



Community Health Service in Tuberculosis Cases in the Lawawoi Health Center Working Area

Rudolof Nino Sellan¹, Musiana², Diah Merdekawati Surasno³, Siti Nuryani⁴, Santalia Banne Tondok⁵, Marjuannah⁶

¹Nursing Study Program, STIKes Maranatha Kupang, Indonesia

²Public Health Study Program, Universitas Muhammadiyah Maluku Utara, Indonesia

³Public Health Study Program, Universitas Muhammadiyah Maluku Utara, Indonesia

⁴Medical Laboratory Technology Study Program, Poltekkes Kemenkes Yogyakarta, Indonesia

⁵Nursing Study Program, Poltekkes Kemenkes Jayapura, Indonesia

⁶Nursing Study Program, Politeknik Kesehatan Megarezky, Indonesia

Abstract

Tuberculosis is a directly infectious disease caused by tuberculosis germs, namely Myobacterium Tuberculosis. The majority of tuberculosis germs attack the lungs, but tuberculosis germs can also attack other body organs. Tuberculosis is a direct infectious disease caused by tuberculosis germs (Mycobacterium Tuberculosis). The aim of this research is to determine factors related to the role as a tuberculosis program officer in tuberculosis cases in the Lawawoi Community Health Center work area. This research method uses an analytical research design, which is research to find out how and why a phenomenon occurs through statistical analysis such as the correlation between cause and effect or risk factors and effects and then it can be continued to find out how big the contribution of the cause or risk factor is to the effect. or effect. The results of this research show that good training with the role of a tuberculosis program officer is good at (23.7%) for the discovery of tuberculosis cases in the work area of the Lawawoi health center, which means that training is very important because it is a method used by institutions such as the health center in Lawawoi to maintain and safeguard, maintain the competence of tuberculosis program officers in finding tuberculosis cases. The research conclusion is that there is a relationship between training and the role as a tuberculosis program officer on the discovery of tuberculosis cases in the working area of the Lawawoi Community Health Center. Significant Value $0.000 < 0.05$. There is a relationship between attitudes and the role as a tuberculosis program officer towards finding tuberculosis cases in the Lawawoi Community Health





Center working area. Significant Value $0.006 < 0.05$. There is a relationship between motivation and the role as a tuberculosis program officer on the discovery of tuberculosis cases in the working area of the Lawawoi Community Health Center. Significant Value $0.001 < 0.05$.

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Corresponden Author: Siti Nuryani

Email : suryaniajeng.2014@gmail.com

1. Introduction

Pulmonary tuberculosis (TB) is an infectious disease caused by the bacterium *Mycobacterium tuberculosis* which attacks the lungs and bronchi. Pulmonary TB is classified as an air-borne infection, which enters the human body through breathing air into the lungs. Then the germs spread from the lungs to other parts of the body through the circulatory system, lymphatic system, through the bronchi or spread directly to other parts of the body (Widyanto & Triwibowo, 2013). Pulmonary tuberculosis (TB) is a chronic infectious disease that has been around for a very long time. known to humans, for example it is associated with living in urban areas, dense environments, as evidenced by the discovery of brain vertebral bone damage typical of tuberculosis from skeletons excavated in Heidelberg from neolithic graves, as well as discoveries originating from mummies and wall carvings. pyramids in ancient Egypt in 2000 – 4000 BC. Hippocrates introduced a terminology derived from Greek that describes the appearance of pulmonary tuberculosis (Sudoyo et al, 2010). 2. Etiology of tuberculosis Pulmonary TB is a disease caused by the TB bacillus (*Mycobacterium Tuberculosi Humanis*). *Mycobacterium tuberculosis*.

The source of transmission of Tuberculosis is a patient with BTA positive Tuberculosis who coughs or sneezes. Sufferers spread germs into the air in the form of droplets (phlegm splashes). Droplets containing germs can survive in the air at





room temperature for several hours. People can become infected if these droplets are inhaled into the respiratory tract. After Tuberculosis germs enter the human body through breathing, the Tuberculosis germs can spread from the lungs to other parts of the body through the circulatory system, respiratory tract, or spread directly to other parts of the body. The infectious power of a sufferer is determined by the number of germs expelled from their lungs. The higher the positive degree of sputum examination results, the more contagious the patient is. If the results of the sputum examination are negative (no visible germs), then the patient is considered not contagious. A person infected with Tuberculosis is determined by the concentration of droplets in the air and the duration of breathing the air. The higher the positive degree of sputum examination results, the more contagious the patient is. The possibility of a person being infected with TB is determined by the level of transmission, length of contact and body resistance (Ministry of Health of the Republic of Indonesia, 2013).

2. Research Methods

Necrosis of the central part of the lesion gives a relatively dense and cheese-like appearance, the contents of this necrosis are called caseous necrosis. This part is called the primary lesion. Areas experiencing caseous necrosis and the surrounding granulation tissue, which consists of epithelioid cells and fibroblasts, cause different responses. Granulation tissue becomes more fibrous forming scar tissue which will eventually form a capsule surrounding the tubercles. (Kowalak, 2011).

3. Results And Discussions

1. Result

a) Respondent Characteristics

1) Age Characteristics

Table 1

Age Characteristics of Tuberculosis Program Officers
in the Lawawoi Community Health Center Working Area

Age	Frequency
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	N	%
20-35 Year	20	52.6
>35 Year	18	47.4
Total	38	100.0

Based on table 1, it shows that the age characteristics of the respondents were 38 people, of which 20 respondents were aged 20-35 years (52.6), while 18 respondents were aged >35 years (47.4%).

2) Gender Characteristics

Table 2
Gender Characteristics of Tuberculosis Program Officers
in the Lawawoi Community Health Center Working Area

Gender	Frequency	
	N	%
Man	23	60.5
Woman	15	39.5
Total	38	100.0

Based on table 2, it shows the gender characteristics of 38 respondents. 23 respondents (60.5%) had male gender characteristics and 15 respondents (39.5%) had female gender characteristics.

3) Characteristics of Profession Types

Table 3
Characteristics of the Profession Types of Tuberculosis Program Officers
in the Lawawoi Community Health Center Working Area

Profession Types	Frequency	
	N	%
Doctor	4	10.5
Nurse	26	68.4
Laboratory analyst	8	21.1
Total	38	100





Based on table 4.3, it shows the characteristics of the profession types of TB officers totaling 38, consisting of 4 respondents (10.5%) of the medical profession, 26 respondents (68.4%) of the nursing profession and 8 respondents (21.1%) of the analyst/laboratory profession.

4) Educational Characteristics

Table 4
Educational Characteristics of Tuberculosis Program Officers
in the Lawawoi Community Health Center Working Area

Educational	Frequency	
	N	%
Vocational	29	76.3
S1/Profession	9	23.7
Total	38	100.0

Based on table 4, it shows the educational characteristics of 38 respondents consisting of 29 respondents (76.3%), vocational education and 9 respondents (23.7%).

5) Employment Status Characteristics

Table 5
Job Status Characteristics of Tuberculosis Program Officers
in the Lawawoi Community Health Center Working Area

Employment Status	Frequency	
	N	%
Civil servants	24	63.2
Non civil servant	14	36.8
Total	38	100.0

Based on table 5, it shows that there are 38 job status characteristics consisting of 24 civil servant respondents (63.2%), and 14 non civil servant respondents (36.8%).

2. Univariate Analysis





a) Training Variables

Table 6
Distribution of Training for Tuberculosis Program Officers
in the Lawawoi Community Health Center Working Area

Training	Frequency	
	N	%
Good	17	44.7
Enough	14	36.8
Not enough	7	18.4
Total	38	100.0

Based on table 6, it shows that the distribution of training variables from 38 respondents who had good training was 17 respondents (44.7%), 14 respondents had sufficient training (36.8%) and 7 respondents (18.4%) had insufficient training.

b) Attitude Variables

Table 7
Distribution of Attitudes of Tuberculosis Program Officers
in the Lawawoi Community Health Center Working Area

Attitude	Frequency	
	N	%
Good	9	23.7
Enough	24	63.2
Not enough	5	13.2
Total	38	100.0

Based on table 7, it shows that the distribution of the attitude variables of the 38 respondents had a good attitude of 9 respondents (23.7%), a fair attitude of 24 respondents (63.2%) and a poor attitude of 5 respondents (13.2%).

c) Motivational Variables

Table 8

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Distribution of Motivation of Tuberculosis Program Officers in the Lawawoi Community Health Center Working Area

Motivation	Frequency	
	N	%
Good	7	18.4
Enough	13	34.2
Not enough	18	47.4
Total	38	100.0

Based on table 8, it shows that the distribution of motivation variables from 38 respondents who had good motivation was 7 respondents (18.4%), 13 respondents had sufficient motivation (34.2%) and 18 respondents (47.4%) had insufficient motivation.

d) Tuberculosis Program Officer Performance Variables

Table 9
Performance Distribution of Tuberculosis Program Officers in the Lawawoi
Community Health Center Working Area

Tuberculosis Program Officer Performance Variables	Frequency	
	N	%
Good	10	26.3
Enough	14	36.8
Not enough	14	36.8
Total	38	100.0

Based on table 9, it shows that the distribution of performance variables for Tuberculosis Program officers from 38 respondents who had good performance was 10 respondents (26.3%), adequate performance was 14 respondents (36.8%) and poor performance was 14 respondents (36.8%).

3. Bivariate Analysis





- a. Training related to the performance of Tuberculosis Program officers in finding Tuberculosis cases in the Lawawoi health center working area

Table 10

The training relationship is related to the performance of Tuberculosis Program officers regarding tuberculosis cases in the Lawawoi Community Health Center work area

Training	Performance of Tuberculosis Program Officers						Amount	
	Good		enough		Not enough			
	n	%	n	%	n	%	n	%
Good	9	23.7	5	13.2	3	7.9	17	44.7
Enough	1	2.6	9	23.7	4	10.5	14	36.8
Not enough	0	0.0	0	0.0	7	18.4	7	18.4
Total	10	26.3	14	36.8	14	36.8	38	100.0
Analisis <i>Chi Square</i> :							0.000	

In Table 10 regarding the relationship between training and the performance of Tuberculosis Program officers in finding tuberculosis cases in the Lawawoi health center working area, the following are obtained:

Good training with good performance of Tuberculosis Program officers was (23.7%), good training with sufficient performance of Tuberculosis Program officers was (13.2%) and good training with poor performance of Tuberculosis Program officers was (7.9%).

Sufficient training with good performance of Tuberculosis Program officers amounting to (2.6%), adequate training with adequate performance of Tuberculosis Program officers amounting to (23.7%). Adequate training with poor performance of Tuberculosis Program officers amounting to (10.5%).

Insufficient training with good performance of Tuberculosis Program officers amounting to (0%), insufficient training with adequate performance of





Tuberculosis Program officers amounting to (0%). Insufficient training with poor performance of Tuberculosis Program officers amounting to (18.4%).

Based on the results of the Chi Square test, the significance value or Sig was obtained. (2-tailed) of $0.000 < 0.05$, which means there is a relationship between training and the performance of Tuberculosis Program officers in finding Tuberculosis cases in the Lawawoi health center working area.

- b. Attitudes related to the performance of Tuberculosis Program officers in finding Tuberculosis cases in the Lawawoi health center working area

Table 11

The relationship between attitudes and performance of Tuberculosis Program officers in finding Tuberculosis cases in the Lawawoi health center working area

Attitudes	Performance of Tuberculosis Program Officers						Amount	
	Good		Enough		Not enough		n	%
	n	%	n	%	n	%		
Good	5	13.2	2	5.3	2	5.3	9	23.7
Enough	5	13.2	12	31.6	7	18.4	24	63.2
Not enough	0	0.0	0	0.0	5	13.2	5	13.2
Total	10	26.3	14	36.8	14	36.8	38	100.0
Analisis <i>Chi Square</i> :							0.006	

In Table 11 regarding the relationship between attitudes and the performance of Tuberculosis Program officers regarding the discovery of tuberculosis cases in the Lawawoi health center work area, the following are obtained:

Good attitude with good performance of Tuberculosis Program officers is (13.2%), good attitude with good performance of Tuberculosis Program officers is





(5.3%) and good attitude with performance of Tuberculosis Program officers is less (5.3%).

Sufficient attitude with good performance of Tuberculosis Program officers is (13.2%), Sufficient attitude with good performance of Tuberculosis Program officers is (31.6%). The attitude is adequate and the performance of Tuberculosis Program officers is less (18.4%).

Poor attitude with good performance of Tuberculosis Program officers is (0.0%), poor attitude with good performance of Tuberculosis Program officers is (0.0%). poor attitude with less performance of Tuberculosis Program officers (13.2%).

Based on the results of the Chi Square test, the significance value or Sig was obtained. (2-tailed) is $0.006 < 0.05$, which means there is a relationship between attitudes and the performance of Tuberculosis Program officers in finding Tuberculosis cases in the Lawawoi health center working area.

- c. Motivation Related to the performance of Tuberculosis Program officers in finding Tuberculosis cases in the Lawawoi health center working area

Table 12

The relationship between motivation is related to the performance of Tuberculosis Program officers in finding Tuberculosis cases in the Lawawoi health center working area

Motivation	Kinerja Tuberculosis		Petugas		Program		Amount		
	Good	Enough	Enough	Not Enough	Not Enough	Not Enough	n	%	
	n	%	N	%	n	%	n	%	
Good	4	10.5	2	5.3	1	2.6	7	18.4	
Enough	1	2.6	10	26.3	2	5.3	13	34.2	
Not Enough	5	13.2	2	5.3	11	28.9	18	47.4	
Total	10	26.3	14	36.8	14	36.8	38	100.0	
Analisis <i>Chi Square</i> :								0.001	





In Table 12 regarding the relationship between attitudes and the performance of Tuberculosis Program officers regarding the discovery of Tuberculosis cases in the Lawawoi health center work area, the following are obtained:

Good motivation with the performance of Tuberculosis Program officers being Good is (20.5%), Good motivation with the performance of Tuberculosis Program Enough officers being (5.3%) and Good motivation with the performance of Tuberculosis Program Not Enough officers being (2.6%). Enough motivation with the performance of the Tuberculosis Program Good officers is (2.6%), Enough motivation with the performance of the Tuberculosis Program Enough officers is (26.3%). Enough motivation with the performance of Not Enough Tuberculosis Program officers was (5.3%).

Not Enough motivation with the performance of the Tuberculosis Program Good officers was (13.2%), Not Enough motivation with the performance of the Tuberculosis Program Enough officers was (5.3%). Not Enough motivation with the performance of Not Enough Tuberculosis Program officers was (28.9%).

Based on the results of the Chi Square test, the significance value or Sig was obtained. (2-tailed) is $0.001 < 0.05$, which means there is a relationship between motivation and the performance of Tuberculosis Program officers in finding Tuberculosis cases in the Lawawoi health center working area.

b. Discussion

1) The relationship between training and the performance of TB program officers in finding TB (tuberculosis) cases in the Lawawoi health center work area.

This research shows that good training with good performance of TB program officers is (23.7%) towards finding TB (tuberculosis) cases in the work area of the Lawawoi community health center, which means that training is very important because it is a method used by institutions such as the community health center in Lawawoi to maintain, maintain, maintain the competence of TB





program officers in finding TB cases. This research is in line with the theoretical views put forward by Khan. A and Farooq in (Dean Ayuningtyas Z, 2022) that job training is a process of changing the work behavior of an employee or group of employees in an effort to improve performance. Meanwhile, according to (Indonesian Ministry of Health, 2009) TB Officer Training is an effort to increase the knowledge, attitudes and skills of officers in order to improve the quality and performance of officers.

- 2) The relationship between attitudes and the performance of TB program officers in finding TB (tuberculosis) cases in the Lawawoi health center work area.

A good attitude with good performance of TB program officers is (13.2%), a good attitude with sufficient performance of TB program officers is (5.3%) and a good attitude with poor performance of TB program officers is (5.3%) towards finding TB (tuberculosis) cases in the area work of the Lawawoi health center, which means that the attitude of TB officers at the Lawawoi health center can be seen from their participation in community activities such as meetings held by sub-district and sub-district officials, which are an effort to meet various needs felt by the community and dedication to their duties as TB officers and strive for successful treatment so that sufferers Pulmonary TB regularly takes medication, namely helping to prepare medication, giving advice on taking medication regularly, reminding and asking whether medication has been taken.

- 3) The relationship between motivation and the performance of TB program officers in finding TB (tuberculosis) cases in the Lawawoi health center work area

Good motivation with good performance of TB program officers is (20.5%), good motivation with sufficient performance of TB program officers is (5.3%) and good motivation with poor performance of TB program officers is (2.6%) towards finding TB (tuberculosis) cases in the area The work of the Lawawoi Community Health Center means that there is enthusiasm and persistence in carrying out activities, one of which is decision making which is taken from a





joint decision, where pulmonary TB case detection officers and cadres provide criticism and suggestions which are conveyed to the programmer which is then forwarded to the head of the Community Health Center.

4. Conclusion

1. There is a relationship between training and the performance of TB program officers in finding TB (tuberculosis) cases at the Lawawoi Community Health Center. Significant Value $0.000 < 0.05$
2. There is a relationship between attitudes and the performance of TB program officers in finding TB (tuberculosis) cases at the Lawawoi Community Health Center. Significant Value $0.006 < 0.05$
3. There is a relationship between motivation and the performance of TB program officers in finding TB (tuberculosis) cases at the Lawawoi Community Health Center. Significant Value $0.001 < 0.05$.

Compliance with ethical standards

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Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent

Every action we take as authors is a mutual agreement or consent.





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