

Community Empowerment: TB Cadre Training Based on the Healthy 'Aisyiyah Movement in the PCA Region of West Pontianak

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Abstract

Indonesia is one of the countries facing the triple burden of tuberculosis. TB disease each year has increased in the number of new cases, recurrence rates, and mortality rates. A person with smear-positive TB can infect 10-15 people around him. One of the targets for the national TB control is to increase the quantity and quality of health cadres. The purpose of community service is to empower the TB community who play a role in TB control based on the 'Aisyiyah Sehat movement. This community service method through TB cadre training activities consists of a pre-test, discussion and simulation of training materials, and post-test. The target of community service is people who care about TB, both PCA members in West Pontianak and people living in the West Pontianak area. The results of the community service showed the number of recruits for TB cadre training participants was 15 people and 3 of them were active TB cadres. TB cadre training was followed actively and enthusiastically by all participants. The results of the pre and post-test scores showed an increase in the knowledge of TB cadre training participants. The Puskesmas appreciates this community service because it is in line with and supports the efforts of the national TB control program during the pandemic.

Key words: Training, Cadre, TB.

INTRODUCTION

Tuberculosis Bacterium (TB/TBC) is an infectious disease caused by *Mycobacterium tuberculosis*, which can attack the lungs and other organs. TB disease every year shows an increase in the number of new cases and the number of deaths (Marlinae, 2019). TB control following Permenkes number 67 (2016), concerning National TB Control by prioritizing promotive and preventive efforts without neglecting curative and rehabilitative efforts, with national TB control targets are elimination in 2035 and Indonesia free of TB in 2050 (Kemenkes, 2016). Indonesia is one of the countries facing the triple burden of TB for TB incidents, MDR TB incidents, and HIV TB. The Global TB Report states that the incidence of TB in Indonesia is ranked 2nd, behind India and China (WHO, 2017).

TB is a disease transmitted when a smear-positive pulmonary TB patient coughs or sneezes and the patient accidentally spreads germs into the air in the form of phlegm splashes. A person with smear-positive TB can infect 10-15 people around him (Kristina, 2020). Transmission through airborne is easy to spread, so if people have low knowledge and understanding about this disease, certainly increase in TB morbidity will increase more quickly. Transmission through airborne is easy to spread, so if people have low knowledge and understanding about this disease, certainly increase in TB morbidity will increase quickly.

TB cases were found in the Public Health Center area of Perumnas II, which is one of the health centers in Pontianak City, precisely in the area Beliung River Village, until December 2021, which had the most cases. Characteristics there is a densely populated environment so that it becomes one of the causes of high TB morbidity. TB sufferers who are declared positive need attention regarding the stigma of TB sufferers.

The community stigma in the area of 'Aisyiyah Branch Manager (PCA) West Pontianak Subdistrict, especially in Beliung River Village, is that TB is still considered a disease of the economically weak community, a disease that takes a long time to treat, job losses that have an impact on family economic problems, and side effects of drugs. STIK Muhammadiyah Pontianak

collaborates with Perumnas II Public Health Center and PCA West Pontianak through recruitment and training of TB health cadres. Currently, the number of active TB cadres is still small.

The holders of the Perumnas II Public Health Center program really hope that there will be an increase in the number of TB cadres to assist in health education about TB disease, assist in screening people suspected of having TB, assist primary health care in guiding and motivating Drug Drinking Supervisors (PMO), especially supervision of swallowing drugs, becoming PMO coordinators, and if the patient does not have a PMO, the cadre can become a PMO (Kemenkes, 2019).

The participation of TB cadres is effective to increase the average rate of TB cure by up to 80% (Bangladesh Rural Advancement Committee, 2009; Yani, 2018). The empowerment of TB cadres has also been shown to provide changes in increasing the cure rate for TB disease. TB patients in Kenyans who take advantage of the presence of TB cadres are proven to be able to increase the cure rate by 83% compared to TB patients who do not take advantage of the presence of these cadres is only reached 68% (Ong'ang'O, 2014; Yani, 2018).

(Susetyowati, 2019) saying the best way to prevent TB transmission is to involve all health service providers, empower cadres and the community so that they can support the success of a program. This TB cadre training was carried out at the Perumnas II Public Health Center to improve the quality and quantity of TB cadres are currently still low through Community Service with the theme of community empowerment; TB Cadre training in TB control based on the 'Aisyiyah Sehat movement in the PCA area of West Pontianak.

(Boy, 2015) stated that the knowledge of health cadres increased significantly after the TB management training was carried out, meaning that TB management training for health cadres is effectively increased the knowledge of health cadres. The community service TB cadre training activities include registration of training participants, pre-tests, delivery of material using discussion and simulation methods, and post-tests (Kemenkes, 2019). Improving the knowledge and skills of cadres who act as PMOs for pulmonary TB disease, one of which is by training in effective communication for TB cadres. (Rezeki, 2021) shows that the results of community service activities are an increase in the knowledge and skills of cadres before and after the activity. Cadres who have good knowledge will be better at assisting pulmonary TB because the information obtained through training has an impact on increasing the knowledge of cadres about pulmonary TB treatment and assistance (Nisa, 2017).

METHOD

Community service; TB cadre training is conducted in one meeting. The stages of training for TB cadres include pre-test before the delivery of training materials, delivery of material using discussion and simulation methods, and post-test after delivery of training materials. Pre and post-test using a questionnaire (checklist). The substance of the pre and post-test questionnaires was the training material provided. The equipment used when the community service was conducted consisted of In focus, laptops, powerpoints, seminar kits, masks, body temperature gauges, and hand sanitizers. The population and sample in this activity are members of the PCA West Pontianak and the TB care community who live in Beliung River Village, West Pontianak. The place of implementation is in the working area of the Perumnas II Primary Health Care. Implementation time at December 2nd, 2021.

RESULTS

The training participants were followed by 15 people TB cadres candidates. The results of this community service show that the pre and post-test scores indicate an increase in the knowledge of TB cadre training participants, namely the total pre-test score obtained from all participants is 1193 and the total post-test score is 1265, so the difference in the increase in scores between pre-test and post-test is 72. The pre and post-test questionnaires consist of 15 questions, the lowest pre-test score of the trainees is 80 and the lowest post-test score is 93.

Participants actively participated in the training activities and were enthusiastic. The team from the Puskesmas really appreciates this community service because it is in line with the national TB control program during the pandemic. Some participants were able to answer questions related to the training material, were able to practice how to communicate effectively, and were able to do a role play about the role of Drug Drinking Supervisor (PMO).

DISCUSSION

Empowerment is an active process through the active role of empowered communities in various activities. The community has a high level of independence by getting experience that is useful for developing similar programs in the future. The community plays a role in community-based surveillance activities, the role of health workers in facilitating to increase the ability and empowerment of the community. This is through health promotion efforts that help individuals and communities improve their abilities and skills to control various factors that affect health to improve health status. Health promotion efforts are carried out through education, prevention, and protection approach at the individual level related to community-based TB surveillance (Notoatmodjo, 2005; Wahyuni, 2013).

Pulmonary tuberculosis is an infectious disease caused by *Mycobacterium tuberculosis*. Transmission occurs when a smear-positive pulmonary TB patient coughs or sneezes, and the patient accidentally spreads germs into the air in the form of phlegm splashes. A smear-positive pulmonary tuberculosis patient can infect 10-15 people around him (Kristina, 2020). Transmission through airborne is easy to spread, so if people have low knowledge and understanding about this disease, it can be the increase in TB morbidity will increase more quickly. It is also important to pay attention to the stigma of being a TB patient who has been tested positive for TB.

Health workers need an active role from health cadres to reduce the morbidity and recurrence of TB patients. The role of TB cadres is to carry out the role of providing counseling related to TB disease, helping to find people suspected of being sick with TB and TB patients, assisting the puskesmas in guiding and motivating PMO to always monitor swallowing drugs, being the coordinator of PMO, and if the patient does not have a PMO then the cadre can become PMO (Kemenkes, 2019).

(Arfan, 2020) mentions training with education and training methods by strengthening TB information, cadre functions, communication skills, and TB recording and reporting skills can improve knowledge of TB cadres, TB cadre communication skills, recording and reporting capabilities of TB cadres. Effective training methods to increase knowledge of cadres as community service are carried out through the stages of giving pre-test, presentation of material and cases and post-test analyzed to determine differences in knowledge before and after training shows all cadres there are differences between before and after training (Rimawati, 2021).

Before training, around 40% of cadres knew about PMO and after training it increased significantly (98.9%), this means that there was a significant increase in knowledge after training compared to before training (Wahyuni, 2013). Counseling or training is part of health education that is incorporated in health efforts that focus on efforts to improve healthy behavior. People understand their behavior and the mechanisms by which behavior influences disease treatment and aids recovery.

In the implementation of health education, there is a learning process that is experience, act, react, and go beyond. Learning outcomes are patterns of actions, values, understandings, attitudes, appreciation, abilities, and skills. Learning can be done by providing teaching and training to the target (Hamalik, 2003; Wahyuni, 2013). TB cadre training based on the 'Aisyiyah Sehat movement in the PCA Region of West Pontianak provides material on recognizing TB disease, effective communication with TB patients and families, how to identify TB suspects and TB sufferers, sputum collection techniques, become PMO coordinators, and guide and motivate PMOs. (Susetyowati, 2019) states that the best way to prevent TB transmission is to involve all

health service providers, empower cadres and the community to support the success of a program.

CONCLUSIONS And RECOMMENDATIONS

The active role of cadres through community empowerment is needed. The empowerment of TB cadres through health training of TB cadres is effective increasing knowledge, affective, and psychomotor. The Puskesmas collaborates with partners such as PCA West Pontianak to improve training programs or regular health education for TB cadres.

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APPENDIX



Figure 1. Training participants, committees, and community service partners for TB cadres training



Figure 2. Keynote speaker in TB cadres training



Figure 3. Provide training certificate