

Obstacles to Social Psychology in the Prevention of Tuberculosis (TB) in the City of Semarang

¹Supriyanto, ²Masrukhi, ³Suyahmo, ⁴Tri Marhaeni Puji Astuti

ABSTRACT--Social psychology is a form of personality related to one's environment, education and behavior. The purpose of this study is to examine how the constraints of social psychology in the prevention of tuberculosis in the city of Semarang. The research method uses a qualitative approach with a phenomenological analysis method. This research was conducted in Kemijen Village, East Semarang District, Semarang City. The number of informants was four people consisting of 2 TB patients, 1 community leader and 1 TB activist. Data obtained by field observations ie researchers went directly to the study site to collect as much data as possible, in-depth interviews to explore as much information as possible from the informants and documentation of the activities of residents, patients and community leaders to strengthen the data. Findings in this study Lack of family and community support for TB patients can reduce patient motivation to seek treatment. Unhealthy behaviors such as smoking, staying up late, not paying attention to environmental cleanliness increases the risk of someone suffering from tuberculosis. The closed attitude of TB patients can potentially transmit to those around them. Negative stigma from the community causes TB patients to be closed with others.

Keywords— Social Psychology, Personality, Behavior, Tuberculosis, Stigma.

I. INTRODUCTION

Tuberculosis cases are an international problem and Indonesia is a country with the highest number of TB cases in the world (WHO, 2018). Tuberculosis or tuberculosis is a lower respiratory infection that is usually caused by Mycobacterium tuberculosis. This disease caused 1.3 million deaths in 2015 and is the 9th deadliest disease in the world (WHO, 2018). Furthermore, in the SDGs it is stated that in 2030, ending the AIDS epidemic, tuberculosis, malaria and tropical diseases is neglected and fighting hepatitis, waterborne diseases, and other infectious diseases (Johnston, 2016)

Efforts to implement health have strengths, weaknesses, opportunities and challenges. The multidimensional component contributes to public health status. Socio-cultural factors can also be considered as one of the determinants of health status (Tumanggor, 2010). In Kampala, Uganda the management of tuberculosis uses a behavioral theory approach and a validated implementation framework providing a comprehensive approach to systematically identifying barriers and facilitators of TB contact inquiry (Ayakaka et al., 2017). Furthermore in Somalia patients are reluctant to share their diagnoses among a wider network

¹ Chemistry Education, Muhammadiyah University of Semarang, City of Semarang, Indonesia, savarsupri@gmail.com

² Pancasila Education and Citizenship, Semarang State University, City of Semarang, Indonesia, masrukhi@mail.unnes.ac.id

³ Pancasila Education and Citizenship, Semarang State University, City of Semarang, Indonesia, suyahmo@mail.unnes.ac.id

⁴ Sociology, Semarang State University, City of Semarang, Indonesia, trimarhaenipudjiastuti@mail.unnes.ac.id

because of the perceived stigma. Psychological support from family and specialist nurses is greatly appreciated. Health care professionals feel that stigmatization of tuberculosis is decreasing among Somalis which leads to improved tuberculosis management. Patients and health care workers raise concerns about the long-term physical and psychosocial effects of TB after treatment is complete (Gerrish et al., 2013).

In the study of social psychology (Amabile, 1983) explained that the importance of social and environmental influences on creative performance, social psychology of creativity has not yet been developed. The emphasis of social factors and the contribution that social psychology can make is creativity for a comprehensive view of creative performance. Next study (Amabile et al., 1986) explain that a child or adult does not have a negative impact if given a gift without a contract. Next in the opinion (Sagbakken et al., 2008) that:

The ability of patients to manage TB treatment is a product of a dynamic process, in which social and economic costs and other burdens change and influence one another over time. Interventions to facilitate adherence to TB treatment need to address time and local factors.

According to (Pratiwi et al., 2013) the independence of the community from the knowledge side is still low considering that most people consider pulmonary tuberculosis as a hereditary disease, and not contagious. Factors causing high TB cases include education, knowledge, and attitudes. Meanwhile according to (Macq et al., 2007) that the concept of patient empowerment through intervention and research must primarily involve TB patients themselves. Other than that (Rochani et al., 2006) also argues that individual behavior is influenced by knowledge and beliefs, mental attitude, level of need, level of attachment in groups and level of ability possessed by individuals. Supervisors taking medication are external factors that exist in an individual's environment that will affect his behavior. Besides being a factor of community behavior, the spread of TB is also influenced by health culture and beliefs that apply to a community group (Pratiwi, dkk, 2012)

Based on the description above shows that the problem of TB tuberculosis is a fairly complex case, because it involves social, cultural and personal concerns of the sufferer himself. In addition, it is also related to the social psychology of people with TB who also need support from the surrounding environment.

Semarang City, is one of the areas with quite high TB cases in Central Java (DinKes Provinsi Jateng, 2019). The following is an illustration of the number of TB cases in Central Java in 2019.

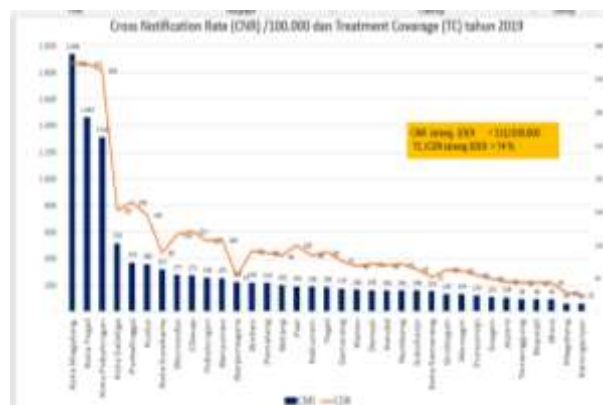


Figure 1.1: TBC Patients Data in Central Java Province 2019

Population density and slums are common problems in big cities, including Semarang. Some areas in Semarang which have quite high TB cases include; Sub-district North Semarang, Sub-district Genuk and Sub-district East Semarang (DinKes Kota Semarang, 2019). This study aims to examine how the constraints of social psychology in the prevention of tuberculosis in the City of Semarang?

II. METHODOLOGY

The method used in this research uses a qualitative approach with the phenomenological analysis method. Data obtained by field observations, in-depth interviews and documentation. This research was conducted in Kemijen Village, East Semarang District, Semarang City with 4 informants. The interactive analysis model applied in this study as described (Matthew B. Miles, A. Michael Huberman, 2014) as described in the following figure:

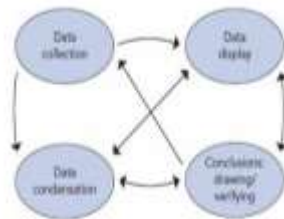


Figure.1.2: Qualitative analysis scheme

The steps according to Miles and Huberman are as follows:

1. Data collection, i.e. gathering data at the study site by conducting observations, in-depth interviews and recording documents by determining the data collection strategies deemed appropriate and to determine the focus and deepening of the data in the subsequent data collection process.
2. Data condensation, namely as a process of selection, focusing, abstracting, transformation of rough data in the field directly and continued at the time of data collection, thus data reduction begins when the researcher begins to focus the research area. Data presentation, which is an assemblage of information organizations that enable research to be carried out. Data testing data includes various types of image matrices, networks, linkages of activities or tables.
3. Drawing conclusions, namely in collecting data researchers must understand and respond to something that is investigated directly in the field by arranging patterns of direction and cause and effect.

III. DISCUSSION

Kemijen Village is one of the villages in the East Semarang District, Semarang City. Kemijen is the northernmost urban village in East Semarang sub-district, Semarang City, Central Java

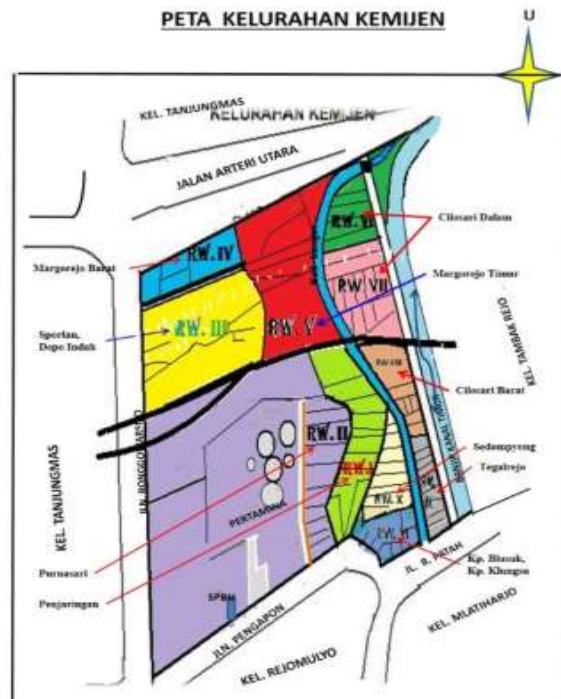


Figure 1.3: Map of Kelurahan Kemijen, District. East Semarang, Semarang City.

This village has a boundary to the north, namely Tanjung Mas, to the south bordered by Rejo Mulyo and Mlatiharjo, to the west by Tanjung Mas and to the east by Tambak Rejo. Kemijen Village is one of the villages located in East Semarang District. Formerly Kemijen is located in the northern Semarang district and still consists of 5 RWs. When there was an expansion in 1983 Kemijen took several areas from the Rejomulyo sub-district, now Kemijen has 11 RWs and 82 RTs. Kemijen has a flat topographic area about 95% flat to choppy. The total area of Kemijen is now 120.90 km²

Kemijen has a population of 13413 inhabitants. with a total of 3928 households, with details, the number of men is 6733 people, the number of women is 6723 people, ages 0-15 are 3510 people, ages 15-65 are 7798 people, and the age of 65 years and over is 2105 people. With the majority of employment the population is laborers. With the category of poor population of approximately 1340 inhabitants.

With a total population of 13413 people and an area of 120.90 km² Kemijen is a fairly dense urban village. Kemijen is divided into two times by Banger and many fishponds / fish ponds along the edge of the train tracks to Semarang Tawang Station. Kemijen has a building / yard area of 120ha, and an area of ponds / ponds of 8ha. Besides that, Kemijen has a large area of public facilities in the form of a mosque of 2645m² / ha, Protestant church of 145m² / ha for public facilities.

Social psychology, according to Bastide (1973: 150), is a development based on personality dynamics, which is a double change, namely family and school education which is destined not to make adaptations to the surrounding cultural world and adaptation to the modern. Creating the type of people capable of change, choices, self-development, and self-modification in modifying their own environment. The social psychological condition of a TB patient is related to one's personal life such as; education, living environment, self-development, family support and others. Besides that the TB case is also very closely related to people's behavior.

In behavior theory (Fishbein & Ajzen, 2009) It is stated that a person's behavior is influenced by several factors namely individual, social and information factors. Individual factors include; personal, feelings, emotions, values of public perception, and control of behavior. Social factors include; Education, age, gender, ethnic and cultural beliefs of the community. Information factors include knowledge and influence of the media. For more details can be seen in the image below.

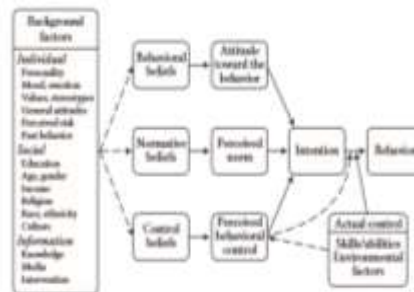


Figure 1.4: Theory of reasoned action.

Furthermore, the results of data analysis conducted on four informants received information that:

First (Interview with Mr. Wartoyo on 7 February 2020) stated that:

"Previously, there was never any information about TB. Before getting sick I used to smoke a lot, but now after being sick I don't smoke. I was sick with tuberculosis because I often slept arut night and outside the house, but also because I had worked as a blacksmith, so often exposed to pieces of iron powder. During tuberculosis he never closed himself which is important when talking to children, his wife and neighbors always wear masks. I am not ashamed to meet an important neighbor I wear a mask and no one is away from my neighbor. I was eager to recover and now I have been taking medicine for one month. Mrs. RT often reminds me to take medicine and sometimes get my medicine at the puskesmas ".

Second (Interview with Ms. Fenti Ariani on 7 February 2020) stated that:

"I have already gotten information about tuberculosis. Before I was declared ill with TB, I often checked TB, but the results were always negative, only when I last checked at the hospital. My career was stated positive. I have never told my neighbors that I have TB, but if my husband knows that I have TB. My husband used to be sick with tuberculosis. My husband became ill with tuberculosis while working in a factory, he also likes to smoke, if it is difficult to spot it, but now it is cured. At home sometimes I wear a mask but if I'm outside I don't wear a mask. I was afraid that if my neighbors knew that I was sick of TB, they would be shunned. Sometimes there are neighbors who know that I am sick with TB, seeing how I accompany it, so sometimes I feel bad too. When I get together with my neighbor, I am just like a healthy person. Until now I still take medicine and only one more month has finished treatment. "

Third (Interview with Mrs. Sulasih on 7 February 2020) stated that:

"I often provide counseling about tuberculosis in the community here. In my RT environment there are 5 people who have had tuberculosis with details of 3 people have recovered and 2 others are still in the process of

treatment. In my environment I often do community service to clean the environment. My neighbor who is now sick with TB "Pak Wartoyo" used to smoke and when he slept often outside the house because of his work guarding people's homes. Now after being sick it doesn't work anymore. I often remind him that the medicine is always taken not to break up. If your mother stopped her husband used to having tuberculosis, it is likely that she contracted it from her husband. Now Ms. Fenti has been on medication for 5 months but not all family members and neighbors know that she has TB ". In this environment, citizens often work together. Mbak Fenti often takes part in PKK activities, Posyandu and other activities in the community, and many do not know that Ms. Fenti is ill with TB ". During this time the community did not stay away from Mr. Wartoyo or Miss Fenti "

Fourth (Interview with Mr. Basar on 7 February 2020) stated that:

"Psychologically, people who are sick with TB feel embarrassed. They usually fear being shunned by their neighbors. This can happen due to lack of family support and lack of correct information about tuberculosis. Some of them even went to alternative medicine. "

Table 1.1: The following is a list of informants interviewed

No	Name	Status	age	professi on	Educati on
1	Wartyo	TB patients	53	odd jobs	Middle School
2	Fenti Ariani	Patient Healed	42	Housew ife	High school
3	Sulasih	Public figure	58	Ms. Chairma n of the RT	High school
4	Basar	TB activists	36	TB activists	Bachelo r

Based on the above analysis it can be concluded that the social psychology constraints in TB prevention are as follows:

1. Lack of family and community support for TB patients can reduce patient motivation to seek treatment regularly.
2. Habits of unhealthy behaviors such as smoking, staying up late, not paying attention to environmental cleanliness increases the risk of someone suffering from tuberculosis.
3. The closed attitude of TB patients can potentially transmit to others.
4. Negative stigma from the surrounding community causes TB patients to be closed with others.

The results of the analysis above are also supported by (Nugroho, 2010) that the pattern of family support also influences the prevention of TB.

IV. CONCLUSION

Based on the results of research that has been done, it can be concluded that, the constraints of social psychology in the prevention of tuberculosis are lack of family support, closed attitudes, patient shame and negative stigma from some communities. So that it can inhibit the prevention of TB in the community.

V. ACKNOWLEDGMENT

1. Both parents who always give prayers to be given fluency in making articles.
2. Prof. Dr. Masrukhi, M.Pd, who has patiently guided and guided and provided guidance in the preparation of this article.
3. Prof. Dr. Suyahmo MSI who has guided and guided patiently and gave direction in the preparation of this article.
4. Prof. Dr. Tri Marhaeni Pudji Astuti, MSi, who has been patiently guiding and guiding and giving direction in the preparation of this article.
5. Prof. Dr. Dewi as Chair of the Social Studies Program at S3 Unnes.
6. Prof. Dr. Fathur Rokhman, M.Hum, as Chancellor of Semarang State University.

REFERENCES

1. Amabile, T. M. (1983). The social psychology of creativity: A componential conceptualization. *Journal of Personality and Social Psychology*, 45(2), 357–376. <https://doi.org/10.1037/0022-3514.45.2.357>
2. Amabile, T. M., Hennessey, B. A., & Grossman, B. S. (1986). Social Influences on Creativity. The Effects of Contracted-for Reward. *Journal of Personality and Social Psychology*, 50(1), 14–23. <https://doi.org/10.1037/0022-3514.50.1.14>
3. Ayakaka, I., Ackerman, S., Ggita, J. M., Kajubi, P., Dowdy, D., Haberer, J. E., Fair, E., Hopewell, P., Handley, M. A., Cattamanchi, A., Katamba, A., & Davis, J. L. (2017). Identifying barriers to and facilitators of tuberculosis contact investigation in Kampala, Uganda: A behavioral approach. *Implementation Science*, 12(1), 1–13. <https://doi.org/10.1186/s13012-017-0561-4>
4. DinKes Kota Semarang. (2019). Profil Dinas Kesehatan Kota Semarang Tahun 2019. Dinas Kesehatan Kota Semarang.
5. DinKes Provinsi Jateng. (2019). Profil Dinas Kesehatan Jawa Tengah Tahun 2019. Dinas Kesehatan Provinsi Jawa Tengah.
6. Djannah, S. N., Suryani, D., & Purwati, D. A. (2014). Hubungan Tingkat Pengetahuan Dan Sikap Dengan Perilaku Pencegahan Penularan Tbc Pada Mahasiswa Di Asrama Manokwari Sleman Yogyakarta. *Jurnal Kesehatan Masyarakat (Journal of Public Health)*, 3(3), 53–60. <https://doi.org/10.12928/kesmas.v3i3.1109>
7. Fishbein, M., & Ajzen, I. (2009). Predicting Changing Behavior and Predicting Behavior.
8. Gerrish, K., Naisby, A., & Ismail, M. (2013). Experiences of the diagnosis and management of tuberculosis: A focused ethnography of somali patients and healthcare professionals in the UK. *Journal*

- of Advanced Nursing, 69(10), 2285–2294. <https://doi.org/10.1111/jan.12112>
9. Johnston, R. B. (2016). Arsenic and the 2030 Agenda for sustainable development. *Arsenic Research and Global Sustainability - Proceedings of the 6th International Congress on Arsenic in the Environment, AS 2016*, 12–14. <https://doi.org/10.1201/b20466-7>
 10. Macq, J., Torfoss, T., & Getahun, H. (2007). Patient empowerment in tuberculosis control: Reflecting on past documented experiences. *Tropical Medicine and International Health*, 12(7), 873–885. <https://doi.org/10.1111/j.1365-3156.2007.01858.x>
 11. Matthew B. Miles, A. Michael Huberman, J. S. (2014). *Matthew B. Miles, A. Michael Huberman, Johnny Saldaña - Qualitative Data Analysis_ A Methods Sourcebook-SAGE Publications (2014) (3rd ed.)*. SAGE Publications Asia-Pacific Pte. Ltd. 3 Church Street.
 12. Nugroho, F. A. (2010). Hubungan Tingkat Pengetahuan Dan Sikap Dengan Perilaku Pencegahan Penularan Tuberkulosis Paru Pada Keluarga. *Jurnal Penelitian STIKES Kediri*, 3(1), 19-28–28.
 13. Pratiwi, N., R. B., Hargono, R., & S, N. (2013). Kemandirian Masyarakat Dalam Perilaku Pencegahan Penularan Penyakit Tb Paru. *Buletin Penelitian Sistem Kesehatan*, 15(2 Apr). <https://doi.org/10.22435/bpsk.v15i2>
 14. Rochani, I., Junaiti, S., & Bachtiar, A. (2006). Hubungan peran pengawas minum obat oleh keluarga dengan petugas kesehatan terhadap pengetahuan, perilaku pencegahan, dan kepatuhan klien TBC dalam konteks keperawatan komunitas di kabupaten Wonosobo. *Jurnal Keperawatan Soedirman (JKS)*, 1(Vol 1, No 2 (2006)), 96–104. <http://jos.unsoed.ac.id/index.php/keperawatan/article/view/227>
 15. Bastide, R. (1973). *Applied anthropology*. Harper & Row.
 16. Sagbakken, M., Frich, J. C., & Bjune, G. (2008). Barriers and enablers in the management of tuberculosis treatment in Addis Ababa, Ethiopia: A qualitative study. *BMC Public Health*, 8, 1–11. <https://doi.org/10.1186/1471-2458-8-11>
 17. Tumanggor, R. (2010). Masalah - Masalah Sosial Budaya Dalam Pembangunan Kesehatan di Indonesia. *Jurnal Masyarakat Dan Budaya*, 12(2), 231–254.
 18. WHO. (2018). *World Health Organization; 2018*. WHO Press.