



Transcultural Care for TB Elimination Based on Social Capital Community in Surabaya

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Abstract. TB elimination efforts, through nursing care, with various policies and programs, have not been able to address the problems. The success and effectiveness of these programs depend mainly on the capacity of the community to accept and implement the programs. This study was conducted to see the description of Transcultural Care in TB elimination based on community social capital in Surabaya. The informants in this study were four heads of community welfare, five volunteers from TB, two TB nurses at the community health centers, and 2 TB patients. The variable of this study is transcultural care for TB elimination and social capital community. The data in this study were taken using the in-depth interview method. Interview data were analyzed through stages, including (1) Data reduction, (2) Data reorganization, and (3) Data representation. The social capital concept approach can describe transcultural nursing care in TB elimination in Surabaya. The description of transcultural care for TB elimination seen from the social capital of the community were social and familial factors, values, beliefs and way of life, political and legal factors, economic factors, and knowledge factors. The description of transcultural care in TB elimination can be an initial assessment of problems in efforts to eradicate TB in Surabaya.

Keywords: Social Capital · TB Elimination · Transcultural Care

1 Introduction

The main obstacles to the TB elimination program are the failure to mobilize all community capacity and involve community members to participate, and the vagueness of the form of contribution and who should be involved in TB handling program activities that affect the sustainability and effectiveness of the program (Ministry of Health RI, 2012).

Knowledge, attitudes, and behaviors of the community are also the determining factors in the transmission of TB disease. The results of the TB prevalence survey (2004) on knowledge, attitudes, and behaviors showed that 96% of families cared for family members suffering from TB, and 13% hid their whereabouts. Although 76% of families have heard of TB and 85% know that TB is curable, only 26% can mention two major signs and symptoms of TB. TB transmission is understood by 51% of families and 19% who know that free TB drugs are available [1]. The existence of TB Clients

hidden in existence, then uneven information systems in society, shows that the norms in society are still lacking. Norm was built and developed based on the value of mutual assistance, and cooperation in the community [2, 3].

Another obstacle that shows the low norms in society in the case of handling TB is seen from the socioeconomic and cultural side of society [4]. This is due to the increasing pattern of people's lives that leads to modernization, which can also be illustrated by the weakness of social capital in society. Coleman explains in his idea of the actions of individuals led by the value of an event that individuals will act on the interests and advantages that each individual can gain [5, 6]. If the condition is associated with TB cases, it can slow handling cases.

The concept of social capital is new in nursing. If social capital is understood as a social capability in forming nursing care by optimizing the health care system based on individual culture, groups, families, and communities, then the social capital investment is a useful strategy to improve community nursing care to overcome TB [3].

The relationship between social capital and nursing can be explained by transcultural care theory. Transcultural care theory suggests that nursing services to clients need to pay attention to cultural values and the healthy context of pain. Everyone from each culture knows and can define, according to their experience, to be connected to healthy beliefs in general and their practice (Nursalam, 2016). Culture in transcultural care theory has the same side as the concept of social capital, namely the exchange, learning, transmission of values, beliefs, norms, and practices of life of a group based on a network owned by a group to solve every health problem in society. Looking at the social capital of the community is expected to explain the role of transcultural care in TB elimination. Thus, knowing the picture of transcultural care in TB elimination in Surabaya based on community social capital becomes important in handling TB.

2 Method

Overall, the research design of qualitative field studies conducted for one month was begun in December 2017 to understand the attitudes and main perceptions of informants about what the community feel, and how they experience various aspects of social capital in the surrounding community. The purpose of descriptive qualitative research is to present comprehensive data [7].

This study uses a purposive sampling design. Purposive sampling is often chosen because it is designed by selecting a population that fully understands the issues regarding the theme studied. Samples in this study included four heads of community welfare, eight TB volunteers, two TB nurses at the community health centers, and two TB patients. (Polit and Beck 2006).

In this study, the data of interview results will be analyzed using some stages, including (1) data reduction, to look for interesting phenomena. In this phase, the activity is transcription, reading, and rereading data. Furthermore, the second phase is (2) data reorganization, classification, and categorization. In this phase of analysis, researchers produced statements on the topic. The last stage is (3) interpreting and writing findings. In this phase, researchers considered statements and propositions to be clear, and there are theories to develop arguments. Researchers developed stories that conveyed key ideas

developed in data analysis and presented data of quotes or stories to support statements [5, 8].

3 Result

Attitudes and Behaviors of the Community Become Obstacles to TB Elimination

The obstacles felt by volunteers in implementing the TB elimination program are the attitude and behavior of sufferers and the community reaction against TB disease

Most people do not know about TB disease. In the past, people considered a painful cough until the blood came out as a disease because of a subtle creature or ghost. However, that was before; now, people's attitudes are more likely to feel ashamed of their neighbors if they get TB disease (P2 Volunteer).

The statement was expressed by the volunteer when counseling the community and while training to the patient's family to be made a PMO (Drug Swallowing Controller). In line with the volunteer's statement, the same phrase was also said by TB sufferers who have been long doing TB treatment. However, at the beginning of the illness, the sufferer also has a misperception about TB disease.

I had a chance to hunt and ask. Is there someone who does not like me? I was made sick by someone through the science of ghosts because that time when I coughed, much blood that came out. (P6 Patient).

The main effort in TB elimination in Surabaya is to change people's attitudes and behaviors regarding health, especially about efforts to eliminate TB, because attitude and behavior are one of the main factors that can break the chain of transmission of TB.

I think why TB handling is difficult because there are two possibilities. The first is many patients who do not yet know that they are infected with TB bacteria. The second patient tends to be ostracized by the public so that when he is sick, the patient is embarrassed and tends to cover up his illness. (P4 nurses at the community health centers).

Community Awareness of Phlegm or Sputum Test

Another form of social capital, which plays an important role preventing the TB disease transmission, is to find TB suspects and be directed them to treatment immediately. However, the program has constraints, namely the attitude of the community that needs to be more open.

We have to try hard, fight, and have to be tough in talking when it comes to patients. This is because many patients are not pleased to be visited, and some do not even open the house door. At the same time, we must collect phlegm according to the target. This is what makes us difficult. (P2 Volunteer).

One of the other challenges found in running the TB suspect search program in the environment around TB patients, in addition to maintaining the confidentiality of sufferers so as not to be known by the surrounding environment, is public awareness about the importance of conducting the phlegm test in the Tandes subdistrict which is one of the subdistricts with a high incidence of TB.

In carrying out the phlegm test program, many people think that testing the sputum of the one who coughs and there is phlegm is done by themselves. However, when there is a cough, a phlegm test is done by us as volunteers, not the patient, so in the morning,

we go home, then take a phlegm and immediately take it to the sputum hospital. (P2 Volunteer).

Material and Social Support

Surabaya City Health Office has provided free medical assistance for TB patients. In addition to the assistance of drug administration without spending money, TB sufferers also get free nutritional intake from milk given when patients take drugs in community health care centers. Another party that provides material assistance for underprivileged people with TB is Aisyiyah in the form of money of 30,000.

Most TB patients have economic difficulties - despite receiving assistance from the Institute with a resident id card, the help is only given once during treatment for 30,000 rupiahs. That is just enough for the transportation cost just once. If from the public health center is the help of additional feeding and milk only. If we look at this condition, we, as volunteers, take the initiative to make donations to provide food to patients who are experiencing economic difficulties. This is because we feel sad or concerned. (P1 Volunteer).

Another assistance was also obtained by elderly and underprivileged TB sufferers from the Tandes Subdistrict in the form of food and grocery assistance.

If there are poor patients or with disabilities, we also try to tell the head of the sub-district to be assisted in the form of a wheelchair according to the patient's needs. Then we also set aside some of our money for other necessities such as groceries. (P12 heads of community welfare).

Formal and Non-Formal Institutional Approach as a Foundation

The role of citizens in formal structures in building and maintaining cross-sectoral collaboration is very influential, especially in dealing with health problems in the community.

When we run a program in the field, the community does not know who we are. We also thought we were asking for donations, even being willing to cheat. Therefore, we ask for help from the district, and the district immediately gives an official letter. We take this everywhere to run the program in the field. (P3 Volunteer).

In addition to the existence of formal institutions, the presence of people considered influential to society is also important in addressing health problems, especially TB. To gather the community is very difficult except for asking for the help of residents who are considered important and influential in the area there (P11 Volunteer). If I have difficulty running TB program in the field, I invite someone influential there so that the public can believe in the community. (P9 Volunteer).

Less Cooperative Families

Aisyiyah, one of the independent institutions that observe TB has conducted various programs to eliminate TB. Among them is conducting training and mentoring the Drug Swallowing Controller. The main obstacle is the difficulty of the family participating in the activity.

We find it difficult to contact patients regarding drug control,; even we never calculate how much it costs us to contact patients regarding drug control. When we contacted them, they said that they could meet us, then we contacted them back to remind them, but there was no news, and finally, they did not follow the mentoring program. (P3 Volunteer).

Experience (Need More Courage)

In Tandes subdistrict, the health program of the Community Health Care Center has been carrying out Children Health Care Center for both toddlers and the elderly, assisted by local volunteers. During the implementation of this program, many people were found unwelcome or closed to cadres who ran the program.

If we visit the houses to run a program, we feel hesitant to enter the house alone. We also doubt if we look for suspect TB because we are not well received. It happens because the disease is kept secret, so there is a fear of if others know about the TB disease. So, they find it difficult to receive guests, especially from health workers or volunteers. (P1 Volunteer).

Community Health Care Centers can Provide Access to TB Treatment Needed by the Community and TB sufferers

Community Health Care Center, a public health center, is an implementing unit in the field of health that provides various access to information and services for the community around its environment. However, not little of the health information and services that should be received by the community become disconnected and incomplete.

I was open, but at that time, there was never direct counseling from the community health center, so at that time, I did not know directly if I had TB. (P6 Sufferer).

Most patients also feel ashamed to check for TB at the community health center if they are rich. However, in the end, they will also seek treatment and take medicine at the community health center because it is free, and if in the public health center, they do not queue. (P9 Volunteer).

Sufferers are still Covered and Survive

TB is a disease that is very easy to transmit. This fact results in the sufferer not wanting to tell the disease to the surrounding environment.

Almost all patients do not want to wear masks when they leave the house. Leaving the house can be interpreted as doing community activities such as recitation, community service, and selling because they are ashamed and afraid that questions will arise in the community about why they suddenly wear masks. So, they wear a mask only if they go to the public health center. Then if they leave the community health center, they take off the mask. (P3 Volunteer).

This closed attitude also causes difficulty for volunteers in detecting the presence of sufferers, especially in finding the address of TB sufferers.

When we visited the patient's address, the address was wrong. It is usually incorrect because of the possibility of the embarrassment of TB disease. (P2 Volunteer).

4 Discussion

Transcultural Care for Tb Elimination Based on Social Capital Community

Norm is shown by the openness of the community to be able to follow and cooperate voluntarily in carrying out TB elimination efforts in Tandes Subdistrict, Surabaya. The existence of volunteers who work voluntarily amid attitudes and perceptions, both from sufferers and from the community, related to TB disease is a form of the norm that exists in the area. Bourdieu explains that the advantage that group members can gain

in an organization is solidarity and kinship in the group if it is based on good norms, with the foundation that the group will continue to run to achieve a common goal [8–11]. The group, in this case, is Kader Aisyiyah and Kader from Tandes sub-district as implementers of programs in efforts to eliminate TB. Both programs continue to run despite various obstacles and continue to try to find solutions.

Networking is an important part of social capital. In terms of networking in Tandes subdistrict, it can be seen at the sub-district level up to the district government. At the sub-district level network, health and development programs are undertaken by various institutions, such as the social and public development section, the physical and infrastructure section, the economic section, the discipline and public order section, and the government section. Networking is the product of an investment strategy, individual or collective, consciously or unconsciously aiming to build or reproduce social relationships that can be used directly in the short or long term. The existence of a network of connections is not given naturally or even socially, formed once and for all by the initial actions of the institution [9]. The results showed that there had been cooperation with various elements involved in TB elimination efforts.

Tandes subdistrict has seen how the pattern of trust was built. Then in its implementation always utilize the existence of the sub-district and Community Health Care Center as an important institution in the Tandes subdistrict. With the existence of these groups, it can be seen that the TB elimination program conducted continues to run effectively. The community relies on mutual trust and would not have appeared spontaneously without it. Trust is like a lubricant, oiling wheels in various social activities [2, 3, 12, 13]. The pattern of public trust in Tandes has been awakened unnoticed, that finally TB program can take place and go along with the foundation of public trust in various elements of power holders, namely sub-districts and people who are indeed experts in the field of health, in this case, is Community Health Care Center. These three elements work together to conduct a TB program based on the foundation of public trust in it.

The theoretical principle of Transcultural Care [11] is that the worldview (World Views), social structure factors such as religion, economics, education, technology, politics, kinship (social), ethnohistory, environment, language, and generic and professional care factors will greatly influence the meaning of cultural care, expression, and patterns in different cultures. These factors also need to be looked at for holistic care services and provide benefits to humans because these dimensions have been lost in nursing studies, theory, and practice of care. These factors are predicted to be a powerful influencer in knowing and understanding culturally based care for individuals, families, and groups and function in health institutions. Furthermore, these dimension factors need to be found directly with cultural informants of the emic data as an influence (not as a cause) of factors related to health, well-being, disease, and death. [8, 10, 11, 14, 15].

The transcultural nursing model demonstrates potential influencers (not causes) that may explain the phenomenon of treatments related to history, culture, social structure, worldview, environment, and other factors. It is important to understand that gender, age, class, race, history, and other features are usually attached to or related to social structure factors such as religion, kinship, politics, and economics; cultural values found related to gender, age, etc. [8, 10, 11, 14–17].

Social capital society can see holistic care factors in transcultural care on TB elimination, including social and family factors, cultural factors, beliefs and way of life, political and legal factors, economic factors, and educational factors [1, 17, 18]. These factors are predicted to have a powerful influence on knowing and understanding culturally based care for individuals, families, and groups and functioning in health institutions. These factors are found directly with the foundation of social capital of the community in Tandes subdistrict Surabaya and are known as the influence (not as a cause) of factors related to health, welfare, and diseases, especially TB.

TB Reviewed in Terms of Social and Family

The findings show that the closed attitude due to this disease is highly contagious and the stigma regarding TB understanding is wrong. This fact results in the sufferer not wanting to tell the disease to the surrounding environment. With clinical signs that have begun to decrease during the treatment, sufferers will be better off pretending not to feel any pain than to be known by others and will be ostracized so that the social activities of a TB sufferer will become disrupted. The second problem that TB sufferers will also feel is the bad assumption about TB disease. TB is accepted by the community as a witchcraft disease and a very dangerous disease, in which there is no way to get infected except by not gathering with TB sufferers. This will also cause TB disease counseling programs difficult to be conducted around sufferers because the counsellors have to maintain the sufferers' privacy.

TB Reviewed in Terms of Cultural Values, Beliefs, and Ways of Life

Community Health Care Center, a public health center, is an implementing unit in the field of health that provides various access to information and services for the community around its environment. Easy access, accuracy of diagnosis, and free treatment are facilities provided by the Community Health Care Center to TB sufferers. However, not little of the health information and services that should be received by the community become disconnected and incomplete. With various problems owned by Community Health Care Center, especially in terms of labor that works specifically to overcome TB problems, this will build public trust that is not good. Community Health Care Center is perceived as health care provider that is still unsatisfactory [14]. Another problem is the assumptions of the public about TB disease which is a dangerous disease that is difficult to cure and must be ostracized. As a result, sufferers will feel ashamed to go to the Community Health Care Center and sufferers do not fully accept access to information.

The result of other field findings is how the pattern of trust of the community and TB sufferers in following the health program, especially TB conducted by Community Health Care Center assisted by local TB cadres. Various obstacles experienced by cadres and primary health centers, including the majority of them, expressed that the public cannot accept the presence of cadres in their homes to look for TB suspects, so they must show various legal letters so that cadres are easily accepted, and cadres find it difficult to give understanding to the public about TB disease.

TB Reviewed from Political and Legal Factors

The community needs to adapt to the strategy and policy on home visits as a ball pick-up program movement that seeks public health service officers along with cadres to understand the difficulties faced by each patient, especially in terms of treatment, more deeply

[1, 10]. So far, efforts to improve the level of public health conducted by Community Health Care Center and assisted by cadres have a different pattern. These efforts are carried out by establishing Integrated Healthcare Centre (Posyandu) - in the community, such as the elderly and toddlers. Another effort is to conduct counseling in the medical center; in this case, it is Community Health Care Center. It needs a strategy to familiarize the public with applied TB program policies so that the expected results can be maximized.

TB Reviewed from Economic Conditions

Surabaya City Health Office has provided free medical assistance for TB patients. In addition to the assistance of drug administration without spending money, TB sufferers also get free nutritional intake in the form of formula milk given when patients take drugs in Community Health Care Center. Another assistance was also obtained by elderly and underprivileged TB sufferers from Tandes Subdistrict in the form of food and grocery assistance. Another party that provides material assistance for underprivileged people with TB is Aisyiyah in the form of money of 30,000. However, all this assistance is still insufficient for sufferers because sufferers who are not rich, need funding and treatment assistance, and easy access to treatment at Community Health Care Centers and an ideal environment for TB sufferers is still a problem in handling TB problems.

TB Reviewed in Terms of Knowledge

One of the challenges found in the efforts of TB elimination in the environment around TB sufferers, in addition to maintaining the confidentiality of sufferers so as not to be known by the surrounding environment, is public awareness about the importance of conducting examinations when they have been coughing for two weeks, in Tandes Subdistrict which is one of the districts with high rates of TB. They still thought a little about checking because a cough is not important to prevent contracting TB. Therefore, they need an understanding of TB knowledge that is still not possessed by the community.

5 Inference

Social capital society can see the holistic care factors of transcultural care in TB elimination, including social and family factors, cultural factors, beliefs and way of life, political and legal factors, economic factors, and educational factors. These factors are the concept of transcultural nursing care that gives a strong influence on knowing and understanding culture-based care [5–7, 11].

6 Suggestion

Some research findings that describe the situation should be a reference in conducting professional nursing strategies in the family and group environment. The potential of the community needs to be improved to maintain the degree of health, especially in handling TB problems, because the resolution of TB cases requires all participation from the community.

Ethics. This study obtained ethical approval from the Faculty of Nursing, Universitas Airlangga, with number 630-KEPK, on 24 January 2018.

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