCTION

Tuberculosis (TB) is an infectious disease caused by infection with rod-shaped bacteria, *Mycobacterium tuberculosis* (MTBC). TB disease mostly affects the lung parenchyma (pulmonary TB) but this bacteria also has the ability to infect other organs (extrapulmonary TB) (Ministry of Health of the Republic of Indonesia, 2020). The World Health Organization (WHO) notes the "End Tuberculosis" strategy which is part of the Sustainable Development Goals, with one goal of ending the tuberculosis epidemic worldwide (WHO, 2020).

WHO in its Global Tuberculosis report reported that in 2023, TB caused around 1.25 million deaths, down from its peak in 2021 due to the COVID-19 pandemic (WHO, 2024). An estimated 10.8 million people were infected with TB in 2023 with 87% of global cases coming from 30 countries with a high TB burden including Indonesia. Indonesia ranks second as the largest contributor of TB cases in the world (WHO, 2024).

Based on data from the Indonesian Ministry of Health in the 2024 tuberculosis control program report, it was reported that the incidence of TB in Indonesia in 2023 was 1,090,000 or 387 per 100,000 population, an increase of 3% from 2022, which was 724,000 cases (Indonesian Ministry of Health, 2024). Indonesia ranks second as the country with the most tuberculosis cases in the world, contributing 10 percent of the total global cases (WHO, 2024). More than 724,000 new cases of TB were found in 2022, and the number increased to 809,000 cases in 2023. This number is much higher when compared to cases before the pandemic, which averaged less than 600,000 per year (Ministry of Health of the Republic of Indonesia, 2024).

Despite efforts to control TB, major challenges remain in terms of under-financing, drug resistance, and social determinants such as poverty and malnutrition. The WHO "End TB" strategy aims to reduce TB mortality by 75% and TB incidence by 50% by 2025 compared to 2015, but by 2023, global reductions have only reached 23% for deaths and 8.3% for incidence (WHO, 2024).

THEORETICAL REVIEW

Medication adherence is a key factor in the success of tuberculosis treatment. Several studies have identified factors that influence patient adherence in undergoing anti-tuberculosis drug therapy (OAT). The side effects of anti-tuberculosis drugs are one of the main factors that affect medication adherence. Pasaribu et al. (2023) in their qualitative study found that the main reason for non-compliance in taking medication in pulmonary TB patients was mainly due to the side effects of the drugs that were felt, causing discomfort to the body's condition, forgetting to take medication and the large number of drugs consumed due to suffering from other comorbidities. This finding is reinforced by research by Afrianty et al. (2024) which showed a significant relationship between the side effects of anti-tuberculosis drugs and discontinuing medication. Research at Tirto I Health Center showed that 100% of respondents experienced side effects of the drug, with the most frequent manifestations being redness in the urine (100%), balance disorders (82.4%), nausea (66.7%), and joint pain (64.7%). Nevertheless, the level of compliance remained high with 92.2% of respondents being compliant in

taking the drug. This shows that even though side effects occur, with proper handling, compliance can be maintained.

Furthermore, family support plays a very important role in improving medication adherence in tuberculosis patients. Research at Sungai Bilu Health Center showed a very strong positive correlation between family support and patient medication adherence with a correlation value of 0.767 ($p=0.000$). Four aspects of family support that have an influence include emotional, instrumental, informative, and appreciation support. The role of the Drug Swallowing Supervisor (PMO) has also been shown to be significant in increasing compliance. Research at the Dr. H. A Rotinsulu Cibadak Main Clinic showed a significant relationship between the role of the drug swallowing supervisor and patient compliance (p -value 0.002). However, research by Sondang et al. (2021) identified that the role of supervision was optimal, but the provision of motivation and education by the PMO was still not optimal.

In addition, health workers have a strategic role in ensuring compliance with tuberculosis treatment. Research at the Perawang Health Center showed a significant relationship between the role of health workers and compliance of TB patients (p -value = 0.0001). The role of health workers includes supervising medication intake, providing motivation, education to patients and families, and monitoring patient conditions during treatment. A study in Kendari City during the COVID-19 pandemic showed that the role of health workers was a dominant factor influencing adherence to taking OAT with a contribution of 53% (OR 11,500). This emphasizes the importance of active involvement of health workers in the tuberculosis control program. Moreover, the level of patient knowledge and health literacy is positively correlated with medication adherence. Research in Ponorogo Regency showed a significant relationship between the level of health literacy and medication adherence in patients with pulmonary tuberculosis (p -value = 0.0001) with OR = 11.250. Patients with high health literacy have a better understanding of the importance of completing treatment completely.

Motivation to take medication has been shown to have a significant relationship with TB treatment adherence. Research by Samory et al. (2022) showed a relationship between motivation to take medication and TB treatment adherence, although no relationship was found between TB knowledge and treatment adherence. Social support factors, the role of cadres, and the role of health workers are also related to pulmonary TB recovery (Nortajulu, 2022). Accessibility to health services affects treatment adherence. Watumo et al.'s (2022) study in Southern Ethiopia showed that Loss to Follow-Up was 12 times higher for patients who traveled more than 10 km from a health facility. This emphasizes the importance of considering geographical factors in tuberculosis control programs. Although stigma is often considered a factor that influences adherence, a study in Lhokseumawe City showed different results. The study found that stigma and medication adherence had no significant relationship (p -value=0.197). This suggests that the influence of stigma on adherence may vary depending on the local social and cultural context.

METHODOLOGY

This study uses a qualitative research design with a phenomenological approach. The phenomenological approach was chosen to gain an in-depth understanding of the subjective experiences of patients who experienced tuberculosis drug withdrawal at the Sanggeng Health Center in 2024. Qualitative research allows for an in-depth exploration of the complex factors that influence patients' decisions to stop treatment prematurely.

The study was conducted in the working area of Sanggeng Health Center, Manokwari Regency, West Papua Province. Sanggeng Health Center was chosen as the research location because it has the highest tuberculosis patient drug discontinuation rate in Manokwari Regency, which is 26% in 2023. The study was conducted in April 2025.

Sanggeng Health Center acts as a primary health care facility that handles various infectious diseases, including tuberculosis. The Sanggeng Health Center's working area covers communities with diverse social and economic backgrounds, as well as varying levels of education and health awareness. Although the TB treatment program is available free of charge, various factors such as limited access to transportation, lack of patient understanding, drug side effects, minimal social support, economic factors, and social stigma are still challenges in achieving treatment compliance.

This study uses purposive sampling technique with specific informant selection criteria according to the research objectives. Informants consist of four main categories with a total of 12 people; patients diagnosed with TB with a history of drug discontinuation during 2024, health workers treating TB patients at Sanggeng Health Center, family members who are aware of the patient's treatment progress, community figures who play a role in TB health education. The number of informants follows the principle of data saturation, namely data collection is stopped when no new findings emerge in in-depth interviews.

Primary data sources based from in-depth interviews with TB patients who have discontinued their medication, interviews with health workers (doctors, nurses, TB program managers), patient's family or companion, and local community leaders. Meanwhile, secondary data based from health report from Sanggeng Health Center and West Papua Health Service, medical records of patients who have experienced drug withdrawal, national regulations and guidelines for TB treatment programs, and academic literature and research journals related to TB drug discontinuation factors

Interviews were conducted face-to-face using a semi-structured interview guide to maintain flexibility and allow for in-depth exploration. All interviews were recorded with the consent of the informants and transcribed for further analysis. The collection of supporting documents includes patient medical records, TB program reports, health policy documents, and academic literature as secondary data to strengthen the phenomenological analysis.

Data analysis was carried out qualitatively through systematic stages referring to the qualitative data analysis model (Husnullail et al., 2024). Interview data and documents were collected, transcribed, and compiled in a structured format while maintaining the anonymity of informants. Data were analyzed by

establishing initial codes that represented aspects of the research to organize the data systematically. The determined codes are grouped into main themes based on their relevance to the research focus. The analysis used domain, taxonomic, componential, and thematic analysis techniques. Domain analysis identifies key concepts, taxonomic analysis groups data into category hierarchies, componential analysis compares differences in perception between informants, while thematic analysis draws overall meaning from the data. The results of the analysis are presented in the form of descriptive narratives, thematic matrices, and conceptual charts using direct quotes from informants to strengthen the research findings.

The validity of the data is ensured through validity (credibility) testing techniques using data source triangulation and member checking (Husnullail et al., 2024). Comparing information from various sources (patients, health workers, patient families) to increase the validity of the findings. Data from interviews are verified with information from field observations and supporting documents. The process of checking data obtained by researchers to data providers to determine the accuracy of the data provided by informants. If there is a data discrepancy, informants are given the opportunity to make corrections.

RESEARCH RESULTS

Overview of Research Location

The working area of Sanggeng Health Center is in Manokwari Regency which has a population of around 204,106 people in 2024. The population in this area consists of various ethnic groups, with the Meiyakh tribe as the majority group that has long inhabited the area. The working area of Sanggeng Health Center is supported by the main infrastructure which is very important in supporting access and mobility of the community and health workers (Sanggeng Health Center, 2023).

One of the main facilities is Rendani Airport located in Manokwari Regency. In addition to the airport, Manokwari Port is also a vital infrastructure that functions as the main route for sea transportation. This port connects Manokwari with the surrounding islands and other coastal areas. This sea transportation is very important considering the geographical conditions of West Papua which consists of many islands and coastal areas that are difficult to reach by land. With this port, the distribution of health logistics can run more smoothly despite facing geographical challenges.

The working area of Sanggeng Health Center covers 4 sub-districts, 37 RW, 122 RT with an area of 2,102 km² and a population of 58,839 people. The boundaries of the Sanggeng Health Center's working area are in the north bordering West Manokwari Village, in the south bordering East Manokwari Village, in the east bordering Pantura Village, and in the west bordering Wosi Village (Sanggeng Health Center, 2023).

Main Factors Causing TB Patients to Stop Medication

The results of in-depth interviews identified various main factors causing drug discontinuation in TB patients at Sanggeng Health Center. These factors

include severe drug side effects, perception of being cured, accessibility and transportation problems, and low socio-economic conditions.

Drug side effects are one of the main causes of discontinuing medication, as expressed by informant I1: "So because of the itching, I finally stopped taking it. I drank it, my skin felt like it was peeling off." However, the majority of informants (I2, I3, I4, I5, I6) stated a different reason, namely feeling cured. Informant I2 explained: "I feel like after taking the medicine, I've recovered immediately. Or I've taken this medicine because yesterday it was said that it was just symptoms so I've recovered. I thought it was like a normal illness. If I've taken the medicine, it's just because of the symptoms so it's gone."

Accessibility and transportation issues were also significant factors. Informant I4 stated: "I didn't take medicine because I went to the village for two months," while informants I5 and I6 faced economic constraints for transportation. Informant I5 explained: "Transportation issues... no money for motorbike taxis," and informant I6 added: "Transportation issues, no money for petrol... If there's no petrol, I can't go out."

This finding is supported by statements from health workers. Informant I7 explained: "This is usually a matter of stopping medication, because in Sanggeng Health Center there are also TB patients who are not in the Sanggeng Health Center's working area. For example, from other districts, from Pegaf, who are temporarily staying with their families in Sanggeng who are receiving treatment. After they usually feel better again, they don't report it, they go home to their village."

Furthermore, a lack of patient understanding of the importance of complete and regular TB treatment is an important factor causing drug discontinuation. Informant I1 admitted his limited knowledge: "I don't know, I'll tell you later." Similarly, informant I2 stated: "No, I was only told that I had symptoms like spotting. So I took this medicine first, until I stopped, came back first, then it was explained later."

Patients' wrong perceptions of TB treatment can cause patients to stop treatment before completion. Informant I3 stated: "I feel good... I don't feel sick anymore." A similar thing was conveyed by additional informant I12: "Maybe I'm already healthy, I'm already healthy, those who don't want to go are those." Although patients have been educated by health workers about TB disease, patients' perceptions are still lacking for complete treatment.

The emergence of uncomfortable side effects of drugs such as nausea, vomiting, dizziness, or skin rashes made some patients discontinue treatment. Informant I1 experienced severe side effects: "So because of the itching, I finally stopped. I had a drink, like peeling, peeling." Informant I3 experienced: "Feeling... Vomiting," while informant I2 explained: "Yes, sometimes when I take the medicine, I immediately feel dizzy."

Low economic conditions make it difficult for patients to pay for transportation to health facilities. Informant I5 who works as a laborer stated: "Want to go there, there is no motorbike to go there. No money." Informant I6 who is still a student faces a similar problem: "The main problem is transportation to the health center... sometimes there is no money for gasoline."

Health Service Factors

Unresponsive services and lack of adequate education about the importance of TB treatment can reduce patient comfort. Informant I2 shared his experience: "Just explain, take this medicine until it's finished, come back later, then check again, if this is new, explain further. So they just gave me the medicine, said take it first, then see the changes."

Support from health workers for tuberculosis patients was acknowledged by all informants. Informant I1 stated: "Yes, the paramedic always provides support for treatment." Informant I10 as a community leader confirmed: "The support here we see with the paramedic who always comes to look for the patient." Health workers also make home visits, as explained by informant I8: "What we often do is make home visits for TB patients who have not come to get their medicine for some time... although it is not optimal... not all of them have been visited due to limited manpower."

Moreover, the availability of drugs at Sanggeng Health Center is not a problem in the continuity of treatment. Informant I6 stated: "The drugs are available at the health center," and informant I4 confirmed: "So far, the drugs have been available at the health center." Informant I12 as a patient's family also stated: "So he ran out of drugs, so far the health center, the drugs have been available continuously."

Environmental Factors

Stigma towards TB patients varies in the Sanggeng community. Most informants did not experience significant stigma. Informant I2 stated: "This disease is like normal, nothing." Informant I3 added: "No one ostracized me when I had lung disease." However, informant I4 had a different experience: "Yes. The neighbors don't want to come."

Geographical access barriers were a significant challenge for some patients. Informant I4 explained: "I didn't get my medicine because I went to my village for two months." This informant lives in two places: Manokwari city and a village in Pegunungan Arfak Regency with a distance of more than 100 km and a travel time of 4 hours from Manokwari city.

All informants received positive family support in TB treatment. Informant I1 stated: "Given support to have to take treatment... Please give me support." Informant I5 received support from relatives: "My brother usually reminds me to take my medicine," while informant I6 received support from his partner: "My wife provides support in treatment."

Cultural Factors

The use of traditional medicine was found to be an adjunct, not a substitute for medical treatment. Informant I4 used: "Drinking herbal medicine to cleanse the lungs... Feeling good from akway bark." Informant I3 used: "Turmeric, egg yolk... honey... dry it... clean it." Informant I11 explained the pattern of use: "So he drinks hospital medicine first, after a long time, then mom gives him another herbal drink from leaves for internal diseases." These three

informants used herbal medicine as an adjunct to medical drugs, not as a substitute for conventional treatment.

DISCUSSION

One of the main factors found in this study as the cause of TB patients discontinuing medication is the side effects of the medication experienced by the patient. Informant I1, a 78-year-old patient, revealed that he stopped treatment because he experienced itching and peeling skin after taking TB medication. This experience greatly influenced the patient's decision to stop taking medication in just the first few days of treatment. This condition shows that the physical side effects felt by patients can be a significant obstacle to adherence to TB treatment. This phenomenon is in line with the findings of Pasaribu et al. who stated that drug side effects are one of the main factors influencing patient compliance in undergoing TB treatment (Pasaribu et al., 2023).

Unmanaged side effects can cause discomfort and anxiety, which can lead to patients stopping treatment earlier than recommended. From the patient's perspective, side effects can cause fear and uncertainty, especially if there is no adequate explanation from health workers about how to deal with or anticipate these effects. This creates a gap between patient expectations and the reality of treatment, which ultimately impacts the patient's decision to stop treatment.

The majority of informants (I2, I3, I4, I5, I6) stated a different reason, namely feeling cured. This perception arises because patients consider the initial symptoms they experienced to have disappeared, so they feel no need to continue treatment. This condition shows a gap in patient understanding regarding the importance of completing the entire series of TB treatment, which usually lasts for six months or more. The main factor underlying this perception of premature recovery is the lack of adequate education and counseling from health workers.

Economic constraints are one of the significant factors that influence TB patient compliance in undergoing treatment, especially related to transportation costs and financial limitations. Informants I5 and I6 explicitly stated that transportation problems and lack of money for transportation costs are the main obstacles in taking medication routinely. Observations from key informant I8 confirmed that patients who often move house or come from outside the health center's work area face complex economic challenges.

Patient knowledge about Tuberculosis (TB) and the importance of complete and regular treatment is a crucial factor in determining the success of therapy. Patient compliance in undergoing TB treatment is greatly influenced by the extent to which they understand the disease they suffer from, the mechanism of treatment, and the consequences that may arise if treatment is not carried out consistently. This lack of understanding is often one of the main causes of patients deciding to stop taking medication before the treatment period is complete, which can ultimately lead to therapy failure, drug resistance, and increased risk of transmitting the disease to others.

The case of informant I1 illustrates how limited knowledge and education can have a significant impact on adherence to TB treatment. Informant I1, who is 78 years old and has no formal educational background, showed a lack of in-

depth understanding of the disease he was suffering from. This condition was exacerbated by the experience of drug side effects in the form of allergic reactions, such as itching and peeling skin, which he experienced during treatment. Due to a lack of understanding of these side effects, informant I1 chose to stop treatment early without further consultation with health workers.

The case of informant I2 illustrates how the lack of information received by patients about TB disease and treatment protocols can lead to confusion and ultimately discontinuation of treatment. This informant was only told that his condition was still in the early stages without sufficient understanding of the importance of continuing treatment until completion. As a result, the patient felt that treatment could be stopped once symptoms improved, without realizing the serious risks that could occur if treatment was not continued completely.

Patient perception plays a very important role in the success of Tuberculosis (TB) treatment. Effective TB treatment requires patients to undergo therapy completely and regularly for at least six months. However, in practice, many patients experience drug withdrawal before the treatment period is complete, one of the main causes of which is low internal motivation. Perception here refers to the patient's internal drive to continue treatment even though they have started to feel better or even clinically cured.

Informants I3 and I12 explicitly stated that the main reason they stopped taking TB medication was because they felt they were cured. This statement reflects the patient's subjective perception of their health condition which is the dominant factor in the decision to stop taking medication. Although patients have received education from health workers about the importance of continuing treatment until completion, their internal motivation remains low. This indicates a gap between the knowledge provided and the patient's acceptance or deep understanding.

Drug side effects are one of the main factors that cause TB patients to discontinue their medication. Effective TB treatment requires patient compliance to undergo complete and regular therapy for at least six months. However, the emergence of uncomfortable side effects such as nausea, vomiting, dizziness, and skin rashes are often significant obstacles for patients to continue treatment. Field data showed that informant I1 experienced severe side effects in the form of itching and peeling skin, so he decided to stop taking the medication without reporting the complaint to the health center.

In contrast, informants I2 and I3 experienced mild side effects such as nausea and dizziness, but continued treatment by adjusting the time of taking the medication. Adjusting the time of taking the medication recommended by health workers helped them manage side effects so that it did not become a reason to stop taking the medication. This finding is in line with research by Pasaribu et al. which emphasized that drug side effects are a significant factor influencing patient compliance in TB treatment (Pasaribu et al., 2023).

Socioeconomic factors are one of the main causes of drug discontinuation in Tuberculosis (TB) patients, which significantly affects the patient's ability to continue treatment consistently. Field data from informants I5 and I6 revealed real economic constraints in accessing health facilities. This condition is

exacerbated by I5's unstable employment status as a laborer, so that the income earned is unstable and inadequate to cover routine transportation needs during treatment. Meanwhile, I6, who is still a student without a fixed income, also experiences similar difficulties.

The phenomenon of limited access to health services due to socioeconomic factors has been widely discussed in public health literature, especially in the context of TB treatment. Pasaribu et al. emphasized that economic factors, especially transportation costs and job instability, are major barriers to TB treatment compliance in areas with high poverty rates (Pasaribu et al., 2023).

The quality of health services plays an important role in the success of Tuberculosis (TB) treatment. Unresponsive and unfriendly services from health workers can reduce patient comfort and cause dissatisfaction that leads to patient reluctance to continue treatment. In addition, the lack of adequate education and counseling regarding the importance of complete TB treatment and how to overcome the side effects of drugs is also a major factor that causes patients to discontinue treatment.

In this study, informant I2 revealed that health workers only gave brief instructions to take the medicine until it was finished and return for further examination without a detailed explanation about TB disease. The informant felt that he was not clearly informed that he was diagnosed as a TB sufferer, and did not receive education about the importance of complete and regular treatment. This caused patients to have the perception that their illness was just a common symptom that would heal on its own after taking the medicine for some time.

Support from health workers is an important aspect in ensuring the success of Tuberculosis (TB) treatment. Home visits to patients who are Lost to Follow Up or who do not come to pick up their medication have not been routinely carried out, which should be an effective strategy to remind and monitor patient compliance. In this study, informant I9 explained that officers always provide education first before patients start treatment, including information about the disease, how to take medication, and possible side effects.

However, this support has not been able to be carried out optimally due to limited time and manpower of health workers. This is an obstacle in providing intensive and ongoing assistance to patients, so the risk of drug discontinuation remains high. Previous studies have also shown that active support from health workers, including ongoing education and home visits, can reduce drug discontinuation rates and increase the success of TB treatment (Nortajulu, 2022).

The availability of Tuberculosis (TB) drugs in health facilities is a very crucial aspect in ensuring successful treatment and preventing drug withdrawal in patients. TB treatment requires long-term compliance, usually for six months or more, with a drug regimen that must be taken regularly and consistently. Field findings show that the availability of TB drugs at the Sanggeng Health Center has been well and consistently maintained. This condition is a major supporting factor in maintaining patient compliance with treatment, because patients can obtain drugs continuously without having to worry about running out of stock.

The World Health Organization (WHO) emphasizes that consistent drug availability is one of the main supporting factors in the global TB control

program. Other studies also reveal that disruption of drug supply is one of the main causes of drug discontinuation and therapy failure, which ultimately worsens the TB epidemic and increases the risk of drug resistance (WHO, 2024).

Stigma towards TB patients is still a significant problem that affects treatment compliance. Public fear of disease transmission and lack of knowledge about how it is transmitted cause patients to often experience discriminatory treatment, such as being ostracized, avoided, or treated differently by family, neighbors, and the social environment. However, the findings of this study also show variations in perceptions in the community. Several informants, such as I2, I3, and I6, stated that TB is considered a common disease and they do not experience stigma or discrimination from their surroundings. In contrast, informant I4 reported social rejection, such as neighbors who did not want to come to visit, which reflects the persistence of stigma in some communities.

This phenomenon is in line with previous studies showing that social stigma is one of the main obstacles in TB treatment. Stigma not only affects the psychological aspects of patients but also hinders their access to the necessary health services and social support (Pasaribu et al., 2023).

Accessibility to health services is one of the crucial factors that determine the success of Tuberculosis (TB) treatment. TB treatment requires patients to undergo continuous and regular therapy over a fairly long period of time, usually six months or more. The case of informant I4, a 22-year-old patient, clearly illustrates how accessibility factors can be a major obstacle in TB treatment. I4 lives in the city of Manokwari, but often returns to his hometown in the Arfak Mountains Regency, which is more than 100 kilometers away with a travel time of about four hours.

The geographical context that includes mountainous areas with limited transportation infrastructure exacerbates this accessibility problem. Patients who live or frequently move to remote areas face significant challenges in accessing health facilities regularly. In addition to long distances, inadequate transportation availability and high travel costs are additional burdens that prevent patients from taking their medications regularly (Sondang et al., 2021).

Family support plays a very important role in the success of Tuberculosis (TB) treatment. The family not only functions as an emotional support system, but also as a reminder and practical facilitator that helps patients undergo therapy consistently and completely. Field findings show that patients who receive family support tend to have higher motivation and better compliance in undergoing treatment. For example, informant I1 stated that family support means a lot to him, especially in reminding him to take treatment and providing encouragement during the treatment period.

The role of family support is in line with various studies that emphasize the importance of social support in the success of TB treatment. A study by Pasaribu et al. showed that patients who received adequate family support had higher levels of adherence and a lower risk of drug discontinuation compared to patients who received less support (Pasaribu et al., 2023).

Culture plays a very important role in shaping patient behavior and attitudes towards Tuberculosis (TB) treatment. In the context of TB treatment,

people's belief in traditional or alternative medicine is often an integral part of daily health practices. Informants in this study indicated that the use of traditional medicine is part of their health practices in managing Tuberculosis (TB). Informant I4 mentioned the use of a concoction of akway bark as an effort to "wash the lungs" and feel better.

Although the three informants still underwent package treatment from health facilities, the use of these traditional herbs became part of their routine in managing their health. This practice reflects how local cultural beliefs and traditions are still very much embedded and play a role in the treatment process. The use of traditional medicine as a complement to medical treatment shows an effort to integrate modern approaches and local wisdom which is believed to accelerate healing and reduce symptoms of the disease.

CONCLUSIONS AND RECOMMENDATIONS

Based on the results of research conducted at Sanggeng Health Center in 2024, it can be concluded that the factors causing drug discontinuation in tuberculosis patients are multifactorial and complex. The main factors identified include drug side effects that cause physical discomfort such as itching and peeling skin, false perceptions of patients who feel they have recovered after the initial symptoms disappear, and geographic and economic accessibility constraints that affect the continuity of treatment. Patient-related factors include limited knowledge about the importance of complete treatment, low motivation to continue therapy, and inadequate socio-economic conditions, especially in terms of transportation costs. Meanwhile, health service factors that contribute to drug discontinuation include suboptimal service quality, inadequate education and counseling, and limitations in implementing routine home visits even though the availability of drugs at health facilities is well maintained.

Environmental factors also play a significant role in patients' decisions to stop treatment, although with considerable variation across individuals. Stigma and discrimination against TB patients showed inconsistent patterns, with some patients experiencing no significant social stigma while others faced rejection from their local communities. Geographical accessibility barriers were a particular challenge for patients living in remote areas or frequently moving, with travel distances that could be more than 100 kilometers and travel times of up to four hours. However, family support generally showed a positive pattern with all informants reporting emotional and practical support from family members. Cultural aspects in the form of the use of traditional medicine were found to be complementary practices that did not replace conventional medical treatment, but were used as an accompaniment to accelerate the healing process according to local beliefs.

FURTHER STUDY

This study has several limitations that need to be acknowledged in interpreting the results. First, the study was only conducted in one health facility, namely Sanggeng Health Center, so generalization of the findings to other areas with different geographic and socio-cultural characteristics needs to be done carefully. Second, the limited number of informants (12 people) and the use of

purposive sampling techniques can affect the representativeness of the findings, although the principle of data saturation has been applied. Third, this study is retrospective in nature, relying on informants' memories of their drug withdrawal experiences, which can cause recall bias. Based on these limitations, further research is recommended to use a mixed-method design with a larger sample and involving multiple sites to increase external validity. Prospective longitudinal research is also needed to monitor the treatment journey of TB patients in real time and identify critical points that cause drug withdrawal. In addition, intervention research to test the effectiveness of structured education programs, technology-based reminder systems, and integrated service models in reducing drug withdrawal rates is needed to provide evidence-based solutions for TB control programs in areas with geographic and socio-economic characteristics similar to West Papua.

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