

***KNOWLEDGE WITH COMMUNITY STIGMA ABOUT LUNG TB DISEASE DURING
THE COVID-19 PANDEMIC IN SUMURGUNG VILLAGE, TUBAN DISTRICT***

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Abstract

Many people today underestimate pulmonary TB because it is considered an old disease. During the current Covid-19 pandemic, people affected by Covid-19 have the same symptoms as pulmonary TB, thus making people confused and causing an increase in pulmonary TB cases. This can also be influenced by the lack of public knowledge about pulmonary TB disease during the Covid-19 Pandemic. Based on the initial survey conducted on 27 June 2022 in Sumurgung Village, 7 out of 10 people have the wrong stigma about pulmonary TB. The purpose of this study was to determine the relationship between knowledge and public stigma about pulmonary TB disease during the Covid-19 pandemic.

The research design used correlation analytic with cross sectional approach. The population in this study were all households in RW 06 Dusun Mbongkol 2 Sumurgung Village, with a sample size of 148 households. The sampling technique is purposive sampling, the variables in this study are public knowledge and public stigma about pulmonary TB in the Covid-19 Pandemic Period. Data collection tools in the form of questionnaires were then tabulated and analyzed by chi-square test.

The results of this study indicate that almost half of the people with good knowledge have a positive stigma of 45 people (73%) and almost all of the people who have less knowledge have a negative stigma of 42 people (95%). The test results show p value = 0.000 then there is a relationship between knowledge and stigma.

People who have less knowledge cause negative stigma, so that it can be a factor that causes TB cases to increase. Efforts to increase public knowledge are by providing health education to the community, so as to reduce the negative stigma of the community about pulmonary TB in the Covid-19 Pandemic Period.

Keywords: Knowledge, Stigma, Pulmonary TB

INTRODUCTION

Tuberculosis is an infectious disease caused by the *Mycobacterium Tuberculosis* germ (Indonesian Ministry of Health, 2019). Pulmonary TB is still the highest cause of death in the world, causing deaths of up to 1.3 million patients (Laura, 2018). This is because there are still many people who underestimate Lung TB disease because it is considered an old disease so that they pay less attention to discipline in the healing process (covid19.go.id).

During the current Covid-19 pandemic, people suffering from Covid-19 and Lung TB have the same symptoms, such as the onset of symptoms of cough, fever, and difficulty breathing. Both diseases attack directly on the lung organs and both biological agents can be transmitted through close contact or physical contact (Khairul et.al, 2021). Although they have similar symptoms, there are still differences between the two. Symptoms of Pulmonary TB are onset or chronic attacks of more than 14 days with symptoms of less than 38

degrees Celsius accompanied by a cough with phlegm, blood spots, gradually worsening shortness of breath, decreased body weight, and night sweats. While the symptoms of Covid-19 are, acute onset of less than 14 days accompanied by high fever of more than 38 degrees Celsius with a dry cough, shortness of breath appearing immediately after onset, and accompanied by joint pain, runny nose, headache, impaired smell and taste. (covid19.co.id)

Due to the similar symptoms, the community is confused about the difference between the two diseases Pulmonary TB and Covid-19. This is evidenced when a preliminary study was conducted on some people in Mbongkol 2 Hamlet, Sumurgung Village, Tuban District through interviews, when asked about some similarities in symptoms between Pulmonary TB and Covid-19 such as coughing for more than 14 days, fever, coughing, and shortness of breath, 7 out of 10 people tended to answer that the symptoms mentioned were symptoms of Covid-19. Even though it does not necessarily mean that having a cough for more than 14 days, fever, cough and shortness of breath are symptoms of Covid-19, but it could be a symptom of Lung TB.

Data from the World Health Organization (WHO) in 2021 estimated that around 10 million cases worldwide suffered from Pulmonary TB disease and around 1.5 million people died from this disease (Sri Siswati et. al, 2021). Meanwhile, during the Covid-19 pandemic, the number of Lung TB cases will increase by 6.3 million new cases and 1.4 million deaths of Lung TB patients in the world during 2020-2025 (covid19.kemkes.service-tbc, 2020). The occurrence of an increase in pulmonary TB cases can be influenced by knowledge. The level of knowledge is also one of the important treatments in controlling pulmonary TB disease. Limited knowledge about pulmonary TB means that the disease is often not treated

properly and can lead to incorrect stigma in the community. The wrong stigma can be an obstacle in preventing pulmonary TB disease (Made, 2012). The factors that influence the level of knowledge are age, education, socioeconomic occupation, and sources of information. (Luh Made, 2017). The lack of information obtained by the community will be a factor that affects people's knowledge to make efforts to prevent the transmission of Pulmonary TB (Melisa, 2021).

Various ways have been pursued by the government to overcome the increase in pulmonary TB cases, with one of the strategies carried out by the Ministry of Health, namely increasing the expansion of DOTS (Directly Observed Treatment Short-course) services and also regulated in Presidential Regulation Number 67 of 2021.

In addition to the efforts that have been made by the government, which currently still focuses a lot on the supply side through the provision of free drugs, training of officers, and the provision of diagnostic facilities such as laboratories, this is not enough to reduce cases of Pulmonary TB. It is also necessary to conduct health education in order to increase public knowledge of Lung TB disease, such as causes, signs and symptoms, how it spreads, and also how to prevent it. (Eni, 2015)

From the description above, the specific objectives of this research are:

1. Identifying community knowledge about Pulmonary TB disease.
2. Identifying community stigma about Pulmonary TB disease.
3. Analyzing the Relationship between Knowledge and Community Stigma about Pulmonary TB during the Covid-19 Pandemic.

RESEARCH METHOD

The research design used a correlation analytic with a cross sectional approach. The population in the study were all families in RW 06 Mbongkol 2 Hamlet, Sumurgung Village, with a sample size of 148 families. The sampling technique was purposive sampling, the variables in this study were community knowledge and community stigma about Pulmonary TB during the Covid-19 Pandemic. Data collection tools in the form of questionnaires were tabulated and analyzed with the chi-square test.

Tabel 1 Distribusi Masyarakat Berdasarkan Usia di RW 06 Dusun Mbongkol 2 Desa Sumurgung Kecamatan Tuban Bulan Juli 2022

Usia	(f)	%
Remaja (13-21 tahun)	7	4,7%
Dewasa Awal (22-40 tahun)	74	50%
Dewasa Tengah (41-60 tahun)	63	42,6%
Dewasa Akhir (>60 tahun)	4	2,7%
TOTAL	148	100%

Tabel 5.1 menunjukkan bahwa setengahnya Kepala Keluarga memiliki usia dewasa awal (22-40 tahun) 50%.

Tabel 3 : Distribusi Masyarakat Berdasarkan Tingkat Pendidikan di RW 06 Dusun Mbongkol 2 Desa Sumurgung Kecamatan Tuban Bulan Juli 2022

Tingkat Pendidikan	(f)	%
Tidak Sekolah	4	3%
SD	33	22%
SLTP/Sederajat	41	28%
SLTA/Sederajat	59	40%
Perguruan Tinggi	11	7%
TOTAL	148	100%

Tabel 5.2 menunjukkan hampir setengahnya Kepala Keluarga memiliki tingkat pendidikan SMA (40%).

A. Data Khusus

Tabel 2 Distribusi Pengetahuan Masyarakat Tentang Penyakit TB Paru di Masa Pandemi Covid-19 di RW 06 Dusun Mbongkol 2 Desa Sumurgung Kecamatan Tuban bulan Juli 2022

Pengetahuan	Frekuensi (n)	Presentasi (%)
Baik	62	41,9%
Cukup	42	28,4%
Kurang	44	29,7%
TOTAL	148	100%

Dari tabel 5.3 diketahui bahwa hampir setengah Kepala Keluarga memiliki pengetahuan baik tentang penyakit TB Paru di Masa Pandemi Covid-19 (41%).

Tabel 4 Distribusi Stigma Masyarakat Tentang Penyakit TB Paru di Masa Pandemi Covid-19 di RW 06 Dusun Mbongkol 2 Desa Sumurgung Kecamatan Tuban bulan Juli 2022

Stigma	Frekuensi (n)	Presentase (%)
Positif	64	43,2%
Negatif	84	56,8%
TOTAL	148	100%

Dari tabel 4 diketahui bahwa sebagian besar Kepala Keluarga memiliki stigma negatif (56%).

Tabel 5 Tabulasi Silang Pengetahuan dan Stigma Masyarakat Tentang Penyakit TB Paru di Masa Pandemi Covid-19 di RW 06 Dusun Mbongkol 2 Desa Sumurgung Kecamatan Tuban Bulan Juli Tahun 2022

Pengetahuan	Stigma				Total	
	Positif		Negatif		N	%
	N	%	N	%		
Baik	4	73	1	27	6	100
	5	%	7	%	2	%
Cukup	1	40	2	60	4	100
	7	%	5	%	2	%
Kurang	2	5	4	95	4	100
		%	2	%	4	%
JUMLA	6	43	8	57	1	100
H	4	%	4	%	4	%
						8
Berdasarkan Uji X^2 p value = 0,000 sehingga $p = 0,000 < 0,05$						

Based on table 5.5, it is known that most of the 45 household heads (73%) have good knowledge with positive stigma.

Based on the results of the Chi-Square test between knowledge and

stigma about Lung TB disease during the Covid-19 Pandemic, the p value < 0.05 is obtained, so the hypothesis is accepted, meaning that there is a relationship between knowledge and stigma about Lung TB disease during the Covid-19 Pandemic, p value: 0.000.

DISCUSSION

5.2.1 Community Knowledge about Pulmonary TB Disease during the Covid-19 Pandemic in RW 06 Mbongkol 2 Hamlet, Sumurgung Village, Tuban Subdistrict

Based on the research that has been conducted, it is known that out of 148 family heads in RW 06 Mbongkol 2 Hamlet, Sumurgung Village, almost half have good knowledge about Pulmonary TB during the Covid-19 Pandemic (41.9%).

Knowledge is the result of 'knowing' where a person has sensed a certain object. Sensing of certain objects occurs through the five human senses such as sight, hearing, smell, taste, touch by itself. Most human knowledge is obtained through the eyes and ears (Notoatmodjo, 2003).

Factors that influence a person according to Wawan & Dewi (2011), there are two kinds of internal factors and external factors. Internal factors include: 1.) Education means guidance given by someone to the development of others towards certain ideals that determine humans to do and fill life. According to YB Mantra quoted by Notoatmodjo (2003), education can affect a person, including behavioral patterns of life. 2.) Employment. According to Thomas quoted by Nursalam (2003), work is a bad thing to do, especially to support his life and family life. Work is not a source of pleasure, but more a way to make a living that is boring, repetitive, and challenging. 3.) Age. According to Elisabeth BH quoted by Nursalam (2003), age is the age of an individual starting from the time a person is born until his birthday. Meanwhile, according

to Huclok (1998), the older one is, the more mature one will be in thinking and working. While external factors include: 1.) Environmental Factors. According to Ann.Mariner quoted from Nursalam, the environment is all conditions that exist around humans and their influences that can affect the development and behavior of people or groups. 2.) Social Culture. The socio-cultural system that exists in society can influence attitudes in receiving information.

From the description of the data and theory above, it is known that almost half of the community's knowledge about Pulmonary TB disease during the Covid-19 Pandemic has good knowledge, this is because half of the community is in early adulthood (22-40 years) and almost half of the community has a high school education level.

. However, there are still almost half of the community who have sufficient and insufficient knowledge, this happens because there is still a lack of community knowledge about Pulmonary TB disease during the Covid-19 Pandemic. Knowledge can be increased through counseling/socialization to the community. However, due to the Covid-19 pandemic, where people are not allowed to gather, so that Tuban Health Center health workers experience obstacles to conducting counseling/socialization activities.

Based on the research conducted, it was found that most family heads had a negative stigma (56.8%).

Stigma is society's assessment of character or behavior that is not as it should be (Jones 1984, in Koesmo 2009). Stigma itself is a strong phenomenon that occurs in society, and is related to the value placed on various social identities. Factors that can trigger the formation of stigma are influenced by the following factors: 1) Knowledge, knowledge is the result of knowing the information captured by the five senses. Knowledge is influenced by education, occupation,

age, environment, social and cultural factors (Wawan and Dewi, 2011). A low level of knowledge can lead to stigma and discrimination that occurs in many communities. 2) Perception, people's perceptions of Lung TB disease influence attitudes and stigma. 3) Education level, a low level of education can influence a person to be less knowledgeable, thus causing stigma and discrimination that occurs a lot among the community. The higher the level of education of a meal, the less stigma behavior will be compared to those with primary or secondary education. 4) Age, stigma behavior usually increases with age. 5) Gender, women have a higher stigma rating when compared to men. Women are more at risk of receiving stigma so that women do not get checked compared to men (Lin et al, 2017).

From the description of the data and theory above, it is known that most people still have a negative stigma about Pulmonary TB during the Covid-19 Pandemic, this is because there is still a lot of news about Covid-19 that is uncertain of the truth, where people still find it difficult to distinguish between Pulmonary TB and Covid-19. The existence of an appeal not to crowd is one of the obstacles in the implementation of

counseling/socialization so that the community is less exposed to information about Pulmonary TB disease during the Covid-19 Pandemic.

5.2.3 Analysis of the Relationship between Knowledge and Community Stigma about Pulmonary TB Disease during the Covid-19 Pandemic in RW 06 Mbongkol 2 Hamlet, Sumurgung Village, Tuban Subdistrict

Based on the results of the study, it is known that almost half of the family heads have good knowledge about Pulmonary TB during the Covid-19 Pandemic (41.9%). Based on the results of the Chi-Square test between knowledge and community stigma about Lung TB disease during the Covid-19

Pandemic, the p value <0.05 was obtained, so H_1 is accepted, proving that there is a relationship between knowledge and community stigma about Lung TB disease during the Covid-19 Pandemic in RW 06 Mbongkol 2 Hamlet, Sumurgung Village, Tuban District.

Knowledge is a determining factor in how humans think, feel and act. Knowledge is "knowing" and this occurs after people have sensed a certain subject. Sensing of objects occurs through the five human senses, namely sight, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears (Wawan & Dewi, 2011).

According to KBBI (Kamus Besar Bahasa Indonesia), stigma is a negative characteristic attached to a person's personality due to the influence of their environment. Meanwhile, according to the Ministry of Health of the Republic of Indonesia (2012) Stigma is the act of giving a social label that has the aim of contaminating a person or group of people with bad views.

From the data and theory above, it can be concluded that the community's good knowledge about Pulmonary TB during the Covid-19 Pandemic is very influential on community stigma. Good knowledge if the community understands and understands the definition of Lung TB, the causes of Lung TB, how Lung TB is transmitted, the impact of Lung TB, and also how to prevent Lung TB, so that the community stigma becomes positive. Positive stigma is where the community can give a correct assessment of the causes of Lung TB during the Covid-19 Pandemic, signs and symptoms of Lung TB during the Covid-19 Pandemic, how Lung TB is transmitted during the Covid-19 Pandemic, prevention of Lung TB during the Covid-19 Pandemic, and how to treat Lung TB during the Covid-19 Pandemic. Conversely, if the community has sufficient and insufficient knowledge, it

will make the community tend to have a negative stigma.

CONCLUSIONS

1. Almost half of the community has good knowledge about Pulmonary TB disease during the Covid-19 Pandemic.
2. Most people have a negative stigma about Lung TB disease during the Covid-19 Pandemic.
3. There is a relationship between knowledge and community stigma about Pulmonary TB disease during the Covid-19 Pandemic.

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