

## Kemandirian masyarakat dalam perilaku pencegahan penularan penyakit TB paru

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### Abstrak

Background: Prevention of tuberculosis, particularly pulmonary tuberculosis in Indonesia was started in 1969, but the number of pulmonary TB patients is increasing. Methods: Ethnographic qualitative study aims to assess the independence of the community effort in preventing pulmonary TB disease transmission. Methods: of data collection participatory observation, in-depth interviews with informants pulmonary TB patients and families. Research sites in the city of Pariaman, West Lombok district and the district Rote Ndao NTT. Results: The analysis of four independent indicators of the knowledge society is still low considering that most of the informants consider pulmonary TB disease as a hereditary disease, and infectious diseases as the people in the district Hossa Rote Ndao. Illness perceptions of people in the city of Pariaman, pulmonary TB disease as a disease because "ismeken", due to use-for others who are not happy. In the town of West Lombok fear of stigma, shame as people with TB, so there are many people who call it the perception of illness as a disease of old cough, dry cough of 40 days, and asthma. Confidence/trust society still depends on health workers, yet there are cadres who provide direct counseling on prevention of transmission. Capability community is lacking, people still believe in the health care workers to provide counseling. Selection of the PMO staff (Supervisors taking medication) were not appropriate to the social structures that exist in society Lobar districts with 'sasak' social structure, then the host teacher, 'Kiai' can be as social support surrounding communities. 'Kiai' expected to affect the mindset of people, motivate people to air PHBs. Rote Ndao district as a social support from church leaders as well as the city of Pariaman, a descendant of the king, can motivate people. Participatory community by providing prevention counseling in a variety of pulmonary TB disease or group of containers carried on a group of new religious NGOs, Asiyah, churches, Muhammadiyah. Recommendation: Required an increase in participatory community of various other NGOs, in an integrated cross-sector to perform the preventive, promotive control of pulmonary TB disease by promoting the re-socialization of the glass roof house design, conduct prevention.