



TB ASMARA CADRES IN TB CASE DISCOVERY EFFORTS AT UPT PUSKESMAS KARAWACI BARU IN 2022

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ABSTRACT

Tuberculosis (TB) is an infectious disease and is one of the leading causes of death worldwide. One of the efforts to increase coverage of active TB findings is TB screening by TB cadres. This study aims to study TB case finding with the role of ASMARA TB cadres (TB Independent Screening Application). This research is qualitative. The informants are ASMARA TB cadres at UPT Puskesmas Karawaci Baru. Data was collected through a Focus Group Discussion (FGD) of 32 cadres. The results of the study obtained 4 themes, namely Theme 1: Correct understanding of cadres about the meaning, signs, symptoms, and transmission of TB, Theme 2: Cadre's knowledge of TB Contact Investigation, Theme 3: Barriers to TB Contact Investigation, Theme 4: Obstacles Individual, Environmental and Socio-Cultural. The results showed that the Asmara TB cadres had good knowledge about TB, but it was necessary to increase knowledge continuously. Cross-sectoral cooperation is still minimal, there is a lack of public knowledge about pulmonary TB, the distance to health facilities is quite far, local cultural values and education levels are low, the role of trained cadres is not optimal, and religious leaders and the community are less involved. Continuous health education efforts are needed with cadres and community leaders to increase awareness of early detection of TB.

Keywords: *TBC, Cadres TB, Case Finding TB*

INTRODUCTION

In this digital era, the application has an important role in the success of the TB program in primary care because Tuberculosis (TB) is still a global health problem in Indonesia. Indonesia occupies the second position after India. Eight of the countries account for two-thirds of the global TB total: India (26%), Indonesia (8.5%), China (8.4%), Philippines (6.0%), Pakistan (5.7%), Nigeria (4.4%), Bangladesh (3.6%) and South Africa (3.6%) (World Health Organization & Ghebreyesus, 2020).

The estimated TB cases in Indonesia are 845,000 people. For now, Indonesia is one country that contributes 60% of all TB cases worldwide (World Health Organization & Ghebreyesus, 2020). A report from the Ministry of Health's Data and Information Center in 2021 found that the number of tuberculosis cases in 2020 was 351,936. This case decreased compared to tuberculosis cases found in 2019; there were 568,987 cases (Indonesian Health Profile 2020, 2021).

Definition of Case Notification Rate (CNR) is a number that shows the total number of TB patients found and recorded among 100,000 residents in an area. If this figure is collected periodically, it will illustrate the trend of case finding from year to year in the region. The number helps show a trend (trend) increasing or decreasing the number of patients in the area. Nationally, it offered an increasing trend until 2018 and decreased in 2019 and 2020, namely 244 per 100,000 (Indonesian Health Profile



2020, 2021). Likewise, the finding of new cases at the New Karawaci Health Center has increased from 2021 to 2022 (Puskesmas Karawaci TB program report).

The indicator used to describe the success of the TB control program is the Case Detection Rate (CDR). The achievement indicators on the MDGs describe the scope of finding new smear-positive patients. The CDR target for the national TB control program is at least 70%, while the national target in Indonesia is still low, below 42.4% (Rejeki et al., 2019).

The strategy for finding TB patients can be done passively, intensively, actively, and massively. Efforts to find TB patients must be supported by active promotional activities so that all TB suspects can be found early. The Ministry of Health has issued Minister of Health Regulation no. 67/2016 on TB control, which regulates the strategy for finding suspected TB patients (Finding tuberculosis patients, 2017). Knowledge and skills of cadres in preventing pulmonary TB transmission and finding TB patients actively in the community are carried out through health education and community empowerment through the role of cadres.

From the results of other studies, it was found that the role of health cadres in TB control includes providing information related to TB and TB prevention efforts, helping community members who are sick with TB or suspected of having TB, as well as assisting the role of health workers in providing motivation and guidance to Drug Drinking Supervisors/PMOs. Mulyati, Winarni LM, 2020).

This study aims to obtain information about the role of Asmara TB cadres in TB Case Finding Efforts at the New Karawaci Public Health Center in 2022.

METHOD

This research is qualitative. The informants are TB cadres at New Karawaci Public Health Center, as many as 32 people. Data were collected through focus group discussions (FGD). They are using the help of a voice recorder. FGD is a unique form of group interview to explore the dynamics to encourage openness among participants by utilizing participant statements in a firm, frank, uncomplicated manner (Speziale et al., 2011). The data analysis method in this study is thematic. Thematic analysis is a method for analyzing, identifying, and reporting themes and patterns in research data, whether the results of interviews, group discussions, field notes, or reflection notes on observations, photos, and videos (Smith, 2003). Characteristics of informants can be seen in Table 1.

Table 1 Characteristics of informants

No	Information	Age	Graduate Of	How Long to be a Cadre
1	P	38	Senior High School	10 th
2	N	50	Junior High School	17 th
3	S	41	Senior High School	11 th
4	SA	45	Senior High School	8 th
5	L	35	Senior High School	10 th
6	SH	44	Junior High School	14 th
7	A	32	Senior High School	6 th



No	Information	Age	Graduate Of	How Long to be a Cadre
8	M	38	Senior High School	8 th
9	AW	50	Senior High School	17 th
10	T	41	Senior High School	11 th
11	D	42	Senior High School	8 th
12	R	38	Senior High School	8 th
13	NN	52	Senior High School	20 th
14	B	28	Senior High School	6 th
15	U	37	Senior High School	7 th
16	SG	41	Senior High School	9 th
17	EM	45	Senior High School	7 th
18	Y	33	Senior High School	5 th
19	SR	41	Senior High School	8 th
20	L	38	Senior High School	5 th
21	FY	42	Junior High School	11 th
22	DA	41	Senior High School	9 th
23	DL	45	Senior High School	6 th
24	M	38	Senior High School	6 th
25	E	50	Senior High School	14 th
26	J	38	Senior High School	10 th
27	NT	35	Senior High School	7 th
28	AS	41	Senior High School	6 th
29	H	45	Senior High School	9 th
30	F	33	Senior High School	7 th
31	W	48	Senior High School	8 th
32	SN	41	Senior High School	8 th

RESULTS AND DISCUSSION

Theme 1: Informants' understanding of the meaning, signs, symptoms, and transmission of TB

The informants' understanding of TB is quite good, and this can be seen from the informants' explanations related to TB, such as TB disease being a dangerous lung disease that can cause death and is contagious. The cause of TB disease is bacteria or tuberculosis bacteria; Signs and symptoms that have been successfully mentioned include coughing for more than 2 weeks, weight loss, may be accompanied by coughing up blood, and cold sweats at night. The method of testing positive for TB is examining sputum or BTA in adults and children, the Mantoux test, and TB transmission through coughing or sneezing and throwing phlegm carelessly. However, some informants do not understand TB transmission, and this may be because the informants only focus on recognizing clinical signs and symptoms for screening TB suspects.

"...TB is an infectious disease caused by TB germs, characterized by a cough for more than 2 weeks and a thin body...." Informant D

"...It can be transmitted through splashes or droplets when someone with TB coughs...." Informant W

"...If you cough for more than 2 weeks, you should check the sputum at the puskesmas...." Informant F

Meanwhile, some cadres do not understand TB transmission, such as:



"...TBC must be a descendant of that...." Informant N

"... Transmission can be through a shared plate or spoon...." Informant J

Knowledge of cadres about the prevention of TB transmission is essential. Knowledge can generate community participation as a resource in solving TB problems. Sari's research shows a significant relationship between knowledge and attitudes toward family support for PMO TB sufferers. In addition, knowledge of TB can also increase public awareness and, finally, willingness and ability to do TB screening

Theme 2: Informants' Understanding of TB Contact Investigation

Based on the FGD, theme 2 was found, namely the understanding of cadres on contact investigations. Based on the results of the study, it was found that the cadres' understanding of TB contact investigation activities had been going well, starting from finding cases in the community, providing direct education, and providing assistance to TB suspects who were found to carry out examinations to health center health services.

"...if there is a positive result of the BTA, we will go to his house..." Informant R

"... how many people in our household have sent us to the puskesmas to check phlegm or test Mantoux for their children...." Informant L

As mentioned in the TB contact investigation manual, health workers and cadres are tasked with recording household contacts with close contacts of index cases, conducting direct screening, coordinating with puskesmas officers for referrals for suspected TB, providing education about TB, monitoring the appearance of symptoms in household contacts, and monitoring compliance treatment (Ministry of Health, 2019).

Theme 3: Barriers to Investigation of TB Contacts

Informants encountered several obstacles in terms of investigating TB contacts. Among them are families who do not accept the arrival of cadres, honesty of TB contacts during visits, difficulty in referring contacts to the puskesmas, sputum pots often have no reason for phlegm or the phlegm pot is missing, family refusal to check contacts, health protocols are still not implemented, there are still many residents who do not have a quota and a cellphone to access self-screening in the TB Buddy application. This is like the following informant

"...Someone we visited several times, the door was closed, the door was not opened...." Informant B

"...He was referred to the puskesmas, he didn't want to be lazy to queue, he said he was given a pot of phlegm, so it's still difficult for us to bring it to the puskesmas, ma'am, forget where the pot is, the phlegm doesn't come out, there are many reasons..." Informant N

"...how about self-screening? The quota doesn't exist, ma'am..." Informant D



Barriers to TB surveillance activities, namely the public, are less open to related health workers; in line with research from Rahman, this negative attitude will lead to apathy from someone who does not want to prevent the disease (Rahman et al., 2017).

Theme 4 Individual, Environmental and Socio-Cultural Constraints

There are still many obstacles in the environment and socio-cultural that are encountered during the implementation of TB case findings. Inhibiting factors can also come from internal and external cadres. Internal factors can occur due to a lack of knowledge and motivation in cadres, leading to less than optimal behavior in carrying out their roles. External factors can come from the environment, such as program policies and supporting infrastructure, which can also influence a person's behavior (Trisanti and Khoirunnisa, 2018). Apart from that, the lack of cross-sectoral support, negative public stigma regarding TB disease, and limited ownership of cellular phones to access the application, information was obtained from informants regarding cadres who were not active even though they had been trained and received incentives.

"...It's better not to find out that we are sick with TB; just say it's spots rather than the neighbors knowing that we are the ones who transmit the disease..." Informant H

"...don't play with him; his mother has TB; it's contagious..." Informant S

"...Mr. RT doesn't want to help if we don't open the door when we come to the house of a sick resident with TB..." Informant L

As individuals chosen by the community, Cadres must have a positive attitude. This aspect will have an impact on the performance done; otherwise, a negative attitude will hinder doing the task because of the presence of feelings of displeasure. Attitudes encourage a person to believe in his work's results and estimate the advantages and disadvantages of the actions taken. Prevention is essential, and planning how to do it is part of the cadre's job (Yuliani et al., 2019).

There are several theories related to program implementation, one of which is the implementation theory of Donald Van Meter and Carl Van Horn. The Van Meter and Horn implementation model not only relates the independent variables to the dependent variable but also to its independent variables. According to Van Meter and Van Horn, the process of implementing a policy cannot be separated from the performance of its implementers. The implementation theory of Van Meter and Van Horn explains that several interrelated variables influence policy performance; these variables are policy standards and targets, resources, communication between related organizations and communication of activities carried out, characteristics of implementing agencies/agencies, attitudes of implementers, and environmental conditions (Van Meter, 1975)



CONCLUSIONS AND SUGGESTIONS

This study resulted in 4 themes, namely 1) Correct understanding of cadres about the meaning, signs, symptoms, and transmission of TB; 2) Cadre's Understanding of TB Contact Investigation; 3) Barriers to Investigation of TB Contacts; 4) Individual Environmental and Socio-Cultural Constraints. In general, Asmara TB cadres have good knowledge about TB, but it is necessary to increase knowledge continuously. Cross-sectoral collaboration is still minimal, there is a lack of public knowledge about pulmonary TB, and the involvement of religious leaders and the community is lacking. Health education efforts are needed as a routine program so that TB control and early detection in the community can be carried out properly; besides that, commitment at the regional level to cross-sectoral is also needed to increase TB case finding and treatment.

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