



Public Misperceptions of the Existence of Makassar Community Lung Health Center Services

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Abstract

BACKGROUND: The incidence of tuberculosis (TB) disease is not a new disease like several other infectious diseases such as bird flu, swine flu, and the latest disease, namely, coronavirus disease (COVID)-19 which has hit human health globally. Various realities show that people are not willing to access TB health services. This is because there is still a negative stigma for TB disease as a disease and it is embarrassing because of the lack of public knowledge.

AIM: The aim is to dig in-depth information about the causes of public misperceptions of TB services at the Makassar Community Lung Health Center.

METHODOLOGY: This research is descriptive-interpretative research with a qualitative approach. The data collection technique was carried out by in-depth interviews. In-depth interviews were conducted by interviewing informants about research questions by hunting for the answers the informants to get specific answers. The way of hunting for answers is through the development of new questions that are developed from the answers raised by the informants.

RESULTS: The results showed that the informants' relatively lack of knowledge about TB services at the Makassar Community Lung Health Center made the informants build erroneous perceptions. The informant's knowledge about the function of the Makassar Pulmonary Health Center is only devoted to tuberculosis services, thus limiting the decision making to seek treatment only when suffering from TB. This service is open to all types of diseases. Meanwhile, the attitude shown by informants in using services tends to be embarrassed because of the cultural construction that defines TB as a cursed disease.

CONCLUSION: Based on the results of the research above, it can be concluded that some people still have less knowledge so there is a misperception about TB services at the Makassar Community Lung Health Center.

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Introduction

Indonesia is a country that still has big problems in dealing with various diseases, including tuberculosis (TB). This can be seen in the data shown by the Global Tuberculosis Report 2017, which places Indonesia along with 13 other countries in the world, namely, Angola, China, DR Congo, Ethiopia, India, Kenya, Mozambique, Myanmar, Nigeria, Papua New Guinea, South Africa, Thailand, and Zimbabwe, in the list of countries with a high burden with three indicators of TB, namely, TB, TB/human immunodeficiency virus (HIV), and multidrug resistance (MDR) [1].

In addition, the WHO data in 2017 also show that Indonesia is ranked third in the world for the number of TB cases after India, China, with an estimated 2017 incidence of 842,000 or 319 per 100,000 population, while TB-HIV is 36,000 cases/year or 14/year 100,000 inhabitants. Deaths due to TB are estimated at 107,000 or 40/100,000 population and TB-HIV deaths at 9400 or 36 per 100,000 population [1].

Based on data from the 2016 RI Ministry of Health assessment, several main causes that affect the increasing burden of TB include; (a) the implementation of the TB program has not been optimal so far due to the lack of commitment from service implementers, policymakers, and funding for operations, materials, and infrastructure, (b) inadequate management of TB, especially in health-care facilities that have not implemented TB services by national guidelines and International Standards for Tuberculosis Care (ISTC) standards such as non-standard case finding/diagnosis, non-standard drug combinations, treatment monitoring, no standard recording, and reporting, (c) there is still a lack of cross-program and cross-sectoral involvement in TB control, both activities and funding, (d) not all communities can access TB services, especially in Remote, Border and Archipelago Areas, as well as high-risk areas such as urban slums, ports, industry, locations of dense settlements such as Islamic boarding schools, dormitories, barracks, and prisons/remand centers, (e) inadequate management of TB by good standards in case finding/diagnosis, drug combination,

monitoring of treatment, recording, and reporting, and (f) social factors such as high unemployment, low levels of education and per capita income, inadequate sanitation, housing, clothing, and food conditions result in a high risk of people contracting TB [2].

In addition, nationally, the government has carried out various efforts to control TB in Indonesia through an integrated and comprehensive national strategy program throughout Indonesia, starting from service units that have spread to remote areas, adequate supporting facilities including reliable technology, and trained human resources to the formation of cadres at the village level. In addition, the government has targeted nationally for TB elimination by 2035 and Indonesia TB free by 2055 [2].

The incidence of TB disease is not a new disease like several other infectious diseases such as bird flu, swine flu, and the latest disease, namely, coronavirus disease (COVID)-19 which has hit human health globally. TB disease is a disease that was discovered by the bacteria causing it in 1882 by Robert Koch which opened up opportunities for diagnosis and cure. However, until the current modern era, TB disease still occupies the top 10 global and national killer diseases so the prevention of this disease does not only use a medical approach but also a social approach [3].

Various research results show, as concluded by Media (2011), the knowledge dimension of some people who still think that TB disease is related to occult and magical aspects and is hereditary [4]. Dhewi *et al.* (2012) also found that some people perceive TB disease as an ordinary cough or a harmless disease so that people are less concerned about the risks posed by TB disease, and there is still a public perception that TB can be contagious, creates a negative stigma as an embarrassing disease so that they are not willing to access health services [5].

In line with the results of the research above, the reality of the utilization of health services for TB disease in South Sulawesi is still very low. The presence of the Makassar Community Lung Health Center as a form of the central government's commitment to TB control programs in the regions has not run optimally. The results of the researcher's observations show that the community does not choose the Community Lung Health Center as a TB disease health service because of feelings of shame when visiting TB health services where the Makassar Community Lung Health Center is located on the National Protocol route which is easily visible from past people. In addition, several TB service work units both within Makassar City and outside Makassar City have not made the Community Lung Health Center a referral center for lung disease in South Sulawesi even though the presence of the Community Lung Health Center is to accelerate referrals from below in efforts to treat TB disease, cannot handle it. The center for Community Lung Health has been equipped with various sophisticated diagnostic and treatment facilities and infrastructure for TB treatment.

Even in 2021, the Community Lung Health Center will turn into a special lung hospital which is a pulmonary service hospital in East Indonesia.

Starting from the problems mentioned above, the researchers are interested in conducting research on the causes of public misperceptions of TB services which have decreased the existence of services at the Makassar Community Lung Health Center. The focus of this research includes the dimensions of community knowledge and experience which are deterministic of the occurrence of misperceptions. This argument is by the results of research conducted by Islam, Ahmed, Rahman, Amin, & Rahman (2008) with the title Knowledge and attitude of rural population towards TB and perception of barriers in accessing TB services in two provinces of Afghanistan which concluded that the symptoms misperception of TB services is an obstacle for patients in accessing treatment and care [6].

Methods

Types of research

This research is descriptive-interpretative research with a qualitative approach. Data collection techniques are carried out by in-depth interviews [7]. The informants for in-depth interviews consisted of visitors, both TB sufferers and their families (who were visiting the Makassar Community Lung Health Center, totaling five informants. The number of informants was based on information saturation [8].

Research instruments

The instrument in this study was the researcher himself who was supported by interview guidelines, stationery, paper, and tools in the form of a voice recorder and camera as an image recorder related to the object of research [9].

Data analysis techniques and data validation

Qualitative data analysis is carried out through (a) qualitative data reduction (choosing the main things that are relevant to the research); (b) data display (allowing the presentation of data through matrices and graphs according to research needs); (c) verification of data and conclusions (looking for the main similarities that have appeared in the results of interviews) and collecting based on the final analysis of the data; and (d) data analysis will gain credibility, credibility, and confirmability from all informants [10]. Meanwhile, the data validation technique is through credibility, transferability, dependability, and confirmability [9].

Results

This research was conducted for 3 months, namely, January–March 2021 with a total of five informants. This research was conducted at the Makassar Community Lung Health Center with a research focus on the causes of public misperceptions of TB services at the Makassar Community Lung Health Center which resulted in a lack of utilization of services at these health facilities and led to a decrease in the existence of health services. The focus of this research includes the dimensions of community knowledge and experience in the occurrence of community misperceptions regarding TB services at the Makassar Community Lung Health Center. The description of the research results is presented in the following narrative (Table 1):

Table 1: Characteristics of informants

No.	Informant code	Age	Gender	Information
01	LL	50 years	Male	Visitors
02.	RML	56 years	Male	SSAB patient
03.	RHM	45 years	Female	General patient
04.	ADR	50 years	Male	SSAB patient
05	AC	39 years	Female	Visitors

Data source: Primary data, 2021.

Community knowledge and misperceptions about TB services at the Makassar Community Lung Health Center

The informant's knowledge of TB services at the Makassar Community Lung Health Center showed that there were variations in basic knowledge. One of the informants revealed that all patients who came to visit and seek treatment at the Makassar Lung Health Center were TB sufferers as a whole. In addition, the existence of TB disease services at the Makassar Community Lung Health Center has no different from the existence of TB disease services at the Puskesmas wherein in each health service facility, there are health workers, in this case, there are doctors who can treat TB disease as described above statement in the interview excerpt as follows:

"...Yes, all patients who come for treatment at the Makassar Community Lung Health Center are all TB sufferers and it is no different from the Puskesmas while at the Puskesmas also doctors can treat TB, sir." (LL/Male/50 Years old/Visitors).

In addition, to informant LL, another informant, namely, RHM, stated that the services available at the Makassar Community Lung Health Center were lung disease services. In addition, there is a statement that revealed that the location of health-care facilities is very difficult to reach because of its position which is covered by the construction of an overpass which is right in front of the center for Community Lung Health and is still perceived by informants related to financing as a general patient which is considered expensive.

This is indicated by the following interview excerpts:

"...the services here are lung disease services. The place of service is very difficult to reach because of its position which is covered by an overpass in front of it. Yes... as a general patient, I feel that the service rates here are expensive..." (RHM, Female/45 Years old/General patient)

The statement of the informant above is different from the statement of other informants who revealed that the Makassar Community Lung Health Center's health service facility can serve all diseases, which means that it does not only serve lung disease. This is shown in the following interview excerpt:

"...As far as I know, sir, this Makassar Lung Health Center serves all diseases..." (ADR/Male/50 Years old/SSAB patient)

Knowledge about TB services at the Makassar Community Lung Health Center made the informants build a wrong perception in this case the researchers called it a misperception owned by the informant. The informants knew and understood that the Makassar Lung Service Center only served TB patients, so they did not decide to go to the service when they faced other diseases. In addition to a biased understanding, informants are also influenced by cultural constructions that view TB as a cursed disease so that they are generally embarrassed when they are found to have TB. The informants' utterances are summarized in excerpts from in-depth interviews as follows:

"...that the TB service at the Center for Community Lung Health was specifically diagnosed with TB, so it is clear that we are hesitant to come to check ourselves there, lest we won't get TB later, but after coming there for a checkup, we get infected with TB from other patients, don't let us be treated in the same room..." (AC/Female/39 Years old/Visitor)

The informant's expression above was the explanation of other informants who revealed that as far as the informant's knowledge was concerned, the services at the Makassar Community Lung Health Center only provided TB disease services, so it was possible for the informant to feel ashamed when said to go for treatment at the health facility. For RML informants, there is still a perception that some people place TB disease as a dangerous disease. This was stated by the informant as quoted in the following quote:

"...The service I get here is good. I only think that the service at the Center for Community Lung Health only serves TB disease. Another thing, sometimes I feel embarrassed when it is said to go for treatment here, sir, because some people think that if we come here for treatment, the disease we suffer is dangerous..." (RML/Male/56 Years old/SSAB patient)

This was reinforced by other informants who also felt that there was a feeling of shame when seeking treatment at the Makassar City Center for Community Lung Health because according to the informant, the patient or the public who visited had problems or suffered from lung disease. The informant's expression is described in the interview excerpt as follows:

"... there is a feeling of shame if we go for treatment at the pulmonary hospital because all the patients who come to this place for treatment are patients with lung disease." (RHM/Female/45 Years old/General patient)

Another informant added that there is a feeling of shame when seeking treatment at the Makassar Community Lung Health Center because of the assumption that TB disease is a dangerous and incurable disease and there is still an assumption that TB disease is very easy to transmit to other people so that in the interaction process, there is a view that the other person will avoid or walk away. This was stated by the informant in the interview excerpt as follows:

"...I think if someone was asked how it felt to be treated at the Makassar Lung Health Center, I think everyone would say they are ashamed to have lung treatment because of this... There are still many people who think that this lung disease is very dangerous and cannot be cured. So usually if there are people who know us and then find out that we have TB disease, it is assumed that we will easily infect them so that many will stay away from when we come or meet..." (ADR/Male/50 Years old/SSAB patient)

Experiences and the formation of public misperceptions about TB services at the Makassar Community Lung Health Center

Based on the results of in-depth interviews conducted with five informants related to the dimensions of community experience regarding TB services at the Makassar Pulmonary Health Center, it was revealed that most of the informants had answers that presented some unpleasant experiences given by health workers in serving patients in among other things, informants have experienced difficulties in obtaining services, especially informants who are participants in the Health Social Security Administering Body in fulfilling the service requirements of the Health Social Security Administering Body. In addition, the informant revealed that the informant had an experience where the informant was left to wait a long time without any information on the certainty of waiting time in health services. The informant at the same time experienced the service of the receptionist who experienced that there were still some officers who were less responsive

to patients who were new visitors to the place. This is revealed in the following interview excerpts from informants:

"...I have experienced difficulties in getting services here, especially regarding the completeness of the complicated SSAB service requirements. I happen to be a participant in SSAB. Yes, I was also left waiting a long time without any information while waiting for service at this hospital. At the reception, sometimes the staff there doesn't respond to us who just came for treatment..." (RML/Male/56 years old/SSAB patient)

"...yes, I think if we are SSAB patients, we have to prepare a lot of requirements... we have to take care of the left and right, it's quite complicated... once I was served by officers who were not friendly in the way they spoke, sir..." (ADR/Male/50 years/SSAB patient)

Other informants also experienced indifference or indifference and unfriendly services. Some officers showed this attitude and some others showed a different attitude, namely, the officers were friendly and responsive in serving. The informant also revealed that there was an experience that the informant had experienced in which sometimes terrible conditions occurred when a patient coughed up blood near another patient or was temporarily in a state of suffocation with terrible conditions. This experience was experienced by the informant as a dire situation because flying germs could infect other patients. This was stated by the informant as quoted from the interview as follows:

"...Yes. We have a lot of experience, sir, friendly staff, some are not friendly. Some respond quickly, some are indifferent, which is usually terrible if a patient happens to cough up blood near us, or is very congested and all physical conditions are terrible, some are emaciated, coughing is what makes us feel insecure because the germs fly, we can also get it, sir..." (LL/Male/50 years/visitor)

In addition, specifically in the disclosure of informants based on the results of in-depth interviews, it was conveyed that the experience during treatment at the Makassar Community Lung Health Center was a long waiting time from the doctor on duty to carry out an examination. Informants were once left waiting for a long time to be examined by a doctor without being given information from health workers. This is revealed in the following interview excerpts:

"...My experience during treatment at this hospital...Yes, the service is long, I have waited a long time for a doctor to examine me. I was once left waiting for a long time without any information from the hospital staff..." (RHM/Female/45 years/general patient)

Discussion

Community knowledge and misperceptions about TB services at the Makassar Community Lung Health Center

Various literature show that the formation of individual perceptions in society is also influenced by the dimensions of knowledge. One of them stated by Thoha (2015), factors that influence a person's perception include internal factors which include feelings, attitudes and individual characteristics, prejudices, desires or expectations, attention (focus), the learning process, physical condition, mental disorders, values and beliefs, needs, as well as interests and motivations. In addition, perceptions are influenced by external factors including family background, information obtained, knowledge and needs around, intensity, size, to the opposite, repetition of motion, new and familiar things, or unfamiliar objects [11].

One of the focuses of this research is the dimension of knowledge as an external factor in the formation of individual perceptions and public perceptions. The selection of the knowledge dimension as one of the deterministic perceptions was appointed by taking into account the social reality of the community that the knowledge dimension possessed by individuals and the community about the services available at the Makassar Community Lung Health Center initiated the formation of their perceptions [11].

The findings of this study indicate that some people have knowledge that is not by the existence of health services at the Makassar Community Lung Health Center, including that the health facilities are specifically for TB sufferers. Meanwhile, in reality, the center for Community Lung Health has provided various services including superior services, public services, service fees, and public complaints. This can be shown on the profile of the Makassar Community Lung Health Center as presented on the official website. In this profile, a menu of superior services is presented, including smoking cessation poly services, general check-ups, and VCT. Meanwhile, for general services, they include the Dots Center, general poly, physiotherapy, pharmacy, radiology, special poly, non-TB poly, laboratory, TB poly, ER, VCT, and counseling.

With very limited knowledge about TB services at the Makassar Community Lung Health Center, it makes individuals and builds wrong perceptions as an indication of the formation of misperceptions about services. The knowledge possessed by the community is still limited to past knowledge about the Community Lung Health Center which has special health services, namely, lung disease. However, in the development and improvement of service capacity to date, the Community Lung Health Center already has a variety of health services.

In addition, the knowledge of the majority of the community about TB as a dangerous and incurable disease also forms the public's perception that if they are seen seeking treatment at that place, they will feel ashamed or uncomfortable with the perception of some people with erroneous knowledge regarding the dangers of TB disease, very easy to infect others. This results in disturbances in the awkward interaction process and tends to be avoided by some people when there is physical contact with people with the disease [11].

Experiences and the formation of public misperceptions about TB services at the Makassar Community Lung Health Center

Roger revealed that perception is an intuitive awareness based on a hunch on the truth or direct belief in an object. Perception is formed because of the activities that are integrated within the individual, especially with the disclosure of feelings and thinking skills so that perception is individual. In the context of health services, individuals with their experiences will form good perceptions or wrong perceptions or misperceptions. For Roger, if individual experiences are not the same, then in perceiving a structure, the perception results may differ from one another because it is very subjective [12].

The experience that individuals have in society, especially in experiences that are considered less pleasant, especially in the responsiveness of health workers in the front room, namely, the service receptionist, is one of the formations of wrong perceptions of health services. This experience will become information material that will immediately experience displacement and ultimately create a bad image of the service because individuals will convey information to other individuals based on their experiences. This experience story becomes another source of individual knowledge and continues to be dynamic with all the habits of information attached [12].

The existence of variations in the needs and uniqueness of individuals in receiving health services as well as the various characters of health workers in providing health services is one of the triggers for the formation of erroneous perceptions in the community. Indifference or indifference and unfriendly services experienced by individuals are perceived as one of the inconsistencies in the attitude of officers in providing health services. In addition, the experience of individuals who witnessed directly where the situation occurred was considered quite terrible if there were patients who happened to cough up blood near other patients or while in a state of suffocation with terrible conditions. This experience shows that the function of isolation or separation between patients with severe health problems and patients with mild health problems does not work.

Conclusion

Based on the results of the research above, it can be concluded that some people still have less knowledge so there is a misperception about TB services at the Makassar Community Lung Health Center. Some people have had an unpleasant experience, resulting in misperceptions about TB services at the Makassar Community Lung Health Center.

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