http://ejournal.seaninstitute.or.id/index.php/healt
Jurnal Eduhealt, Volume 12, No. 01, 2021
ISSN. 2808-4608

An Overview of Community Knowledge about Handling and Treatment ofPulmonary TB in the Health Center Area of Bajeng District, Gowa Regency

Muhamad Isnaini
Akademi Keperawatan Syekh Yusuf

ARTICLE INFO

Keywords:
Knowledge, handling, and treatment of TB disease

Email :
azkaisnaini07@gmail.com

ABSTRACT

This study aims to reveal and describe the community's knowledge about the handling and treatment of pulmonary TB in the working area of the Bajeng Health Center, Gowa Regency. The implementation of this research took place from June to July 2021. The population in this study was all people with TB in the working area of the Bajeng Health Center. The sample collection used the accidental sampling technique, while the number of samples in this study was 30 people with TB in the working area of the Bajeng Health Center. Data collection used a questionnaire and data analysis techniques used descriptive statistics. The results of the study revealed that out of the 30 respondents who were studied, 14 people (46.7%) had sufficient knowledge about the handling and treatment of pulmonary tuberculosis in the Working Area of the Bajeng District Health Center, 12 people (40%) had less knowledge, while those who have knowledge in the good category are 4 people (13.3%).

1. INTRODUCTION

Pulmonary tuberculosis or pulmonary TB is still a public health problem, especially in Indonesia, pulmonary TB is the ninth leading cause of death worldwide and the main cause of infectious agents. [1] . Pulmonary TB can weaken the patient's physical function and interfere with their quality of life. Efforts to control pulmonary TB have been implemented in many countries since 1995, but TB is still a public health problem that causes high morbidity, disability, and death.

Pulmonary TB disease is caused by Mycobacterium Tuberculosis which can be transmitted through pulmonary TB disease sufferers actively removing organisms. Pulmonary tuberculosis is an infectious disease that attacks the lung parenchyma caused by Mycobacterium tuberculosis. Pulmonary TB is a contagious infectious disease caused by TB germs (mycobacterium tuberculosis) where the germs enter the human body through the air into the lungs, and spread from the lungs to other organs through the blood circulation such as the lymph nodes, respiratory tract, or direct spread to other organs of the body. The disease can also spread to other parts of the body such as the meninges, kidneys, bones, and lymph nodes. The main symptoms of pulmonary TB are cough for more than 4 weeks with or without sputum, malaise, flu symptoms, low-grade fever, chest pain, and coughing up blood.

Previous research revealed that about one-third of the world's population has been infected with Mycobacterium tuberculosis and the incidence of tuberculosis has great potential to increase and there are around 9.6 million people worldwide who suffer from tuberculosis, and 1.5 million people die from this disease. More than 95% of deaths from tuberculosis occur in low- and middle-income countries.

In Indonesia, tuberculosis is a major public health problem, because if it is not treated or the handling is incomplete, this disease can cause dangerous complications and can cause death. [8] . The pulmonary Tuberculosis eradication program by implementing the Directly Observed Treatment Shortcourse (DOTS) strategy recommended by WHO in Indonesia began in 1995.

Based on data from the medical records of the Bajeng Community Health Center there were 115 people, in 2020 there were 102 people, and in 2021 from January to May there were 50 people. The results of interviews with researchers with pulmonary TB patients found that 5 people said they took medication irregularly and 3 people did not take medication.

There are several ways to treat pulmonary TB, including taking continuous treatment until it is complete and controlling the treatment process. However, even though pulmonary TB can be cured, it can also recur, especially when the sufferer's body's immunity decreases. In addition, a person should consume a balanced nutritious diet, exercise regularly, get enough rest and if necessary always use a mask when doing activities outside the home so that they are not easily infected again. [11] .

On the other hand, there are social and psychological impacts experienced by TB sufferers, namely the emergence of a feeling of insecurity for TB sufferers to socialize, sufferers cannot work optimally, become a burden on the family, and get a negative stigma from society. The low level of public knowledge about TB makes it difficult to remove the negative stigma.

Previous research revealed that the management of tuberculosis includes bactericidal activity such as extracellular, namely the types of drugs used are Rifampicin and Streptomycin, while the intracellular types of drugs used are Rifampicin (R) and Isoniazid (INH) [13. Then for sterilization activity such as extracellular, the types of drugs used are Rifampicin and Isoniazid. Meanwhile, intracellularly, for slowly growing bacilli, Rifampicin and Isoniazid are used. For very slowly growing bacilli, use Pyrazinamide (Z).

Some of the reasons people do not immediately seek health facilities to get treatment for tuberculosis include the stigma and wrong perceptions of society about tuberculosis. People believe that tuberculosis can be cured by modern medicine and traditional medicine. Other reasons that underlie people not immediately seeking health facilities to get treatment for tuberculosis are the long distance between their homes and health facilities, the absence of health insurance, the absence of costs for treatment at health facilities, and the negative stigma against tuberculosis in the community which affects the delayed treatment seeking.

Based on the previous explanations, this study was carried out which aimed to reveal and find out the description of community knowledge about the handling and treatment of pulmonary TB in the working area of the Bajeng Health Center, Gowa Regency.

2. METHODS

The type of research used was descriptive observational research with a survey method which was carried out at the Bajeng Health Center from June to July 2021. The population in this study was all people with TB in the working area of the Bajeng Health Center. The sample collection used an accidental sampling technique, while the number of samples in this study was 30 people with TB in the working area of the Bajeng Health Center. Data collection techniques using a questionnaire. The data analysis technique used in achieving the research objectives uses descriptive statistical analysis.

3. RESULTS AND DISCUSSION

To find out the description of community knowledge about the handling and treatment of pulmonary TB in the working area of the Bajeng Health Center, Gowa Regency, the data obtained based on data collection using a questionnaire was processed using the SPSS version 20 program. The following presents the results of data processing using descriptive statistics and analysis.

Respondent's Age

From the results of research data processing, it can be seen that the frequency distribution ofrespondents by age group is shown in the following table.

Table 1. Frequency distribution of respondents based on age

age	*F*	*%*
20-30 years	12	40
31-40 years	13	43,3
> 40 years	5	16,7
amount	30	100

Based on table 1, shows that respondents in the working area of the Bajeng Public Health Center, Bajeng Subdistrict, Gowa Regency in 2021, out of 30 respondents aged 20-30 years, there were 12 (40%), 31-40 years, 13 (43.3%), and those aged >40 years were 5 (16.7).

Respondent's gender

From the results of research data processing, it can be seen that the frequency distribution ofrespondents based on gender is shown in the following table.

Table 2. Frequency distribution of respondents based on gender

Gender	*F*	*%*
Man	13	43,3
Woman	17	17
amount	30	100

Based on table 2, shows that the respondents in the working area of the Bajeng Health Center in 2021 out of 30 respondents most respondents were female, namely 17 people (56.7%), and 13 peoplewho were male (43.3%).

Respondent's education

From the results of research data processing, it can be seen that the frequency distribution of respondents based on education is shown in the following table.

Table 3 . Frequency distribution of respondents based on education

Level of education	*F*	*%*
SD	13	43,3
SMP	7	23,3
SMA	6	20
S1	4	1713,4
amount	30	100

Based on table 3, shows that the respondents in the working area of the Bajeng Health Center in 2021 out of 30 respondents, mostly the respondents had an elementary school education with 13 people (43.3%), 7 people with junior high school education (23.3%), 6 people with high school education (20%), and 4 people with undergraduate education (13.3%).

Respondent's occupation

From the results of research data processing, it can be seen that the frequency distribution ofrespondents based on work is shown in the following table

Table 4 . Frequency distribution of respondents based on occupation

Work	*F*	*%*
Self-employed	4	13,3
Farmer	8	26,7
Housewife	14	46,7
Civil servant	4	13,3
amount	30	100

Based on table 4, shows that the number of respondents in the working area of the Bajeng Health Center in 2021 who worked as a housewife is 14 people (46.7%), 8 farmers (26.7%), and 4

entrepreneurs (13.3%). and PNS 4 people (13.3%).

Description of the level of knowledge about the handling and treatment of pulmonary TB disease

From the results of research data processing, it can be seen that the frequency distribution of respondents is based on the level of knowledge about the handling and treatment of pulmonary TB as shown in the following table.

Table 5. Distribution of the frequency of respondents based on the level of knowledge about thehandling and treatment of pulmonary tuberculosis

Knowledge	*F*	*%*
Good	4	13,3
Enough	14	46,7
Not enough	12	40
amount	30	100

Based on table 5, shows that out of the 30 respondents who were studied, 14 people (46.7%) had sufficient knowledge about the handling and treatment of pulmonary tuberculosis in the Working Area of the Health Center of Bajeng district, Gowa Regency, 12 people (40%) had less knowledge. , while those who have knowledge in the good category are 4 people (13.3%).

Knowledge is a result of knowing humans on the combination or cooperation between an object that is known to all that is known about a particular object. After researching public knowledge about the handling and treatment of pulmonary tuberculosis in the work area of the Bajeng District Health Center, Gowa Regency, the following discussions can be carried out:

Based on the data obtained from the research results in the working area of the Bajeng district health center, Gowa Regency, it was found that out of the 30 respondents studied, 4 people (13.3%) had good knowledge, while 14 people (46.7%) had sufficient knowledge. %) of respondents, while those with less knowledge were 12 people (40%) of respondents. This shows that people's knowledge about the handling and treatment of pulmonary tuberculosis is in the sufficient category.

Based on the knowledge of the community, there were 14 people (46.7%) who had sufficient knowledge, based on the results of the research in Table 4.5, the distribution of respondents based on education indicated that most people with primary school education were 13 people (43.3%). This is because the community has sufficient knowledge which is caused by a lack of knowledge and lack of exposure to information. Education indirectly greatly affects a person's knowledge, the higher a person's education, the higher the ability to think.

According to the researchers' assumptions, the results of sufficient knowledge in which the community about the handling and treatment of pulmonary TB disease is because a lot of information is obtained about how to handle and treat pulmonary TB disease. This information is not only obtained from health cadres but also often obtained from television media through advertisements that are broadcast.

This is following what has been stated in other studies that the relationship between education and mindset, perceptions, and behavior of society is significant, in the sense that the higher the level of education a person is the more rational in making various decisions [16.

While the number of people who have less knowledge is 12 people (40%). This is because the source of information about pulmonary TB where the information obtained is still lacking so it affects the level of knowledge of respondents. This is also supported by other research that information obtained from formal education can provide short-term knowledge (immediate impact), resulting in changes and increased knowledge. Technological advances provide a variety of mass media that can influence public knowledge about new information [17.

Knowledge is affected by the lack of information obtained from both formal and non-formal education that can provide short-term knowledge (immediate impact), resulting in changes and increases in knowledge, technological advancements provide a variety of mass media that can

influence people's knowledge of new information including in the treatment of pulmonary tuberculosis.

The results of this study are in line with the results of other studies where the results of the study found that the majority of respondents knew about the correct handling and treatment of pulmonary tuberculosis, namely as many as 10 people, who had knowledge in the sufficient category as many as 7 people, and 2 other people who had knowledge in the less category. [19] .

In another study, it was also revealed that respondents' knowledge of the stigma of pulmonary TB had a significant relationship where the higher the level of patient knowledge in knowing the signs and symptoms, causes, transmission, complications, treatment, and prevention of pulmonary TB disease, the lower the stigma about the disease. Stigma is often attached to health problems, especially pulmonary TB. One of the reasons why there is a stigma in pulmonary TB is because of its transmission and inaccurate knowledge of the causes.

4. CONCLUSION

Based on the knowledge of the community, there were 14 people (46.7%) who had sufficient knowledge, based on the results of the research in Table 4.5, the distribution of respondents based on education indicated that most people with primary school education were 13 people (43.3%). This is because the community has sufficient knowledge which is caused by a lack of knowledge and lack of exposure to information. Education indirectly greatly affects a person's knowledge, the higher a person's education, the higher the ability to think. This shows that people's knowledge about the handling and treatment of pulmonary TB is in the less category.

REFERENCES

[1] Mathofani P, Febriyanti R. Faktor-Faktor Yang Berhubungan Dengan Kejadian Penyakit Tuberkulosis (TB) Paru di Wilayah Kerja Puskesmas Serang Kota Tahun 2019. J Ilm Kesehat Masy 2020;12:1–10. https://doi.org/10.52022/jikm.v12i1.53.

[2] Tangkilisan J, Angi F, Kalesaran A. Angka Penemuan Kasus Tuberkulosis Paru Di Indonesia Tahun 2015-2018. J Kesmas 2020;9:1–9.

[3] Fraga A, Oktavia N, Mulia R. Evaluasi Penggunaan Obat Anti Tuberkulosis Pasien Baru Tuberkulosis Paru Di Puskesmas Oebobo Kupang. J Farmagazine 2021;8:17 26. https://doi.org/10.47653/farm.v8i1.530.

[4] Widyastuti S, Riyanto R, Fauzi M. Gambaran Epidemiologi Penyakit Tuberkolusis Paru (TB
Paru) Di Kabupaten Indramayu. Care J Ilm Ilmu Kesehat 2018;6:1029. https://doi.org/10.33366/cr.v6i2.911.

[5] Abdullah D, Rahmi M. Implementasi Sistem Pakar Diagnosa AwalPenyakit Tuberculosisi Paru
Menggunaka Fuzzy Tsukamoto. J Variasi 2021;13:1537.https://doi.org/https://doi.org/10.51179/vrs.v13i3.860.

[6] Afiat N, Mursyaf S, Ibrahim H. Keberhasilan Pengobatan Tuberkulosis (TB) Paru di WilayahKerja Puskesmas Panambungan Kota Makassar. Hig J 2018;4:32–40.

[7] Tika M, Cahyati W. Karakteristik Penderita, Efek Samping Obat dan Putus Berobat Tuberkulosis
Paru. Higeia J Public Heal Res Dev 2019;3:227 38.https://doi.org/https://doi.org/10.15294/higeia.v3i4.31852.

[8] Fitri L. Kepatuhan Minum Obat pada Pasien Tuberkulosis Paru. J Ilmu Kesehat Masy 2018;7:33– 42. https://doi.org/10.33221/jikm.v7i01.50.

[9] Putri F, Suryawati C, Kusumastuti W. Evaluasi Pelaksanaan Program Penanggulangan Tuberkulosis Paru (P2TB) di Puskesmas Bandarharjo Kota Semarang. J Kesehat Masy

2020;8:311–22.
[10] Suarayasa K, Pakaya D, Felandina Y. Analisis Situasi Pnanggulangan Tuberkulosis Paru di Kabupaten Sigi. J Kesehat Tadulako 2019;5:301–16.
[11] Alfian D, Susanti N, Amali R, Alhidayati A. Pelaksanaan Promosi Kesehatan Dalam Pen anggulangan Penyakit Tuberkulosis. J Kesehat Komunitas 2021;7:57 63. https://doi.org/1 0.25311/keskom.vol7.iss1.727.
[12] Boy E, Malau S, Sinta A, Dara N. Gambaran Pengetahuan Keluarga Binaan Fakultas Kedokteran Muhammadiyah Sumatera Utara Terhadap Penyebaran dan Pencegahan TBC Paru. J Implementa Husada 20220;3:100–7. https://doi.org/10.30596/jih.v3i2.11134.
[13] Syakbania D, Wahyuningsih A. Implementasi Program Penanggulangan. Higeia J Public HealRes Dev 2017;1:84–94. https://doi.org/https://doi.org/10.15294/higeia.v3i1.24952.
[14] Mbeong I, Erawati M. Kajian Pustaka: Gambaran Pengetahuan dan Perilaku Masyarakat untuk Mencari Fasilitas Kesehatan dalam Penanganan Penyakit Tuberkulosis. Holist Nurs Heal Sci 2021;4:101–15. https://doi.org/10.14710/hnhs.4.2.2021.101-115.
[15] Adiputra I, Siregar D, Anggraini D, Irfandi A. Statistik Kesehatan : Teori dan Aplikasi. Denpasar: Yayasan Kita Menulis; 2021.
[16] Muhammad E. Hubungan tingkat pendidikan terhadap kejadian tuberkulosis paru. J Ilm KesehatSandi Husada 2019;10:288–91. https://doi.org/10.35816/jiskh.v10i2.173.
[17] Darmin D, Akbar H, Rusdianto R. Faktor yang Berhubungan dengan Kejadian Tuberkulosis Paru di Wilayah Kerja Puskesmas Inobonto. Media Publ Promosi Kesehat Indones 2020;3:223–8. https://doi.org/10.56338/mppki.v3i3.1147.
[18] Mientarini E, Sudarmanto Y, Hasan M. Hubungan Pengetahuan Dan Sikap Terhadap Kepatuhan Minum Obat Pasien Tuberkulosis Paru Fase Lanjutan Di Kecamatan Umbulsari Jember. J Ikesma 2018;14:11–20. https://doi.org/10.19184/ikesma.v14i1.10401.
[19] Fadlilah S, Aryanto E. Faktor yang Berhubungan dengan Pengetahuan TB Paru dan Dukungan Sosial Pasien RS Khusus Paru Respira. J Ilm Keperawatan Sai Betik 2020;15:168–78. https://doi.org/10.26630/jkep.v15i2.1804.
[20] Rizqiya R. Hubungan Stigma Masyarakat Dengan Kepatuhan Minum Obat Pasien Tb Paru Di Puskesmas Puhjarak Kecamatan Plemahan Kabupaten Kediri. J Ilm Kesehat Keperawatan 2021;17:66–75. https://doi.org/10.26753/jikk.v17i1.511.