

## The Relationship of the Level of Knowledge About Leprosy and Self Care Agency in Leper Patients at The Leper Poly, Daha Husada Hospital, Kediri

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### ABSTRACT

Leprosy (Leprosy) is a chronic infectious disease caused by *Mycobacterium leprae*. This disease primarily affects the skin, peripheral nerves, and eyes. The purpose of the study was to determine the relationship between the level of knowledge about leprosy (leprosy) and self care agency in leprosy patients at the leprosy clinic, Daha Husada Hospital, Kediri. The research design used was analytical observational with a cross sectional approach. The population is all leprosy patients in the leprosy polyclinic as many as 80 respondents taken by cluster random sampling. The independent variable is self care agency and the dependent variable is the level of knowledge. Data collection using a questionnaire and observation with an ordinal scale, analysis using the Rho sperm test with  $\alpha < 0.05$ . The results of the study from 40 respondents showed that almost all of the knowledge levels were lacking as many as 21 respondents (62.5%) had less self-care agencies, and a small part of the respondents who had sufficient knowledge levels as many as 6 Respondents (3.7%) had self-care for the good one. The results of the analysis using the Spearman Rho test obtained a p-value = 0.003 at a significant level ( $\alpha$ ) = 0.05, with a correlation = 0.986 and, it can be concluded that there is a significant relationship between knowledge levels and Self Care Agency in leprosy patients. The conclusion is the lower the level of patient knowledge, the less ability of leprosy patients in self care agencies. The higher the level of knowledge about leprosy, the better the self care agency.

**Keywords:** Self Care Agency, Knowledge Level, Self Care

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### INTRODUCTION

Leprosy ( Leprosy ), which is known as Hansen's disease , is disease infectious chronic disease caused by *Mycobacterium leprae* . This disease mainly attacks the skin, peripheral nerves, mucosal surfaces of the upper respiratory tract, and the eyes. Leprosy is known to occur at all ages, from babies to the elderly. Transmission of leprosy occurs through droplets, from the nose and mouth, and often in contact with untreated sufferers. (WHO, 2017)

Leprosy comes from Sanskrit, namely kusta means a collection of general skin symptoms. Leprosy was known almost 2000 years before Christ. This can be known from

historical remains such as in Egypt, in India 1400 BC, in China 600 BC, in Mesopotamia 400 years BC. In ancient times, there was spontaneous exile because leprosy patients felt inferior and ashamed, in addition, people felt disgusted and afraid (Ministry of Health of the Republic of Indonesia, 2018).

The prevalence rate of leprosy in Indonesia in 2017 was 0.70 cases/10,000 population and the rate of discovery of new cases was 6.08 cases per 100,000 population. Apart from that, there are several provinces where the prevalence is still above 1 per 10,000 population. This prevalence rate cannot yet be declared leprosy-free and occurs in 10 provinces in Indonesia. The number of new cases of leprosy for East Java province in Indonesia in 2017 was as high as 3373 people. (Indonesian Ministry of Health, 2018). Indonesia is still the third largest contributor to new cases of leprosy in the world after India and Brazil. This situation shows that the transmission of leprosy still exists in the community and delays in case detection still occur. Indonesia still has many leprosy pockets, most of which are in Eastern Indonesia, one of which is East Java. In 2000, the world (including Indonesia) had succeeded in achieving elimination status, namely achieving a number of registered sufferers of less than 1 case per 10,000 population, but the City of Kediri was still unable to achieve elimination. In 2012 the rate of discovery of new cases of leprosy, especially in Kediri City, per 100,000 population was 3.29 (Kediri Health Office, 2012)

The results of the preliminary study (initial survey at RSUD Dharma Husada on September 21 2020) showed that data on new patients in 2017 was 64 new patients with 21 patients with level II disabilities. In 2018 there were 74 new patients with 26 level II disabilities, in 2019 there were 67 new patients with 19 level II disability patients, and in 2020 from January to September there were 3,919 patients seeking treatment at the Leprosy Polyclinic with 55 new cases with 35 level II disabled patients . (Dharma Husada General Hospital, 2020)

Poor case management can cause leprosy to become progressive, causing permanent damage to the skin, nerves, limbs and eyes. It was reported that the number of level 2 disabilities was 33.33% (Kediri Health Office, 2012). The disabilities that occur in leprosy sufferers have several impacts on the sufferer. First, the impact that leprosy can have is that it is feared by society and even families so that leprosy sufferers feel ostracized by society and this is caused by a poor perception of leprosy (Mongi, 2012). Research according to Susanto, (2013), shows that leprosy sufferers feel sad and disappointed with themselves when they receive a diagnosis of leprosy. These feelings of sadness and disappointment are a response to the low self-esteem that is being experienced which is shown by an attitude of hopelessness, withdrawal and deep sadness. Second, the social impact that is the source of problems in the lives of leprosy sufferers is the disability in the sufferer's body which makes most people feel disgusted and generally causes the sufferer to be shunned, ostracized by society, and discrimination and difficulty in getting work (Ministry of Health of the Republic of Indonesia, 2018).

One of the nursing problems experienced by leprosy patients is self-care deficit , namely the inability of leprosy patients to fulfill basic needs in self-care. Self-care deficit is a relationship that the self-care agency is not capable enough to use self-care therapeutic

demands. Self-care agency is the ability or power possessed by an individual to identify, determine, make decisions and implement self-care (Prawesti et al, 2015). Leprosy clients are a population at risk with a life style factor approach . This is because the life style factor is related to the lifestyle of leprosy clients who generally pay less attention to personal and environmental hygiene. The problems experienced by leprosy clients which cover all aspects of their lives require good care from the family to encourage treatment (Susanto, 2013). Treatment for leprosy clients is generally related to the condition of the wounds they have and the condition of the contractures or disabilities they experience. (Susanto, 2013)

The better a person's knowledge of a health problem, the better the person's health improvement efforts will be. Likewise with the issue of leprosy, the more information one obtains, the better the knowledge of leprosy sufferers, in this case, regarding self-care in an effort to prevent disability.

Some of the facts above mean that the author wants to conduct research on the relationship between the level of knowledge about leprosy and self-care agency for leprosy sufferers at the leprosy clinic at Daha Husada Hospital, Kediri.

## **METHOD**

Cross sectional study approach because the researcher makes observations or measures variables at a certain time. Cross sectional research intended to analyze the relationship between the level of knowledge about leprosy and self-care agency in leprosy sufferers at the leprosy clinic at Daha Husada Hospital, Kediri. This research was carried out at the Daha Husada RSUD Kediri Polyclinic in January 2021 .

## RESULTS AND DISCUSSION

### General data

Table Error! No text of specified style in document.. 1Frequency Distribution of Respondent Characteristics Based on Respondent Demographics Relationship between Self Care Agency and Level of Knowledge in Leprosy Patients at Daha Husada Hospital Kediri

Characteristics	Mark	
	Amount	Percentage
<b>Gender</b>		
Man	18	45.0%
Woman	22	55.0%
<b>Education</b>		
No school	8	20.0%
elementary school	19	47.5%
JUNIOR HIGH SCHOOL	5	12.5%
SENIOR HIGH SCHOOL	8	20.0%
<b>Work</b>		
Doesn't work	7	17.5%
Farmer	21	52.5%
Trader	5	12.5%
Employee	3	7.5%
Etc	4	10.0%

Based on table 5.1 shows that large part The respondents were male as many as 18 respondents (45.0%), some of the respondents were female as many as 22 respondents (55.0%), almost half of the respondents had an elementary school education level . Most of the 19 respondents ( 47.5%), the majority of respondents worked as farmers , 21 respondents (52.5% ) .

### Custom Data

Table Error! No text of specified style in document.. 2Self Care Agency data for leprosy patients at Daha Husada Hospital, Kediri

No	Criteria	Frecuensi	%
1	Good	32	80.0 %
2	Not enough	8	20.0 %
<b>Total</b>		40	100%

Based on table above it indicates the name \_ \_ \_ \_ \_ The data shows that almost all of the respondents have a good Self Care Agency as many as 32 respondents ( 80.0 % ) .

Table Error! No text of specified style in document.. 3Recapitulation of data on the level of knowledge of leprosy patients at Daha Husada Hospital, Kediri

No	Criteria	Frecuensi	%
1	Not enough	23	72.5 %
2	Enough	6	17.5 %
3	Tall	11	10.0 %
<b>Total</b>		40	100%

Based on the table above shows that The majority of respondents had a low level of knowledge , 23 respondents ( 72.5 % ) .

### Analysis of the Relationship between Self Care Agency and Disability Levels in Leprosy Patients

Table Error! No text of specified style in document.. 4Cross tabulation of knowledge level with Self care Agency for Leprosy Patients at Daha Husada Hospital Kediri

Knowledge level	Self Care Agency						r	p
	Not enough		Good		total			
	N	%	N	%	N	%		
Not enough	21	62.5	8	21.4	29	83.9	0.986	0.003
Enough	6	3.7	2	2.1	8	5.8		
Tall	12	36.4	1	0.4	13	10.3		
Total	29	76.5	11	23.5	40	100		

### Spearman Rho Test Results

Based on the table above showed that more than half of the leprosy patients with a poor level of knowledge, 21 respondents (62.5%) had poor self - care , and a small portion of the respondents who had a sufficient level of knowledge, 6 respondents (3.7%) have good self care . The results of the analysis use tests Spearman Rho value is obtained p- value = 0.003 on the level of data (  $\alpha$  ) \_\_\_\_\_ = 0.05 , with correlation \_\_\_\_\_ = 0.986 and, then ka it can be concluded that there is a significant relationship a level of knowledge with Self Care Agency in leprosy patients with a high level of \_\_ co r e l a s i k u a t , a r t i n y a There is increasingly a lack of knowledge among leprosy patients the less understanding there is regarding Self Care Agencies .

### DISCUSSION

This chapter discusses the relationship between Self Care Agency and knowledge among leprosy patients at Daha Husada Hospital, Kediri. This research was carried out on 7-14 April 2021 at Daha Husada Hospital, Kediri

## **Self care agency for leprosy patients at the Leprosy Polyclinic at Daha Husada Hospital, Kediri**

Based on the table 5.2 can be found Self Care Agency is good as many as 32 respondents (80.0%) and Self Care Agency not enough Good a total of 8 respondents (20.0%). These results show that there are most respondents have k i Self Care Agency is good during experience Sick leprosy .

Leprosy is disease chronic disease caused by bacteria who attacks skin , nerves edges , and in sufferers with type Lepromatous attack channel Respiratory part above ( Kunoli , 2012). Leprosy patients are a population at risk with a life style factor approach . This is because the life style factor is related to the lifestyle of leprosy patients who generally pay less attention to personal and environmental hygiene (Susanto, 2013).

Self-care agency is the ability or power possessed by an individual to identify, determine, make decisions, and implement self-care agency (Alligod & Tomey, 2006 in Nursalam, 2013). There are 6 categories scale in DSCAI-90 , namely : Ego strength, Valuing of health, Health knowledge and making capability, Energy, Feelings, and Attention to health . ( Nursalam , 2013). Based on results study this , in 76.5% of patients leprosy who have a good self -care agency , then own ability Good in the power of the ego against health , assessment health , Knowledge about health and abilities take decisions , energy / abilities , feelings and attention to marked health \_ with the average value is more of 65. The impact of poor self-care agency on leprosy sufferers can cause progressive damage because leprosy attacks the peripheral nerves, skin, hands and feet and eyes, so sufferers need good self- care (Ministry of Health of the Republic of Indonesia, 2018) .

### Discussion of the DSCAI-90 questionnaire for each indicator

#### 1. Ego Strength Indicator

Based on the results of the respondent's questionnaire regarding self-care agency on the ego strength indicator, it was found that the majority of respondents had good ego strength, 31 respondents (77.5%). This is indicated by the respondents' answers regarding the questionnaire, namely that the respondents have a good feeling about their health , are proud when they can do something correctly , consider their body parts/ body to be healthy and good , feel comfortable with themselves and are also comfortable when they do something well.

Meanwhile, there are leprosy patients who lack ego strength due to a lack of understanding and understanding of how the body works so that patients do not understand their limitations when leprosy recurs. Leprosy patients who use assistive devices feel more unhealthy and feel unable to fulfill their own care needs, this is what makes leprosy patients' ego strength less.

The power of the ego makes leprosy patients unable to accept their health condition. According to researchers, the role of health workers in this case is to increase ego strength by inviting leprosy patients to be active in leprosy activities such as self-care activities and counseling. This activity can be a means for leprosy patients to exchange experiences about the disease process and efforts to care for themselves.

## 2. Valuing of Health Indicators

Based on the results of the respondent's questionnaire regarding the self care agency on the valuing of health indicator , it was found that the majority of respondents had a good health assessment as many as 21 respondents (52.2%). The ability to consistently carry out self-care efforts, integrating with related aspects of personal, family and community life (Nursalam, 2013).

According to researchers, the self-assessment ability was demonstrated by respondents with respondents being able to assess their own health, if there was a recurrence the respondent could identify and recognize it, apart from that, family and friends/other people could also assess their health. This is supported by the majority of respondents having received information regarding self-care agency both from related health workers, support from families regarding care, for leprosy patients, so that respondents already have insight into the management and care and recurrence of leprosy, and can assess their own health.

## 3. Indicator Health Knowledge and making capability

Based on results questionnaire respondents related self care agency on indicators health knowledge and making capability are obtained part big from respondents own knowledge and abilities taking decision related good health \_ as many as 32 respondents (80.0%). Valid and reliable knowledge of the three operational areas of nursing (social, interpersonal, professional technology) (Nursalam, 2013). This theory is in line with research results where respondents have good health valuing values obtained from various sources of knowledge such as medical personnel, family, and fellow leprosy patients to exchange information.

According to researchers, respondents who meet the indicators of good health knowledge & decision making have the characteristics of being able to understand the body and how it works, understand routine eating patterns in relation to health, understand exercise in relation to health, understand adequate sleep and rest, understand the dangers of smoking related to health, understands stress related to health, understands self-strength, has experience in making health-related decisions such as going to hospital for treatment, control and so on, makes the right decision in seeking health personnel and facilities, is able to think logically, is involved in undergoing treatment leprosy patients are involved, and are able to control their health.

Respondents who had low scores in the health knowledge & decision making indicators obtained data on the inability to make decisions about their own care and to operationalize their decisions.

## 4. Energy Indicator

Based on the results of the respondent questionnaire regarding self-care agency regarding energy indicators , it was found that almost all of the respondents had abilities below <65, 38 respondents (95.0%). Based on the results of this research, respondents generally have an inability to care for themselves, do not have the strength to care for themselves.

According to researchers, this is supported by the characteristics of elderly respondents, so they have physical limitations in their self-care abilities . Respondents need family/other people to help in taking care of themselves. Problems in leprosy patients include disturbances in nerve function. Patients experience motor function in the form of weakness in muscle strength, sensory function in the form of loss of touch sensation, and autonomic function which results in disorders of the sweat and oil glands.

The problems experienced by leprosy patients can be prevented with proper self-care. This treatment can be carried out independently by leprosy patients. These preventive measures are based on the WHO Guide To Elimination Leprosy As A Public Health Problem (2000 in Susanto, 2013) including eye care, hand care and foot care. Researchers believe that the lack of energy is due to insufficient information about self-care so that they are unable to decide on self-care actions. The lack of information obtained by leprosy patients is a result of the lack of curiosity of leprosy patients in seeking information about treatment because leprosy patients feel embarrassed about their disease.

Leprosy patients do not understand how to overcome their health problems in the form of muscle stiffness which over time, if not treated properly, will cause disability. Leprosy patients who feel too tired to care for themselves cause them to do nothing so that their self-care needs are not met, their lack of self-care strength makes it difficult for them to determine what self-care can be achieved in their condition, even though no one is pressuring them in this regard. which damages health.

Self-care has a direct influence on leprosy disability. Leprosy self-care is very necessary to prevent new disabilities and physical damage to sufferers and can reduce the severity of existing physical disabilities so that sufferers' productivity is maintained. Leprosy sufferers who actively participate in self-care groups have a lower level of disability compared to leprosy sufferers who do not actively participate in self-care groups (Cucu Herawati, 2019)

The role of the family in supporting self-care, such as helping to fulfill difficult daily living activities , can be done to increase self-care agency . The role of health workers is also needed in teaching physical exercise to reduce movement limitations, thereby enabling leprosy patients to fulfill daily activities independently.

##### 5. Feelings Indicator

Based on the results of the respondent's questionnaire regarding self-care agencies , the feelings indicator showed that almost all of the respondents had bad feelings, 31 respondents (77.5%). A collection of cognitive, perceptual, communication and interpersonal skills that are adapted to the operational performance of self-care. Patients who live with their families also feel afraid because they generally think that their presence will have a negative impact on their family life (Nursalam, 2013).

feeling component shows the respondent's problems related to concerns about sexuality, about feeling good, respondents have difficulty in describing feelings and are less open to discussing their feelings with other people and also lack attention to health, supported by a long treatment process / the patient's feelings when they have been

expressed. completed treatment or recovered from the leprosy disease that has been experienced.

The disabilities experienced by leprosy sufferers cause various impacts including social, psychological and economic impacts. The social impacts experienced by sufferers include being isolated from society due to stigma and discrimination, psychological problems causing stress, anxiety and depression, and the economic impact can increase poverty due to the sufferer's lack of productivity (Cucu Herawati, 2019)

According to researchers, leprosy patients' ability to realize and describe their feelings is lacking, leprosy patients prefer to keep their feelings to themselves rather than telling family and friends. These feelings of shame and guilt will cause leprosy patients to withdraw, for example not participating in social activities. Awareness of sexuality in leprosy patients decreases because leprosy patients feel reluctant to have sexual relations because of their disease. Their feelings are less influenced by their work, some leprosy patients work as entrepreneurs and so on with income that is insufficient to fulfill their daily lives so they decide not to be a burden on their families and bury their feelings.

The role that health workers can play is to provide psychological support so that leprosy patients are more open in conveying their health-related needs and provide education to families about the psychological development of leprosy patients, so that families understand leprosy patients better.

#### 6. Attention of Health Indicators

Based on the results of the respondent's questionnaire regarding self care agency on the attention of health indicator , it was found that the majority of respondents were concerned about health, 26 respondents (65.0%). This is also supported by the majority of leprosy patients who have been declared to have completed treatment (RFT or RFC) and there is no comparative diagnosis.

According to the researchers, respondents were concerned about health as indicated by respondents thinking about healing when they had leprosy, respondents were able to think about health in the future, respondents involved their families in treatment and control at the hospital and. Respondents have decisions, but because their decisions are influenced by their stress, they need time to decide on the right things for their self-care, taking time for treatment and taking care of themselves.

The role of health workers in this case is to increase information as much as possible and provide education so that leprosy patients can identify their disease in depth and know how to care for themselves. A good assessment of oneself in leprosy patients is a good thing, because this shows that leprosy patients have competition in terms of maintaining and maintaining health.

### **Level of Knowledge in Leprosy Patients at Daha Husada Hospital Kediri**

The research results shown in Table 5.3 show that the majority of respondents had a low level of knowledge, 29 respondents (72.5%), almost half of the respondents had a sufficient level of knowledge, 7 respondents (17.5%), and a small portion had a high level of

knowledge. as many as 4 respondents (10.0%). Elementary school education level, and farmer occupation.

The low level of knowledge of respondents about leprosy causes ignorance of the possible consequences of leprosy such as absorption mutilation, stiffness of the fingers, infection, dry and cracked skin. The low level of knowledge possessed by respondents also results in low awareness of respondents to carry out self-care, this is proven by the research results in table 5.3 which shows that the majority of respondents are classified as lacking in self-care, namely 22 people. Knowledge is one factor in fulfilling self-care for leprosy sufferers, while other factors that influence fulfilling self-care are culture, social values for individuals, and perceptions of self-care. Self-care is self-care behavior carried out to maintain health, both physically and psychologically (Isro'in and Andarmoyo, 2012). Basically, knowledge is one of the factors that influences changes in a person's behavior. A person's knowledge about health is important before health behavior occurs, but desired health actions do not occur unless a person has the motivation to act on the knowledge they have (Notoatmodjo, 2012).

#### **Analysis of the relationship between the level of knowledge of the Self Care Agency and the Leprosy Polyclinic at Daha Husada Hospital, Kediri**

Based on research showed that more than half of the leprosy patients with a poor level of knowledge, 21 respondents (76.5%) had poor self - care , and a small portion of the respondents who had a sufficient level of knowledge, 6 respondents (23.5%) have good self care . Hasil analisa menggunakan uji Spearman Rho didapatkan nilai p- value = 0.003 on the level of data (  $\alpha$  ) \_\_\_\_\_ = 0.05 , with correlation \_\_\_\_\_ = 0.986 and, then it can be placed at the bottom of the link a level of knowledge with Self Care Agency in leprosy patients with a high level of \_\_ co r e l a s i k u a t , a r t i n y a There is increasingly a lack of knowledge among leprosy patients the less understanding there is regarding Self Care Agents.

Leprosy is an infectious, chronic disease and is caused by leprosy germs ( Mycobacterium Leprae ) which are obligate intracellular. The peripheral/peripheral nerves are the first affinity, then the skin and mucosa of the upper respiratory tract (Ministry of Health of the Republic of Indonesia, 2012). Leprosy is a chronic disease caused by bacteria that attacks the skin, peripheral nerves, and in sufferers with the lepromatous type it attacks the upper respiratory tract. (Kunoli, Firdaus, 2013) .

In this research, it is known that knowledge is a factor for leprosy sufferers in carrying out self-care. Knowledge is the basis for individuals to determine their attitudes and behavior. Knowledge itself is influenced by education, experience, work, age, environment and information (Riyanto & Budiman, 2013). Providing in-depth information about leprosy by health workers is very important so that respondents' knowledge increases. Knowledge is a very important domain for the formation of a person's actions and behavior that is based on knowledge will be more lasting or can run well compared to that which is not based on knowledge (Notoatmodjo, 2007). Other literature (Wibowo and Wahyuni, 2013) states that there is a significant relationship between the level of

knowledge about leprosy and personal hygiene behavior among leprosy sufferers at the Padas Health Center, Ngawi district. The results of this research show that the correlation coefficient with the parameters is positive, which means that the higher the level of knowledge about leprosy, the better the personal hygiene of leprosy sufferers. The higher a person's knowledge and thinking ability will encourage the individual to adopt a healthy lifestyle including disease prevention and health maintenance behaviors (Notoatmodjo, 2012). This also applies to leprosy sufferers, if someone has good knowledge about self-care, of course they will make self-care efforts so that the leprosy they suffer from does not cause disability. Knowledge will lead someone to think and behave in the right way to deal with leprosy so that leprosy does not become serious (Fitriani, 2011).

Self care agency in leprosy patients can change at any time which is influenced by predisposing factors consisting of knowledge, attitudes, educational and occupational beliefs. The second thing is due to enabling factors which consist of infrastructure and distance to health services. The third is the motivating factor ( reinforcing factor ) in the form of the role of family support and the existence of rules. (Nursalam, 2016).

According to the Leprosy Eradication Guidebook, the longer the disease process takes, especially without treatment or treatment, the physical disability in leprosy tends to get worse. RFT (Release From Treatment) treatment is a treatment that is carried out when MDT treatment has been completed for 6-9 months or 12-18 months without having to undergo laboratory tests. RFT treatment and monitoring physical complaints regularly can minimize physical disability from getting worse, so that by carrying out RFT treatment in leprosy patients who have been ill for years, it can prevent the disability from getting worse.

There is a need to prevent physical disability in patients who do not yet have a disability or who already have a disability. Prevention of defects can start from the first discovery of the patient. Disability prevention activities include early discovery of sufferers before they become disabled, treatment of MDT to RFT sufferers, early detection of leprosy reactions with routine nerve function examinations by competent medical personnel, handling reactions, counseling, self-care, use of assistive devices for sufferers to prevent the increase in disability. has already occurred in the patient, and medical rehabilitation (reconstructive surgery). (Ministry of Health, 2012)

Early diagnosis and appropriate treatment for leprosy patients can minimize the occurrence of disability in leprosy, MDT and RFT treatment can kill leprosy germs, but if the disability has already occurred it will remain for life, so leprosy patients must carry out routine and correct self-care so that disability does not occur. gain weight. Leprosy patients also need to know about reaction management such as immobilization or getting plenty of rest, giving analgesics or antipyretics, looking for and eliminating trigger factors, continuing to undergo MDT treatment with an unchanged dose, if there are indications for hospitalization the patient can be sent to the hospital or health center.

Self-care for leprosy includes using tools such as walking carts, wheelchairs, using hard footwear on the bottom so that it is protected from sharp objects and does not penetrate easily, smearing the feet or hands with Vaseline, and soaking the feet or hands in water regularly. , and prevent injuries that cause physical disability. (Kurniawati et al., 2018)

According to researchers, theoretically self-care agency needs to be owned by respondents, especially respondents who have been undergoing leprosy treatment for quite a long time. Based on the survey results, respondents had received treatment for a long time and were even declared to have completed treatment as indicated by the results that 94 respondents (81.7%) had been declared RFT and 5 people had been declared RFC (4.3%). This indirectly states that the respondent has received education and can consult with medical personnel regarding the correct self-care agency, so that the respondent has the ability, has knowledge and is able to behave in self-care correctly.

However, while the majority of leprosy respondents have good self-care agency, there are still cases of patients who have poor self-care agency. This needs attention, where every leprosy patient needs to be independent with appropriate treatment for leprosy so that it can prevent an increase in the level of disability.

The importance of empowering education from health workers, especially nurses is a form of nursing agency that can be provided by nurses to increase knowledge of leprosy patients (Nursalam, 2015). Perceived vulnerability, perceived seriousness, benefits from perceived obstacles, signals or signs, and knowledge constitute education that will influence the main aspects of the health belief model for leprosy patients (Arif et al., 2017). A person will act to treat a disease, he must know and feel that he is susceptible to the disease, so that he tries to prevent and treat the disease in the sense of having good self-care agency.

This research is in line with research by Rita Dwi Hartanti, Lely Listyorini, Machya Karima (2015) regarding self-care for leprosy patients in the work area of the Bendan Community Health Center and Jenggot Community Health Center, Pekalongan City. The results of the research show that the desire to care for oneself is influenced by the desires of oneself and one's family. Regular self-care will reduce the risk of more serious disabilities in leprosy patients.

## CONCLUSION

The relationship between the level of knowledge about leprosy and self-care agency for leprosy sufferers at the leprosy clinic at Daha Husada Hospital, Kediri, get results, among other things:

1. Almost all of the respondents have a good self care agency, 32 respondents (80.0%) at the Leprosy Polyclinic at Daha Husada Hospital, Kediri
2. Most of the respondents had less knowledge, 29 respondents (72.5%) at the Leprosy Polyclinic at Daha Husada Hospital, Kediri
3. There is a relationship between self care agency and the level of knowledge of leprosy patients at the Leprosy Polyclinic at Daha Husada Hospital, Kediri with a p-value = 0.003 at a significant level ( $\alpha$ ) = 0.005 with a correlation = 0.986

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