PATTERN OF COMMUNITY ROLE DEVELOPMENT AS AN EFFORT TO INCREASE TUBERCULOSIS PATIENTS COVERAGE WITH PASSIVE CASE FINDING

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ABSTRACT

In developing countries, 75% of TB cases are found among those with economically productive age, ranging from 15 to 50 years. One of the problems in eradicating pulmonary tuberculosis is the lower covering rate of passive case finding, in addition to treatment and resistance. It was reported that in East Java the result of covering rate of passive case finding in tuberculosis patients until the year 2003 was only 23% from the whole estimated suspected cases existing in the community. This action research was aimed to increase the covering rate of passive case finding, in which suspected patients, with their own awareness, have willingness to submit their sputum to be examined for diagnostic purpose, so that the treatment program can be followed-up. Due to the importance of the purpose, the active role of the community should be improved by increasing the awareness of the patients to search for diagnostic and curative care. By means of training with ZOPP method, an institution within the community will be formed, which can be expected to play a role in motivating the community to find TB patients passively. By the formation of such institution, working assistance can be carried out with the hope to implement the primary tasks and functions of the institution.

Keywords: tuberculosis, passive case finding

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INTRODUCTION

Pulmonary tuberculosis is a chronic disease caused by Mycobacterium tuberculosis. Estimation of the WHO in 1999 in Indonesia every year 583 000 new cases of tuberculosis occurred with the death of about 140,000. Every 100,000 people of Indonesia can be found 130 new patients with smear positive. In East Java reported the results of research coverage passive pulmonary tuberculosis case finding until the year 2003, only reaching 23% of all existing estimates of suspect cases in the community. This is possible by public knowledge about tuberculosis is still low.

Target coverage of patients on the national tuberculosis prevention program of 70% in 2005, while up to now in some regions still reported that patients with low coverage rates. Active participation from the community is very necessary element in efforts to increase coverage of community-based approach to the patient because the (community-based approach). Elements of society who are categorized non medical personnel need to have an effective training method, to be able to participate optimally implement the national tuberculosis prevention program through efforts to increase the coverage of patients by passive case finding.

This study aims to establish a network of organizations in order to optimize the role of the community by way of (1) provide IEC on trainees in particular aspects of tuberculosis, (2) conduct discussions with ZOPP method to make the tree problem, problem analysis, objective trees, and followed with the institutional form, (3) develop the basic tasks and functions of institutions that have been formed.

MATERIALS AND METHODS

This research examined the follow (Action Research), in which researchers provide treatment to a group of community / health cadres to play a role to run a program or activity in an effort to increase the scope of the invention patients with pulmonary tuberculosis suspects in the community. Participants were given educational practice with the aim of achieving an optimal level of knowledge about pulmonary tuberculosis, followed by group discussion method in which trainees ZOPP directed to make the tree problem, problem analysis, setting objectives tree, analysis
objectives, form the institutional and assign duties and functions.

Target population is the cadre of district center in Tenggilis Mejoyo, Surabaya, East Java. Samples of research or trainees are part of cadres Posyandu, whereby trainees as a sample selection was based on the consideration and advice together with officials from the Head of Public Health Center P2-TB. From the target population was obtained as many as 25 people as a cadre of trainees. Before the pretest given at the stage of education is education provided KIE pulmonary tuberculosis on various issues through presentations, discussions and demonstrations. After the post test was conducted to see the level of knowledge of trainees. At the discussion stage with ZOPP method, trainees were given the task to formulate the problem tree; Perform problem analysis; Structuring destination tree; conduct analysis purposes; Develop priorities and action plans; formation unit and a network activity and determine the basic tasks and functions. Primary and secondary data has been collected will analyze the data descriptively.

RESULTS

Tenggilis Mejoyo Surabaya is a region with an area of 567,990 ha, consists of five villages namely Kutisari Village; Kendangsari; Tenggilis Mejoyo; Prapen and Long Jiwo. The number of residents residing in the territory of PHC Tenggilis according to data for 2005 was 51,690 inhabitants, which consisted of 25,940 male and female soul 25,750 inhabitants. This number consisted of 13,919 households with 782 households of poor families.

Based on program performance assessment clinic in 2005, the achievement of sputum examination on suspected cases of pulmonary TB were 42.97% of the target center is 2% (323 people). Cadre of 25 people, the youngest age was 23 years old and the oldest is 39 years of age. 92% of cadres are women and 84% aged 31-40 years. Education is the majority of junior trainees (48%), mostly married (88%) and 72% of trainees are housewives.

DISCUSSION

Implementation of training for the establishment of a network of organizations in order to optimize the role of society in improving the coverage of Tuberculosis (Passive case finding) this took place within the PHC Tenggilis. The implementation phase of training includes education and participation. Trainees are guided to construct maps of the causes of the problem of awareness passively Tuberculosis suspect (on their own members) for sputum examination in the case of a cough that does not heal is still low. With the help of the logic of causation, the participants began searching for the problem are then organized into a tree problem showed in Figure 1.

![Figure 1. Tree Problems ZOPP Results](image-url)
After participants successfully preparing the tree problem, then one by one participant is given a chance to see directly the TB germs are already preserved through a Microscope tool, in turn, listening to the technical explanation from the facilitator. In order to solve the problem that has been formulated to be realized, it is necessary to be container or organization in charge of designing, and creating a work program (action plan). Formation of the Organization (Institutional Building) is a "revitalization" of the IHC which is indeed still exist and play a role. The trainees come from the existing cadre IHC, resulting in the formation of these institutions do not require special preparation or management of the initial selection process.

To accommodate all the activities of the community, especially the cadre in an attempt to increase TB case detection is passive, it is unanimously agreed upon at the end of training sessions, namely container IHC in every village that has existed for this, as activities of the Organization. Tuberculosis eradication Cadre group newly formed, representing about 40 groups spread across the region IHC Tenggilis Mejoyo District, with 10 people as the core board to form a working network and information network between villages. Cadre Group Organizational Structure eradication Tuberculosis (KKPT) consists of a Chairman Working Group IHC district level and 10 village level Working Group Chairman, each of which supervises: Task Force I of Guidance; Task Force and Task Force II Division III Motivator. Field Data Collection.

Duty and Function

Groups have been formed in conjunction with tuberculosis eradication Kader Village and District level Mejoyo Tenggilis this, then as a working guideline Organizations that this "new", ie predetermined Duty to identify suspected TB in the community, and motivating the suspect to be examined sputum TB diagnostic purposes. Furthermore, in order to carry out Duty mentioned above, the Tuberculosis Eradication Organization Cadre Group (KKPT) recently formed, has the function to perform: (1) Extension, (2) The collection and (3) Motivating suspect TB, so with the awareness sputum examination itself willing to local Health Service Center.

In detail, the duties of each Task Force (recovery unit) is: (1) Guidance recovery unit (Health Education) are responsible for planning counseling for community and school students (elementary to high school); prepare schedules, target, and location of training; prepare extension material (method of health education) under the guidance of Dr. TB specialists and extension workers prepare; (2) Motivators recovery unit, responsible for identifying suspected TB and recorded residence address; To identify contacts of TB to other people, one house, and outside the home; (3) the recovery unit Documenting, are responsible for doing recording positive TB patients who received the drug, as well as overseeing took the drug (Px).

With the formation of Community Organization, which focuses on efforts to increase the coverage of Tuberculosis case finding is passive, does not mean society's role in achieving the objectives of this training runs by itself. Therefore, the establishment of institutional training results should be followed up with the next phase of training, and mentoring, especially for the purpose of strengthening the institutional (Institutional-Strengthening).

CONCLUSIONS

In accordance with the stages of research, have been achieved with the formation of Tuberculosis eradication Cadre Group (KKPT), in the subdistrict Tenggilis Mejoyo. There are 10 working groups in each village level and have the recovery unit working groups in counseling, recovery unit Motivator, Data Collection and recovery unit. However, further research to action research have been achieved, suggested the existence of follow-up of the implementation of employment assistance through the monitoring, supervision, coordination and further training by the physician clinic, wasor and others responsible for the prevention of tuberculosis.

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