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UTILIZATION OF CULTURAL SOCIAL POTENTIAL IN TUBERCULOSIS EFFORTS

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abstract

The main problem in overcoming tuberculosis (TB) is the low coverage of TB cases in various regions. In the province of West Sumatra the discovery of TB cases only reached 63.97%. While in the District of Fifty Cities only reached 35.2%. This study aims to identify socio-cultural problems associated with the low coverage of tuberculosis findings in fifty-fifty districts, identify local cultural potentials that can encourage efforts to increase the scope of tuberculosis findings, and formulate an appropriate intervention model to increase the scope of tuberculosis findings. The study was conducted using qualitative-descriptive methods. The results showed a variety of socio-cultural factors that led to the low coverage of pulmonary TB case finding in the fifty cities, namely the existence of shame for some patients to go to health services / health centers, a negative perception of tuberculosis, belief in tuberculosis as a hereditary disease. While the socio-cultural potential that has been identified are; the increasing knowledge of tuberculosis, the existence of institutional support, actively performing cultural arts performances. Based on these problems and potentials, an intervention model was formulated to increase the scope of the discovery of tuberculosis by utilizing cultural arts performances, especially randai.

Keywords: tuberculosis, coverage of pulmonary, intervention

INTRODUCTION

Tuberculosis (TB) is still a major public health problem in Indonesia. Basic health research in 2013 found that the prevalence of tuberculosis based on diagnosis was 0.4% of the population. This means that every 100,000 Indonesians there are 400 people diagnosed with tuberculosis. This condition is not different from the results of basic health research in 2007 which recorded

a prevalence of pulmonary tuberculosis of 0.4% of the population (Kesehatan 2013:131). On the other hand, the risk of tuberculosis is in people of productive age. (Andayani 2017:31) found that people who are at productive age, namely the age of 15-59 years have a risk of 5-6 times to experience the incidence of tuberculosis. This is because in the productive age group each person will tend to have a high activity, so the possibility of exposure to micobacterium

tuberculosis is greater. Besides these germs will be active again in the body which tends to occur at productive age.

Since WHO established tuberculosis as one of the world emergencies (global emergency) in 1993, tuberculosis control strategies have also been developed. In 1994, a directly observed treatment short course (DOTS) strategy was launched as an effort to control tuberculosis. Then in 2006 WHO rolled out a stop tuberculosis partnership strategy aimed at reaching all patients, intensifying tuberculosis management, and ensuring the achievement of the 2015 Millennium Development Goals (MDGs) targets. However, the challenges of achieving MDGs in Indonesia are quite severe, because the prevalence of tuberculosis in Indonesia is still high (Reviono, Endang Sutisna Sulaeman 2013:495). Every year there are reported 1 million new TB cases or 399 new TB cases per 100,000 population with a prevalence of 1.6 million, in other words there were 647 TB patients per 100,000 population in 2014 (Kesehatan 2016)

Although the government continues to develop various efforts in TB control and continues to update the DOTS strategy, the result is that Indonesia in 2013 was only able to rise to position 5 with the most TB patients in the world after India (1.6-2.4 million cases), China (1, 1_1.5 million cases), South Africa (400,000 cases) and Nigeria (370,000_550,000 cases). Socio-cultural factors greatly affect the performance of health programs, including those for tuberculosis control programs. (Reviono, Endang Sutisna Sulaeman 2013:496).

In some areas the discovery of TB cases is still very low and does not meet the target set. The same condition also occurs in the province of West Sumatra. In the West Sumatra province's RPJMD 2010-2015, it is targeted that in 2015 TB case finding will reach 90% (West Sumatra RPJMD; 2010-2015). In fact until 2014, the achievement of TB case finding in West Sumatra only reached 63.97% (Dinkes Sumbar 2014).

Although several regencies / cities such as Kota Pariaman, Pesisir Selatan District, West Pasaman, Mentawai Islands, Padang Panjang City and Bukittinggi already

have quite high TB case finding coverage rates above 80%. However, most other districts are still below 50%, and the lowest is 50 Kota districts with an achievement rate of 35.2% (Dinkes Sumbar 2014).

Various factors can be the cause of the low coverage of pulmonary TB case finding in West Sumatra which include; first; the not yet maximum implementation of the DOTS strategy in public and private hospitals, second; not all sufferers who come for treatment at private hospitals are well terigester, and third; there is still a lack of partnerships with cross-program and cross-sectoral. Also very important is the low level of public knowledge about tuberculosis (Dinkes Sumbar 2013). This condition shows that the TB problem is not only a medical problem, but also involves social and cultural issues that live and develop in society. Therefore, the solution needs to be done through a sociocultural approach as well. In this regard, this paper tries to uncover the socio-cultural potential that can support the increase in tuberculosis findings.

RESEARCH METHODS

This article is the result of field research conducted in 2017. The research location is in the working area of the Mungka Community Health Center, Limapuluh Kota Regency, West Sumatra Province. This research uses a qualitative method with descriptive type. (Bungin 2010) said that the qualitative approach in social research is one of the main approaches that seeks to analyze data in the form of human words and deeds by means of interpretation. The data analyzed consists of people's conversations or oral data, writings (written in the media, correspondence, government policies, minutes of meetings, etc., activities carried out by people, cues delivered by people and physical expressions such as facial expressions when happy and angry (Afrizal 2008:20-23). This study seeks to analyze data in the form of words, meanings, reasons for events and actions carried out by individuals or social groups by means of interpretation by researchers after the data collected.

The research location is the working area of the Mungka Community Health Center

in the Limapuluh Kota district. The reason this area was used as a research location is because the lowest coverage of tuberculosis case finding in the province of West Sumatra, which is 35.2%. In addition, culturally the fifty city district is one of the three regions from which Mianangkabau came from. It means, the fifty city districts have an origin culture that has developed into their overseas regions

Informants in this study consisted of; tuberculosis patients who are undergoing treatment, suspected, former sufferers, community leaders, health workers, sufferers' families, and traditional healers (Batra).

Data collected includes primary data and secondary data. Primary data collection is done by indepth interview techniques, focus group discussions (FGD) and observation. According to (Moleong 2004:135), interviews are conversations with specific intentions conducted between researchers (interviewers) who ask questions and research informants (interviewees) who provide answers to research questions

RESULT AND DISCUSSION

A. Overview of the Scope of Tuberculosis Discovery

The results showed that the coverage of positive smear TB case findings in the Limapuluh Kota district in 2016 only reached 35.7%. When compared with the target given by WHO, where to be able to break the chain of distribution of Tb must reach the scope of the discovery above 70%, it can be concluded that up to the time of the study the Limapuluh Kota district was still an area that was very vulnerable to transmission of tuberculosis. Of the 22 Puskesmas in Limapuluh Kota district, only three Puskesmas were able to obtain tuberculosis discovery coverage above 50 percent, namely Pangkalan Puskesmas (52.4%), Sit Tujuh Puskesmas (54.6%), Puskesmas Br. Gunung (66.3%) and Puskesmas Sialang (63.9%). While other Puskesmas receive tuberculosis discovery coverage below 50%. There are four Puskesmas with very low coverage of tuberculosis findings, namely Kt.Tinggi High

Puskesmas (9.3%), Halaban Puskesmas (17.4%), Mt. MML Health Centers (17.8%), and Mungka Puskesmas (18.7%).

The scope of discovery of tuberculosis suspects is one of the important indicators in tuberculosis prevention programs in the community. The problem is the lack of continuity of this indicator in the year of the program with the target set. In addition, another problem is that the participation of the community, especially the nagari community, has not been maximized in the discovery of patients, prevention or examination activities as early as possible.

The results of interviews with the program holder Tb of the Lima Puluh Kota District Health Office showed that the low coverage of the discovery of tuberculosis in the work area of each puskesmas was basically due to the far access to public services from health services so that the community was reluctant to conduct an examination.

Based on these problems, since 2013 the Department of Health has established TB care nagari in each selected village in each Puskesmas working area. Although referred to as Nagari Caring for TB, the target is not always Nagari but it can also be at the level of Jorong (part of the nagari region), depending on the suspected tuberculosis disease in the area and the willingness of the nagari / jorong government to make their area a TB village. The establishment of Nagari Caring for TB is intended as one of the means to bring access to quality TB services for the community through community empowerment in Nagari. The function of Nagari Cares TB is as an extension of the puskesmas that oversees the village. To carry out these services, then in each TB care village TB Post was established, which became the basis of suspicious screening activities and the scope of Tb discovery.

In the implementation of the Nagari Caring TB program, the role of health cadres, nagari officials, Community Leaders, NGOs becomes very important as a motivator for the implementation of the Nagari Caring TB activities. The results of interviews with TB program holders of the Lima Puluh Kota District Health Office showed that up to 2016,

13 Nagari Concerned TBs have been established in 8 sub-districts.

B. Socio-Cultural Factors Associated with Tuberculosis

The results showed that there were several factors that caused the low participation of the community or suspects in checking their "sputum" at the puskesmas, namely; the existence of shame, sputum can not come out when asked by officers, perceptions and beliefs related to tuberculosis. Basically these factors greatly influence suspects to have their sputum checked at the puskesmas.

The low participation of the community in checking their sputum at the Puskesmas was generally caused by the shame of giving the sputum to TB officers at the Puskesmas. In addition, although the sputum itself (said the informant) many people were disgusted to take the sputum and put it in a plastic bag provided by the Puskesmas staff. As stated by the cadre, many members of the community were suspected of being suspicious of the signs they suffered, such as long-standing coughing, lack of appetite and shortness of breath.

The search for residents who have these symptoms is carried out by cadres in various ways; sometimes ask residents in various meetings such as majlis ta'lim, PKK activities, elderly gymnastics and various other opportunities whether any of the residents or their neighbors who suffer from cough with symptoms that are suspected tb. In addition, cadres also often make observations to the community to see whether there are residents affected by cough that should be suspected Tb. If there is information from residents, or find out for themselves the people affected by coughing with TB symptoms, then Officers / cadres will usually come to the residents' homes to ask for their sputum. The problem is that not all residents give their sputum to officers or cadres even though the bag or sputum has been left at the patient's home. Community informants said that there was an uneasy feeling (shame) to give phlegm to others including cadres or puskesmas staff. It also often happens that at the time of the

examination carried out many of the suspects who could not expel the phlegm / phlegm would not come out.

Most people in the working area of the Mungka puskesmas did not immediately make efforts at the first time they felt symptoms of illness in their bodies. While new treatment measures will be taken after they are no longer able to hold, and in this condition of course the disease is quite severe. This means that as long as they can still do their daily activities, they consider themselves to be healthy, even though the symptoms or signs of tuberculosis are already present in themselves.

Even though they have been coughing for weeks, because they are still able to carry out daily activities such as rice fields, fields or markets, they do not consider these symptoms as conditions that can endanger their health. Whereas the results of WHO research show that without treatment, then after 5 years 50% of tuberculosis patients will die, 25% will heal by themselves with high endurance, and 25% will remain a contagious chronic case. Therefore, efforts are needed to increase public knowledge related to tuberculosis, so that in the future, public awareness, especially in the study area, in an effort to break the chain of transmission of tuberculosis will increase.

Although most people in the working area of the Mungka puskesmas have the belief and belief that tuberculosis is a disease caused by a disease vector or germ, there are still a small number of people who believe that the tuberculosis is caused by witchcraft or things that are of a nature magical. In addition, there are also people who consider tuberculosis as a hereditary disease. This is basically due to previous experience where when their parents suffer from tuberculosis, their child will suffer the same disease. In the case in the handbook of tuberculosis prevention from the Ministry of Health it is said that tuberculosis is not an inherited disease but is infected by their parents who suffer from tuberculosis.

Regarding the healing time, in general the informant believed that tuberculosis would be cured if the patient took medication regularly for six months to nine months.

However, according to TB cadres, the cure indicator that was determined was if the results of the examination in the laboratory were negative. In the case of germ tuberculosis is still in the patient's body and does not die, so that at certain times it can be re-active and cause the patient to suffer tuberculosis again. This condition mainly occurs when the immune system decreases.

C. Some Socio Cultural Potentials

Some socio-cultural potential that can be identified as analytical material for the formulation of an intervention model in an effort to increase the scope of tuberculosis findings in the Limapuluh Kota district are; knowledge, institutional, and social and cultural activities. The following description explains in more detail the socio-cultural potential that was successfully identified in the Limapuluh Kota district, especially the working area of the Mungka puskesmas.

a) Increased Public Knowledge about Tuberculosis

To understand community knowledge about tuberculosis, an analysis was conducted on the ability of informants to state completely and correctly the signs, causes, ways of transmission, and how to treat tuberculosis. The results showed that in general community informants could mention a number of signs that someone was suspected of having tuberculosis. The signs mentioned by the informant are; cough for more than three weeks, coughing up blood, coughing up phlegm, shortness of breath, limp body, and lack of appetite. However, a clearer sign, according to the informant, is a cough that does not heal for a long time and sometimes the cough is accompanied by a splash of fresh blood.

Although to make sure someone suffering from tuberculosis is based on the results of laboratory tests on people with these symptoms, but the signs mentioned by the informant are in accordance with what is described in the tuberculosis prevention manual. This means that public knowledge / informants about the signs of tuberculosis are relatively good.

Regarding the cause of tuberculosis, in general, community informants said that the main cause of a person suffering from tuberculosis is due to contracting it by someone else who had already suffered from tuberculosis. He further explained that work that often inhales dust, living quarters that do not have adequate ventilation, decreased immune system can trigger or facilitate the development of tuberculosis.

The problem is that although most people have a good understanding of the causes and transmission of tuberculosis, but in daily intercourse there is no attempt to avoid transmission. This means that although informants interact with people who have no signs of tuberculosis, they do not try to keep their distance or cover their mouths with masks. This condition is closely related to cultural understanding which considers unethical / disrespectful to avoid talking to others even though he has tuberculosis, so that if people with these signs really suffer from tuberculosis, transmission can occur so that it will result in an increase in tuberculosis sufferers in the region Mungka's puskesmas work.

b). Institutional Support

Formally there are institutions that have been formed in each region that are considered vulnerable to tuberculosis, namely Nagari Caring for TB and Posyandu. The establishment of Nagari Cares for TB aims to have each nagari or jorong play an active role in eradicating TB and be able to find suspects. Community leaders and cadres are able to provide counseling to the community about TB and PTM, and become PMOs for TB patients treated and as activators for Posyandu implementation activities.

Some of the activities carried out relating to the formation of TBs, especially TB, are:

- Dissemination of infectious diseases programs, especially TB and PTM to toma and cadres and other officers.
- Cadre training which is focused on active survey activities carried out and carried out by health cadres assisted by the pustu staff.

- Survey activities are carried out within 2 days by cadres and health workers where every house visited will be given counseling and given simple information about infectious diseases

c). Active cultural arts activities

Cultural arts activities that are currently actively carried out by the community are randai arts. Randai art is carried out on every Saturday night. Randai art potential enough to be used as a tool or means of socialization is because there are several parts of randai art interspersed by stories. This means that the art of randai is the art of storytelling, about the life of the Minangkabau people.

In the performance, traditional Minangkabau stories are told periodically with a long line and long dialogues between players. The dialogue is accompanied with advice, social criticism and humor. Narrative stories are conveyed through symbols in dance and in song form. Randai performances combine many elements, including dance, martial arts, music, folklore, and the way of life of the Minangkabau people.

According to community leaders, activating randai arts in Mungka nagari has been carried out since 2015, while in Sungai Antuan nagari it has begun to be held since April 2017. However, both nagari are actively conducting routine activities (training) every night of the week. While the performance activities are carried out only on certain moments such as the Eid al-Fitr, the seventeenth of August, or on the visit of certain officials such as members of the Lima Puluh Kota DPRD who want to see the performance of the randai arts. Besides that, there was also a performance at a community event that wanted to be randai, for example in the circumcision of one of his children.

The results showed that the coverage of tuberculosis findings in the working area of Mungka Health Center was very low, only reaching 18.7%. In terms of the DOTS strategy program it is said that to be able to break the chain of spread of tuberculosis, each Puskesmas working area as the spearhead of program implementation must be able to increase the scope of tuberculosis

findings above 70%. Seeing this condition, tuberculosis prevention efforts in the study area still need a better effort to increase the scope of tuberculosis discovery.

Some socio-cultural factors related to the low coverage of tuberculosis findings in the study area are the shame of people suspected of suffering from tuberculosis for having sputum or sputum checked at the puskesmas. Although cadres in the study area have visited every suspect's house and provided sputum, only a small portion of the suspect gave sputum to the cadre or puskesmas.

In addition, there are still some people in the study area who consider tuberculosis as a harmless disease, so that although there are symptoms as conveyed in various counseling, but as long as they are still able to carry out daily activities they will not do treatment. Even if treatment is done, usually only buy cough medicine at the stall. This condition is certainly very instrumental in the spread of tuberculosis if residents with symptoms of cough are really exposed to the tuberculosis virus, because as long as they don't take medication, of course there is also the potential for the spread of tuberculosis.

(Helper 2010:1341) in his research on the Factors that Influence Pulmonary Tuberculosis and its Mitigation Efforts find a relationship between socio-cultural factors and the increase in pulmonary TB disease, where pulmonary TB sufferers often have the habit of not closing their mouths when coughing, this is certainly can make TB transmission to healthy people around him.

A number of socio-cultural factors can be the background of the low scope of the discovery of tuberculosis sufferers, including the presence of stigma in the community that Tb disease is an embarrassing disease that does not want to want to do treatment at the health center. In addition there is also a belief that tuberculosis is a hereditary disease, and some consider it to be a disease caused by supernatural powers or witchcraft (Media 2011:85-87).

In addition to finding a number of socio-cultural factors as a cause of the low coverage of tuberculosis findings in the study area, this study also succeeded in uncovering

a number of socio-cultural potentials that could play a role in efforts to increase the scope of tuberculosis findings. The socio-cultural potential that was successfully revealed was that public knowledge about the symptoms of tuberculosis in general was relatively good, where they could mention the early signs of tuberculosis. Furthermore, in the research area, "Nagari Care Tb" has also been established with the aim of encouraging people to care about tuberculosis. In addition, in the area of research also very actively carried out cultural arts activities in the form of performances "randai art". This randai arts, according to informants, both informants of community leaders, health cadres, and community members, received quite good appreciation and the community was quite enthusiastic about watching it.

Based on the socio-cultural potential of the community in the working area of Mungka puskesmas such as; institutional support, active cultural arts performances, it is necessary to consider the use of the art of randai as an intervention model in an effort to increase the scope of the discovery of tuberculosis in the Limapuluh Kota district.

According to the TB manager in the Lima Puluh Kota District Health Office, up to now there has never been an effort to tackle tuberculosis by utilizing the traditional randai arts, both in health promotion activities and in the effort to disseminate IEC. Until this research was carried out, promotion efforts and IEC were only limited to counseling activities which were generally carried out through the Puskesmas of each sub-district. Thus, of course, health messages will not reach the maximum extent to the community that should indeed be the target of the program.

The selection of randai traditional art as an intervention model, especially for health promotion and IEC, is based on the results of research that shows that the community is quite enthusiastic in watching various randai performances held at every moment of its appearance.

By utilizing the art of randai, which in its appearance can be tucked in with humorous stories about health / tuberculosis,

it will certainly have an impact on other than increasing public knowledge about tuberculosis, of course it can also reduce the shame among the suspects or those suspected of being exposed to the tb virus, so that they will utilize health services such as puskesmas to check their sputum / sputum. Thus it is expected that there will be an increase in coverage of tuberculosis patients, especially in the working area of the Mungka puskesmas.

Utilization of the local socio-cultural potential is very important the involvement of various parties who will participate, namely community leaders (including the nagari government), health cadres, health centers, health offices and randai arts practitioners. The roles of each party are as follows;

1. Community leaders will give an appeal and encourage community members to watch closely each randai art performance.
2. Health cadres in each nagari and jorong try to assist community members, especially residents suspected of being exposed to the TB virus to follow the health messages conveyed in the randai performance.
3. Puskesmas provide maximum services in encouraging the community to have their sputum checked according to the provisions stipulated in the tuberculosis control program.
4. The Health Service acts as a source of health information, preparing scripts or materials related to tuberculosis which will be inserted in each session of the story show. The material that will be delivered for example includes Tb danger, transmission, signs, prevention methods, and so on. In addition, the Health Office also has the role to be able to mobilize other resources including cooperation in providing funds needed in the performance of the randai arts.
5. Randai art performers deliver health messages in accordance with the material designed by the Department of Health. This submission will be inserted in certain parts of the randai

story that presents stories of folklore in Minangkabau. And of course the delivery of material in the story can also be done by means of humor that pleases the community members who watch the show, so that over time residents will get a better understanding of tuberculosis. It is hoped that the public will not feel ashamed to have their sputum checked by a puskesmas if they experience symptoms of tuberculosis as conveyed in a randai show.

CONCLUSION

In accordance with the objectives and results achieved in this study, then some conclusions can be conveyed as follows;

- 1).Whereas in the working area of the Mungka Community Health Center there are still various socio-cultural problems related to the low coverage of tuberculosis findings, namely; a), there is a sense of shame for some patients to go to health services / health centers, b), a negative perception of tuberculosis, c), belief in tuberculosis as a hereditary disease.
- 2).In addition to socio-cultural issues that cause low coverage of tuberculosis findings, also found several socio-cultural potentials that can be utilized as an intervention model in an effort to increase the scope of tuberculosis discovery, namely; a), increasing knowledge of tuberculosis, b), the existence of institutional support, c), actively performing cultural arts performances especially traditional randai arts.
- 3).Based on the findings of the socio-cultural problems and potential, an intervention model was formulated to increase the scope of the discovery of tuberculosis by utilizing cultural art performances, especially randai.

In addition to carrying out randai traditional art performances as an intervention model, more intensive counseling efforts about the dangers caused by tuberculosis can also be conveyed through local media such as other locales such as; markets, food stalls, schools, playgrounds,

PKK activities, majlis ta'lim, mosques and prayer rooms, as well as during the elderly gymnastics activities that are currently quite actively carried out in the working area of the Mungka puskesmas, particularly in the Mungka village and Sungai Antuan village.

Thus the community will be able to obtain information from various places, so this will be able to increase the knowledge and awareness of the community to conduct examinations and treatment. An increase in public awareness to check their health related to the symptoms of tuberculosis will certainly greatly affect the increasing scope of tuberculosis disease discovery in the working area of the Mungka puskesmas.

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