



TEENAGE CADRES ELIMINATE PULMONARY TUBERCULOSIS IN KASANG PUDAK VILLAGE, DISTRICT MUARO JAMBI

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Abstract

The education and skills carried out by teenagers as elimination cadres can help prevent pulmonary Tuberculosis (TB) in the community in Kasang Pudak Village, Regency of Kumpeh Ulu, District Muaro Jambi. It is done to reduce the risk of spreading Tuberculosis, TB Drug Use, Hand Hygiene and Cough Etiquette. The patient assistance that is carried out has obstacles and challenges in the community because it is tough to be able to provide education to the community of pulmonary TB patients directly; this is because they feel embarrassed and still have the principle that if many people find out that their families are pulmonary TB sufferers, they feel alienated from the community. Other. So, the approach is to go through local health workers in the Kumpeh Ulu Health Center Work Area and make an appointment to meet directly with the officers to carry out and educate the companions. Hopefully, this community service activity can be sustainable so that people can apply it in their daily lives and reduce their health status and pulmonary TB rates.

Keywords: Elimination Cadres, Education, Mentoring, Pulmonary Tuberculosis

INTRODUCTION

Tuberculosis (TB) is a dangerous and deadly disease, but it can be cured quickly if sufferers diligently take medication. TB is an infectious disease caused by the bacteria *Mycobacterium tuberculosis*. TB mainly attacks the lungs, but in some cases, it attacks other organs, such as glands, bones, and other body organs. Currently, or in 2019, Indonesia is the country with the third highest TB burden in the world. The problem of TB disease is never resolved. According to WHO, in 2017, in the world, there were 9.6 million TB cases, with a death rate of 1.5 million. Meanwhile, based on surveillance results from the Ministry of Health in 2014, TB cases occurred in 403/100,000 people in Indonesia (Anindita, 2020).

Kumpeh Ulu Community Health Center is one of the Community Health Centers with the highest cases of the 26 health services in Muaro Jambi Regency. Namely, there are 22 Community Health Centers, three Regional General Hospital services, and one Class II-B Jambi Women's Special Correctional Institution service in all Community Health Centers in the Work Area Muaro Jambi District Health Service. Based on secondary data from the Muaro Jambi Health Service and the results of discussions with the Head of the Kasang Pudak Community Health Center, information was obtained that pulmonary TB is one of the infectious diseases that is a health problem in the work area. According to the Head of the Kumpeh Ulu Community Health Center, one of the factors that cause pulmonary TB cases to remain high is that there is still low public awareness, understanding and knowledge about the risks of pulmonary TB; cadres' active participation is still low; boredom and laziness arise in patients in seeking treatment; the presence of shame, low self-esteem or even depression in pulmonary TB sufferers and their families, as well as damaging public stigma towards pulmonary TB; lack of

understanding by the patient's family and the community around the patient about the importance of support for pulmonary TB sufferers; awareness, interest and understanding related to healing, prevention of transmission, excellent and balanced nutrition, and environmental cleanliness are still low.

METHOD AND PROCEDURES

The solutions designed in this community service activity are by the stages:

1. Program Implementation::

The method for implementing PKM UKM has several activity stages: Identifying problems in more depth from partners; Approach the MTS Mathlail Huda school, Kasang Puduk Village, Kumpeh Ulu District, Muaro Jambi Regency, to select and be willing to accept students who will be chosen as cadres; Then form cadres and provide education with officers from the community health centre.

The stages of implementing community service are Meeting with the Muaro Jambi District Health Service; Conduct meetings with the Village, Community Health Center/pulmonary TB Elimination cadres MTS Mathlail Huda Kasang Puduk Village, Kumpeh Ulu District, Muaro Jambi Regency; Make activity plans together; Create promotional media (educational YouTube and posters); Create a Whats App Group for Youth Cadres for Pulmonary TB Elimination as a form of information about patient education and assistance.

2. Forms of Partner Participation:

Forms of participation included Gathering Mathlail Huda MTS Youth in Kasang Puduk Village, Kumpeh Ulu District, Muaro Jambi Regency; Preparing the meeting place and necessary supporting equipment; Writing a letter to the principal of MTS Mathlail Huda in Kasang Puduk Village, Kumpeh Ulu District, Muaro Jambi Regency; Prepare evaluations together with the community service team and community health centre officers.

The partner participation in this activity also supports the Health Service Program in Eliminating Pulmonary TB; Realizing an increase in the program to eradicate infectious diseases, namely environmental-based diseases; Support and improve the Pulmonary TB elimination program; and the Health Service Program to eliminate pulmonary TB.

The monitoring carried out in the implementation of youth development activities for Pulmonary TB Elimination Cadres is: Planning agreement carried out; Support from stakeholders to carry out development of youth cadres for pulmonary TB elimination at MTS Mathlail Huda, Kasang Puduk Village, Kumpeh District, Muaro Jambi Regency; Monitoring the implementation of activities carried out and to be carried out (from the preparation stage to the end of the entire series of actions; Carrying out evaluations by looking at the activeness of participants in carrying out movements; Assessing the ability of activity participants to receive and understand the material provided by

resource persons and the community service team; Assessing the commitment to carry out activities continuously by partners and their staff even though the community service team is no longer providing assistance; Visiting partners to confirm activities that have been carried out as well as follow-up plans made by partners; The benchmark for the success of this activity is that partners understand and are able to mobilize and optimize young pulmonary TB elimination cadres at MTS Mathlail Huda in Kasang Puduk Village, Muaro Jambi Regency properly and correctly and can become a medium for conveying information to other communities.

RESULTS

Education is a learning process; human nature is that it will never be satisfied to learn something it does not know, such as teaching norms to adapt to its social environment. Education is how to introduce a system to someone and how that person determines their response and reaction. Socialization is determined by the social, economic and cultural environment in which the individual finds himself; apart from that, it is also determined by the interaction of experiences and personality. The cadre formation activities carried out by the community service team and Environmental Santasi students can be seen in the following photo:



Figure 1. Educational activities will be held on August 2023 at MTS Mathlail Huda Kasang Puduk Village, District Muaro Jambi, with the target being teenagers or students

Patient education carried out by eliminated teenagers accompanied by health workers from the community health centre has obstacles and challenges in the community, meaning it is tough to be able to directly provide education to the community accompanying patients because they feel embarrassed and they still have the principle that many people know that their family suffers from Tuberculosis. Paru feels isolated from the rest of society, so he uses health workers in the Kasang Puduk Community Health Center Work Area. So, designing the program requires knowledge of the subject matter to determine the nature of educational and information programs and educational and counselling

materials. Our study shows a high awareness level in the Kasang Puduk Village, Muaro Jambi Regency community. It is partly due to intensive TB screening in patients referred to the government's free health clinics.



Figure 2. Activities to provide education to patient assistants in the village office hall
Kasang Puduk Village, Kumpeh Ulu District, Muaro Jambi Regency.

Based on the description of the knowledge of TB sufferers to prevent Tuberculosis in Kasang Puduk Village, Kumpeh Ulu District, Muaro Jambi Regency, most of them have a low knowledge category; this occurs because of the lack of knowledge of patients regarding pulmonary TB disease, sufferers still have the desire to stop taking regular treatment, feel bored, still smoking, not eating nutritious food and sleeping late at night. As you get older, your internal skills will decrease, but your motivation increases with encouragement or inspiration from outside. Education of TB sufferers in Kasang Puduk Village, Kumpeh Ulu District, Muaro Jambi Regency: this is because many respondents have dropped out of school or are not attending school due to economic factors in the Kasang Puduk Village area, Kumpeh Ulu District, Muaro Jambi Regency, the average is middle to lower.

The result of community service on pulmonary TB sufferers is to prevent an increase in the incidence of pulmonary TB in Kasang Puduk Village, Kumpeh Ulu District, Muaro Jambi Regency. It can be seen that in terms of skills, it is low. For health workers at the Kasang Puduk Village Community Health Center, Kumpeh Ulu District, Muaro Jambi Regency, they must always supervise and double-check the treatment carried out by TB sufferers who have low skills so that they can take medication every day and provide an explanation that TB disease can become MDR-TB if the patient not to undergo routine treatment and for families always to provide support for the recovery of TB sufferers who have low motivation.

Educating patients and families is an effort or activity carried out to provide information about patient health problems that still need to be discovered to patients and their families. Meanwhile, this must be known to help and support medical management or other health workers. Health education aims to change individual, family and community behaviour, which is a way of thinking, behaving and acting to assist the process of treatment, rehabilitation, disease prevention and promotion of healthy living.



Figure 3. Ladies and gentlemen of participants who will provide education and skills to Support Pulmonary TB Patients in Kasang Puduk Village, Muaro Jambi Regency

CONCLUSION

As a result of this activity, a Youth Cadres for the Elimination of Lung Tuberculosis at MTS Mathlail Huda was formed, which will be accompanied by Health Officers on an ongoing basis in Kasang Puduk Village, Kumpeh Ulu District, Muaro Jambi Regency. After it is carried out, there will be an increase in the knowledge and skills of the Youth Cadre for Elimination of Lung Tuberculosis at MTS Mathlail Huda Training with Health Officers from the Kumpeh Ulu Community Health Center, Kumpeh Ulu District, Muaro Jambi Regency. After this activity, it is hoped that teenage cadres from MTS Mathlail Huda and the community can carry out follow-up actions and apply the knowledge they have gained to prevent the transmission of pulmonary TB. All elements of society are also expected to be able to provide each other with facilities for similar activities on an ongoing basis by always providing information and evaluating the extent to which pulmonary TB disease prevention has been carried out with indicators of decreasing the number of pulmonary TB sufferers.

REFERENCES

Anindita, *Pengabdian Kepada Masyarakat dengan Resiko Tuberkulosis di Lingkungan Puskesmas Kalideres, Jakarta Barat Tahun 2020*. Universitas Esa Unggul.

- Cania, A. S., Erianti, S. & Anggreny, Y. *Gambaran Persepsi dan Perilaku Penderita TB Paru dalam Menjalani Pengobatannya Di Puskesmas Rejosari Pekanbaru Tahun 2017*. STIKes Hang Tuah Pekanbaru 30–37 (2017).
- Davey T, Wilson T. Davey dan Lightbody's. Pengendalian Penyakit di Daerah Tropis Buku pegangan untuk Praktisi Medis: *ELBS*. 1971. *Tuberkulosis*; hlm.103–13. [Google Cendekia]
- Ernawati, K., Rifqatussa'adah, Wulansari, R., Damayanti, N. A. & Djannatun, T. Penyuluhan Cara Pencegahan Penularan Tuberkulosis dan Pemakaian Masker di Keluarga Penderita: Pengalaman dari Johor Baru, Jakarta Pusat. *Berita Kedokteran Masyarakat. (BKM J. Community Med. Public Health*. 34 Nomor 1, 44–49 (2017).
- Fitriani, S. 2011. *Promosi Kesehatan*. Jakarta: Graha Ilmu.
- Kementerian Kesehatan RI. *Info Data dan Informasi Tuberkulosis Tahun 2018*. (Kemenkes RI, 2018).
- Mubarak, Wahit & dkk. 2007. *Promosi Kesehatan Sebuah Pengantar Proses Belajar Mengajar dalam Pendidikan*. Jakarta : Graha ilmu
- Masyudi, 2018. *Majalah Kesehatan Masyarakat Aceh (MaKMA)*. 1, 27–33 (2018).
- Notoatmodjo, S. 2012. *Promosi Kesehatan dan Perilaku Kesehatan*. Jakarta: Rineka Cipta.
- Sumiyati, Hastuti, P. Pengetahuan dan Sikap Ibu Balita Tentang TB Paru. *ejournal Poltekkes Semarang* 14, 7–13 (2018).
- Suryanta, N. Notoatmodjo, S. S. The Influence of Health Promotion On Behavior In Preventive e-ISSN: 0000-0000 Volume 01, No. 01 Tahun 2021 *Jurnal Pengabdian HTP (HTP Community Services Journal)* Vol x No x Tahun xxxx 9 And Treatment Of Pulmonary Tuberculosis On Prisoner Grade I Of Medan City. *Int. J. Nursing, Midwife Health Relative Cases* 2, 1–25 (2016).
- Sugiono, 2006, *Statistika untuk Penelitian*. Bandung: CV. Alfabeta
- Stanley Lameshow, 1997, *Besar Sampel dalam Penelitian Kesehatan*, Yogyakarta: Gadjah mada University Press
- Yayuk Farida, 2004, *Pengantar Pangan dan Gizi*, Jakarta: Penebar Swadaya