

## **Stigma and Family Knowledge of Tuberculosis Patients at Naibonat and Oesao Health Center**

**Kenangan Y.Y Lay<sup>1)</sup>, Imelda F.E Manurung<sup>2)</sup>, Soleman Landi<sup>3)</sup>**

<sup>1,2,3)</sup>Public Health Science Study Program, Faculty of Public Health, University of Nusa Cendana;  
[Kenanganlay@gmail.com](mailto:Kenanganlay@gmail.com), [imelda.manurung@staf.undana.ac.id](mailto:imelda.manurung@staf.undana.ac.id), [landi\\_eman@yahoo.com](mailto:landi_eman@yahoo.com)

### **ABSTRACT**

Stigma in tuberculosis can cause delays in treatment and hurt the continuity of treatment so that treatment is not completed. Knowledge about tuberculosis that is known by the family will increase efforts to prevent or spread tuberculosis to other families in the house and the environment around the house. The purpose of this study was to determine the stigma and knowledge of the family of tuberculosis patients. This study is a descriptive study with an approach cross-sectional. The sample in this study amounted to 61 people representing patients who were being treated at the Oesao Health Center and the Naibonat Health Center. The results of the study show that the stigma that occurs in the families of tuberculosis patients is a lack of knowledge about tuberculosis, the causes of tuberculosis, how it can be infected, and how to treat it, where people still think that tuberculosis is a man-made disease so that if there is one family who is sick they will be sick first. In the past, they looked for people to pray instead of checking themselves into health facilities such as health centers. Family knowledge about tuberculosis is good, where family knowledge is obtained from counseling health workers at the health center and at the Integrated Health Center so that families can prevent the transmission of tuberculosis in the family and the environment around the tuberculosis patient's home. It is recommended to improve counseling, personal hygiene, and Clean and Healthy Life Behavior to prevent the spread of tuberculosis to families and other people around the home environment.

Keywords: Stigma; Knowledge; Tuberculosis

### **ABSTRAK**

Stigma pada penyakit tuberculosis dapat menyebabkan keterlambatan pengobatan dan berdampak negatif terhadap kelangsungan berobat sehingga tidak tuntasnya pengobatan. Pengetahuan tentang penyakit tuberculosis yang diketahui oleh keluarga akan menambah upaya pencegahan atau penyebaran penyakit tuberculosis terhadap keluarga lainnya di dalam rumah maupun lingkungan sekitar rumah. Tujuan penelitian ini adalah untuk mengetahui stigma dan pengetahuan keluarga pasien tuberculosis. Penelitian ini merupakan penelitian deskriptif dengan pendekatan *cross-sectional* (potong lintang). Sampel pada penelitian ini berjumlah 61 orang yang mewakili pasien yang sedang berobat di Puskesmas Oesao dan Puskesmas Naibonat. Hasil penelitian menunjukkan stigma yang terjadi pada keluarga pasien tuberculosis adalah kurangnya pengetahuan akan penyakit tuberculosis, penyebab penyakit tuberculosis, bagaimana bisa tertular serta bagaimana cara mengobatinya, dimana masyarakat masih menganggap bahwa penyakit tuberculosis adalah penyakit buatan orang sehingga jika ada salah satu keluarga yang sakit mereka terlebih dahulu mencari orang untuk berdoa dibandingkan untuk memeriksakan dirinya ke fasilitas kesehatan seperti puskesmas. Pengetahuan keluarga akan penyakit tuberculosis sudah baik, dimana pengetahuan keluarga didapat dari penyuluhan petugas kesehatan di Puskesmas maupun di posyandu sehingga keluarga dapat mencegah penularan penyakit tuberculosis di dalam keluarga maupun di lingkungan sekitar rumah pasien tuberculosis. Disarankan untuk tingkatkan penyuluhan, hygiene perorangan dan PHBS agar mencegah penyebaran penyakit tuberculosis terhadap keluarga maupun orang lain disekitar lingkungan rumah.

Kata kunci : Stigma; Pengetahuan; Tuberculosis

### **INTRODUCTION**

Tuberculosis is a respiratory disease caused by the bacteria *Mycobacterium*, which multiplies in parts of the body where there is a lot of blood and oxygen flow. Tuberculosis of the lung (pulmonary TB) is one of the diseases generative who has been an outbreak of a long period in the middle of the Indonesian people, who attacked the productive age group and children and is an infectious disease the number one killer (MOH, 2014)

The main cause The increasing problems of TB include poverty in various community groups such as in developing countries, inadequate political commitment and funding, inadequate TB service

organization (lack of access by the community, non-standard diagnosis of case finding, drugs are not guaranteed to be provided, not standardized monitoring of recording and reporting), inadequate case management (non-standard diagnosis and drug guidance, failed to cure diagnosed cases), misperceptions of the benefits and effectiveness of BCG, poor health infrastructure in the countries concerned, and such as environment, lifestyle, demographics, p education, economy and social culture (Helper Sahat P. Manalu, 2010).

Family and community factors can appear as positive social support but can also arise as a stigma against tuberculosis patients (Eni Hidayati, 2015). Yunita (2018) defines stigma related to health problems or illness as a personal process or experience characterized by lock-in, rejection, reproach, or devaluation due to adverse social assumptions about the individual or group related to certain health problems (Yunita Sari, 2018 ).

Based on 2017 WHO report, it is estimated that there are 1,020.00 TB cases in Indonesia, but only 420,000 cases have been reported to the Ministry of Health (Kemenkes RI, 2017). Data on the number of pulmonary TB cases throughout NTT, in 2015 as many as 4,789 cases (93.53 per 100,000 population), means a decrease, compared to 2014 as many as 5,007 cases (99.41 per 100,000 population). Means pulmonary TB (for all types) as many as 93 people, where the highest case is male. Kupang Regency ranks second in TB cases, totaling 241 cases (NTT Health Office, 2015).

Patient data in the last two years in Kupang Regency increased, namely in 2016 there were 331 people, and in 2017 there were 439 people (Health Office of Kupang City, 2017). This shows that Kupang Regency still has many pulmonary tuberculosis patients where pulmonary tuberculosis in Kupang Regency is like an iceberg phenomenon, which is only visible at the top but there are still many below, if tracking or household contacts against this tuberculosis disease will be found, more tuberculosis patients will be found. which must be treated. The three sequences of Puskesmas that had the highest number of tuberculosis patients were from Tarus Health Center, Naibonat Health Center, and Oekabiti Health Center. This is a formidable task from the Health Office, especially the three health center, to further increase the discovery of pulmonary tuberculosis patients in the work area of each health center.

Data on tuberculosis patients in the last three years at the Oesao Public Health Center in 2015 amounted to 8 people, there was an increase in tuberculosis patients in 2016 which amounted to 40 people, and in 2017 it decreased to 34 patients. This shows that although there are fewer tuberculosis patients, there may be an increase. because the stigma of tuberculosis in society still has a bad side where people still consider tuberculosis a disease sent by people or a curse from God (Asih Hendrastuti, 2016).

Data on tuberculosis patients at the Oesao Health Center and the Naibonat Health Center in the middle of 2018 amounted to 51 people (Pusk Naibonat and Pusk Oesao data, 2018). Family support for a tuberculosis patient is very much needed by someone who is in a period of treatment where family support for the recovery of a tuberculosis patient is very important for his recovery, besides the stigma of tuberculosis in the family itself needs to be explained about tuberculosis so that tuberculosis is not a disease. caused by sending from people or curses from God but caused by the bacteria *Mycobacterium tuberculosis*, that tuberculosis is a disease that can be cured if someone who has tuberculosis undergoes regular treatment. This study aims to determine the stigma and family knowledge of tuberculosis patients at the Oesao Health Center and the Naibonat Health Center in East Kupang District so that it serves as a reference in the development of eradicating pulmonary tuberculosis infectious diseases in East Nusa Tenggara, especially Kupang District, East Kupang District.

## METHOD

This study is a descriptive study with approach cross-sectional that was conducted at the Oesao Health Center and the Naibonat Health Center, East Kupang District, Kupang Regency in April 2019. The population and samples in this study were all families of tuberculosis patients who were at risk of developing tuberculosis and still under treatment in the working area of the Naibonat Health Center and the Oesao Health Center totaling 61 people. The data collection technique used in this study is primary data using a questionnaire to determine the extent of the stigma and knowledge of the patient's family

towards tuberculosis and secondary data from the Oesao Health Center and Naibonat Health Center which were obtained from visits to the Puskesmas through the results of sputum examination (phlegm) in the laboratory. Oesao Health Center and Naibonat Health Center that have been declared positive or are content positive are running a tuberculosis treatment program. The variables of stigma and knowledge are obtained by: the number of yes answers divided by the number of questions multiplied by 100% by categorization, namely, there is a stigma if the answer score is > 50% and there is no stigma if the score is < 50%. Data processing and analysis were carried out descriptively using the size of the proportion. This study has obtained ethical(Ethical Approval) from the Health Research Ethics Commission, Faculty of Public Health, the University of Nusa Cendana with the Number: 201958-KEPK 2019.

## RESULTS AND DISCUSSION

### Results of Descriptive Analysis of Research Variables

Table 1. Distribution of Respondents Based on Family Knowledge of Tuberculosis in the Region Health Center Oesao And Puskesmas Naibonat

Knowledge	N= 61							
	Puskesmas Oesao				Puskesmas Naibonat			
	Male	%	Female	%	Male	%	Female	%
Poor	7	12	5	8	9	14	5	8
Good	9	14	7	12	11	18	8	14
Total	16	26	12	20	20	32	13	22

Table 1 shows that the most respondents who have poor knowledge of the male gender are from Naibonat Public Health Center, amounting to 9 people (14%) while the least is female from both health centers which amount to the same, namely 5 people (8%), while the most respondents have knowledge of both male sex comes from the Naibonat Public Health Center, totaling 11 people and n who have the least knowledge of both sexes are female, amounting to 7 people from the Oesao Public Health Center.

Table 2. Distribution of Respondents Based on Family Stigma Against Tuberculosis in Oesao Health Center and Naibonat Health Center

Stigma	N= 61							
	Health Center OesaoHealth				PublicCenter Naibonat			
	Male	%	Female	%	Male	%	Female	%
High	6	9	5	8	4	7	7	12
Low	12	19	8	13	9	15	10	17
Total	18	28	13	21	13	22	17	29

Table 2 shows that in this research stigma, at least 4 people (66%) came from the Naibonat Public Health Center and respondents who answered low were mostly male. male, which is 12 people (19%), while those who have a stigma who answered low are at least 8 women (13%), and the least/lowest who answered high is also female, amounting to 5 people (82% ) came from the Oesao Health Center.

## DISCUSSION

### Stigma Against Tuberculosis

The results showed that the family's stigma towards tuberculosis patients was well understood. Judging from the knowledge of respondents about tuberculosis who answered well, 20 people were male while those who answered poorly were 10 women, in this case, we can judge that the knowledge of the family of tuberculosis patients about tuberculosis has understood how to transmit and prevent this tuberculosis disease. Meanwhile, when viewed from the family stigma, respondents who answered

yes were male, totaling 21 people who came from both health centers namely Oesao and Naibonat health centers, while those who answered no were male, there were 10 people when viewed from gender and compared with education level. Most respondents answered yes from the Oesao Health Center, namely the level of junior high school education amounted to 6 people while the respondents from the Naibonat Health Center who answered yes and had elementary school education were 7 people, so compared to gender and level of education it can be seen that the level of primary school education is sufficient to understand the mode of transmission of tuberculosis and compared to gender, many who answered yes and no were male.

Stigma is a dynamic process that is built from a pre-existing perception that causes a violation of attitudes, beliefs, and values. In addition to increasing knowledge about tuberculosis, what is important in reducing stigma is that it is given in helping patients and families understand tuberculosis. Stigma in tuberculosis can cause delays in treatment and hurt the continuity of treatment, the negative impact on the continuity of treatment can lead to interruption of treatment in tuberculosis patients which can lead to incomplete treatment (Astuti, Nursasi, and Sukihananto, 2019)

The stigma that occurs in families of tuberculosis patients is a lack of knowledge of what tuberculosis is, the causes of tuberculosis, how it can be infected, and how to treat it, where people still think that tuberculosis is a man-made disease so that if one of the family is sick they first look for people to pray rather than check themselves to health facilities such as health centers. One of the causes is also inseparable from socio-cultural factors, especially related to the knowledge, attitudes, and behavior of the local community. Counseling is given by health workers at the Health Center and the Integrated Health Center is expected to be delivered using simple language and easy to understand by the community to prevent bad stigma against tuberculosis patients.

So far, tuberculosis patients are still treated badly by their families, because families still think that by talking, changing towels with patients can be infected, but with information such as counseling given by health workers, people are starting to change their mindset that tuberculosis is a serious disease. can be cured as long as they come to a health facility, thus they will receive treatment until complete/completed for 6 (six) months, should not stop taking medicine if stopping taking medicine can prevent tuberculosis germs from being killed by OAT (Anti Tuberculosis Drugs). Family support is the support given by family members, namely husband, wife, children, siblings, and parents to tuberculosis patients. With the support from the family, tuberculosis patients feel that they are getting attention from their families so that tuberculosis patients can carry out treatment without feeling wasted by their own families.

Hidayati's research (2015) shows that all stigma is low, identifies that disclosure of disease status is not a big issue for respondents, and shows high hopes that stigma can be turned into support. While the highest dominant in measuring tuberculosis stigma for patients and families suffering from tuberculosis at the Oesao and Naibonat health centers is the concern about the transmission of the disease so that a correct understanding of tuberculosis must be a concern. Research conducted at the Oesao Health Center and Naibonat Health Center found that there is still a bad stigma against tuberculosis patients, this is due to the knowledge of families who already know but families are still afraid of transmitting this tuberculosis disease to other families (Eni Hidayati, 2015).

Research by Muhandiani, Mardjan, and Abrori (2015) in Pontianak said that the relationship between environmental stigma and non-adherence to treatment in pulmonary TB patients proved that the negative stigma of non-adherence to TB treatment was 1,750 times more likely to be non-adherent to treatment than the positive stigma. While the research conducted in East Kupang District in line with the description of the stigma and family knowledge of tuberculosis patients carried out in East Kupang District resulted that those who had a good stigma on tuberculosis respondents to tuberculosis patients amounted to 20 males. Thus, the stigma of community tuberculosis in the Kupang Timur sub-district has no obstacles or does not become a problem because the community has an understanding of tuberculosis. This research was also seen from the level of education, so those who understood the stigma about tuberculosis were elementary school education, which amounted to 7 people, while those who answered no were at most high school education (Muhandiani, Mardjan, and Abrori, 2015).

The results of Hidayati's research (2015), explain that education and prevention of TB disease can increase knowledge and reduce large stigma, support is needed from health agencies, educational institutions, and health workers for efforts to reduce stigma by providing support for patients with tuberculosis. Kupang Timur sub-district has a relationship with the journal from Eni Hidayat, which results in that education greatly influences a person's stigma against tuberculosis patients. Thus, support from health workers and health cadres, especially those who carry out monitoring of tuberculosis sufferers, is needed to reduce the bad stigma of tuberculosis patients in the subdistrict. Kupang Timur, Kupang Regency (Eni Hidayati, 2015).

### **Knowledge of Tuberculosis**

The results showed that the community's knowledge of tuberculosis in the Oesao and Naibonat public health centers was from 61 patients/respondents, 35 people who had good knowledge of tuberculosis and a combination of two health centers, they had understood how someone arrived can be infected with *Mycobacterium tuberculosis*. Although most of them know how it is transmitted, there are still some people who have poor knowledge where they still think that this disease is a hereditary disease, if one of their family members is sick, the other family members will one day experience the same illness. But some people think that it hurts if they can't do their daily work that's why they are sick but if they can still do their daily work, it means they are not sick. If they cough only a little blood, it's okay, but if you cough and bleed a lot, it's called illness, for that, it is necessary to provide good or continuous understanding/knowledge to the community so that they can change their mindset that if they feel their body is not healthy but they can still do their job, it's not sick. is wrong. Understanding (counseling) must be given continuously so that people can change their mindset by coming for treatment to health facilities.

Knowledge is the result of knowing, and this occurs after people have sensed a certain event. Sensing occurs through the human senses, namely the senses of sight, hearing, smell, taste, and touch. Most of the human knowledge is obtained through the eyes and ears (Notoatmodjo, 2007). Knowledge about tuberculosis that is known by the family will increase efforts to prevent or spread tuberculosis to other families in the house and the environment around the house. This shows that the family already understands the causes of transmission of tuberculosis disease through bacteria *Mycobacterium tuberculosis* which are transmitted through droplets or sprinkling of phlegm when the patient coughs.

This study is in line with the research of Feigan & Trevino (2014), it is concluded that mothers who know (knowledge) that TB is caused by bacterial infection are 1.441 times more likely not to stay away from TB sufferers. This result is most likely because knowing that TB is caused by germs will dispel misconceptions about the etiology of TB (such as TB being caused by a curse or other unscientific causes). Research Feighan and Trevino together with research conducted in the District of East Kupang research on stigma and family knowledge about tuberculosis are 32% very well against tuberculosis (Feigan & Trevino, 2014).

Research conducted by Astuti (2013) in North Jakarta found that the level of knowledge of respondents about tuberculosis is better at having tuberculosis prevention measures compared to respondents whose knowledge level is less or sufficient. This research is in line with research carried out at the Oesao Health Center and Naibonat Health Center, family knowledge of tuberculosis, both where families receive information on tuberculosis disease through counseling of health workers at the Puskesmas and at the Posyandu so that the community/families better understand the prevention of the spread of tuberculosis (Astuti S., 2013).

Research conducted by Media (2011) in West Sumatra, said that the knowledge of some people in the research location about the signs of pulmonary tuberculosis was quite good. However, some other people still think that the cause of pulmonary TB disease is related to things that are occult/magic and because of heredity. The perception of some people that the disease they are experiencing is not a dangerous disease, but a normal cough, it turns out to affect the emergence of a less caring attitude from the community towards the consequences that can be caused by pulmonary TB disease. The behavior and awareness of some people to check phlegm and use health facilities are still lacking, because they are ashamed and afraid of being sentenced to suffer from pulmonary tuberculosis (Media, 2011).

## CONCLUSION

Family stigma against tuberculosis patients is well understood. Judging from the knowledge of respondents about tuberculosis who answered well, 20 people were male while those who answered poorly were 10 women, in this case, we can judge that the knowledge of the family of tuberculosis patients about tuberculosis has understood how to transmit and prevent this tuberculosis disease. Meanwhile, when viewed from the family stigma, respondents who answered yes were male, totaling 21 people came from both health centers namely Oesao and Naibonat health centers, while those who answered no were male, there were 10 people when viewed from gender and compared with education level. the most answered yes from the Oesao health center, namely the level of junior high school education amounted to 6 people while the respondents from the Naibonat health center who answered yes and had elementary school education were 7 people, so compared to gender and level of education it can be seen that the level of primary school education is sufficient to understand the mode of transmission of tuberculosis and compared to gender, many answered yes and no, namely the male gender.

Public knowledge of tuberculosis in the Oesao and Naibonat health centers is good, although most of them know how it is transmitted there are still some people who have poor knowledge where they still think that this disease is hereditary if one of their family members is sick then other family members will one day experience the same pain.

## CONFLICT OF INTEREST

This article is certain that it does not contain a conflict of interest, collaboration, or other interest with any party.

## THANK-YOU NOTE

I would like to express my deepest gratitude to the Head of the Oesao and Naibonat Health Centers and all the Puskesmas staff who have supported the author, as well as the respondents who have been willing to participate in this study.

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