The prevention of TB using promotive aspect in Aisyiyah TB care program

M Zainal S, Sapar2, I K Dewi3 and Irwandy4

1Departmen of Agricultural Extension, Faculty of Health Agriculture and Marine Science, Universitas Muhammadiyah Palopo, South Sulawesi, Indonesia
2Department of Economics Development, Faculty of Economics and Business, Universitas Muhammadiyah Palopo, South Sulawesi, Indonesia
3Legal Studies Program, Universitas Muhammadiyah Buton, Southeast Sulawesi, Indonesia
4Faculty of Public Health, Universitas Hasanuddin, South Sulawesi, Indonesia

E-mail: richoenal@gmail.com

Abstract. This research conducted to explore the role of Aisyiyah Muhammadiyah in the context of overcoming and eliminating tuberculosis (TB) through advocation, communication, social mobilization and sustainability of the community of TB care in Makassar city. This research used a qualitative approach through a deep interview with the key informant, namely coordinator and advocacy, communication, social mobilization staff program community in the TB care unit of south Sulawesi Aisyiyah. The purposive technique is used in informant selection to get more accurate data and the most suitable information source. This research produced a model of implementation in advocation, communication, social mobilization and program continuation activity in Aisyiyah Makassar TB care community. This research also described and identified the elements (institution or agency) involved in the implementation of Aisyiyah Makassar TB care community. The overall advocacy activity is an effort to present sustainable TB prevention or elimination.

1. Introduction
Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis bacteria normally infected the lungs, but it can also affect other parts of the body. Tuberculosis spreads through the air, and one of the examples is through the cough. TB's developing chance is higher in person with HIV and also to those who have malnutrition, diabetes, smoking and alcoholic behaviour [1]. The amount of TB prevention number in 2014 is 647 per 100.000 people, it increases from 272 per 100 people in the previous year, the amount of incidence number in the year of 2014 is 399 per 100.000 people compare to the previous year as much as 183 per 100.000 people in the year of 2013 [2].

Some of the prime reasons for the increasing TB patient are medical, social, and policy factors (inadequate of political commitment and funding), the support and involvement of all social communities are needed. This is in line with rules of regulation number 36 of 2009 about health and ministerial of health regulation number 67 of 2016 about TB prevention stated that the government (local government)
and community are responsible for making an effort to prevent, control and eradicate the infectious disease and also the consequences through promotive, preventive, curative, and rehabilitative activity not only for individual but also for the community [3]. Especially in South Sulawesi, the amount of lungs TB patients is 9325 cases, while in Makassar city, the amount of TB patients is 1952 cases. The cases in Makassar is the highest compared to other district or city in South Sulawesi [4].

Relevant communication is one of the strategies to support TB prevention was shown with the presence of AKMS (Advocacy Communication and Social Mobilization) as the TB global strategy in World Health Organization (WHO), the establishment of AKMS working group at STOP TB partnership movement increase the number of the program to promote the mobilization of affected TB communities, and a large number of national TB programs that receive funding from global fund to do the AKSM activity [5]. The collaborations of all sectors become the success key for TB prevention [6–10].

2. Methods
This research used a qualitative approach. The data was collected with in-depth interviews to explore the implementation of advocation, communication, social mobilization (AKMS) activity in the TB community care program of Aisyiyah of South Sulawesi. Purposive technique sampling was used as the technique to choose the informant and to get accurate and proper data. This research was conducted from February to May of 2018.

3. Results and discussion
Social and behavior change of communication has three leading strategies, which covered: (1) advocation for policy changing and mobilization resource, (2) social mobilization for coalition in wider range and the reinforcement of partner capacity from community level to international level, (3) the communication of behavior change using interpersonal, group, mass media, and new information technology approach for behavioral change and certain social norm. These three strategies were important for social and behaviour change continuity. Advocacy and mobilization used communication techniques to achieve the goal [11].

The implementation of model formula in promotive aspect activity (figure 1) at program Aisyiyah Makassar TB care community could be explained based on each activity element. The aspect of an advocation community program, in principle, is the effort to ask Makassar city government commitment and support (executive and legislative) in TB prevention or elimination. Various real efforts that have been made by the TB care Aisyiyah of Makassar community management such as a meeting and approaching not only to executive government level (Mayor of Makassar) but also to legislative level (board member of Makassar city) to encourage the birth of TB prevention or elimination policy. But, when this research was conducted, the effort had not been carried out. The fact from the field revealed that the meeting of program organizers both with the executive and legislative party were so rare and had not been maximized yet which is only held once in a year. So as the meeting with other community elements and internal Muhammadiyah management also had not been maximized enough.

From those explanations, it is needed to strengthen and tighten the relationship between the Aisyiyah Makassar TB care community organizer with community elements who has the same vision, mission, and goal related to TB issues, it includes to tighten the collaboration between internal Muhammadiyah management with local media to stimulate the formation of agreement related to TB prevention or elimination in executive and legislative party. Moreover, it is hoped to program the organization to build up a strategic synergy relationship especially in Aisyiyah and Muhammadiyah's internal management, and generally with Makassar city government and other community elements to maximized the community group who cared about TB cases in the future. The whole advocacy activity is an effort to present sustainable TB prevention and elimination activity.

Various research revealed the significance of government and community collaboration in health, some of them are: the collaboration of United Nations Children’s Fund (UNICEF) with a non-government organization in India has created Social Mobilization Network (SMN) which aimed to raise the access and to decrease the family and community resistance to Polio vaccination. Kinds of innovation were carried out includes the forming of local social mobilization coordinator, the involveoment of community
leaders, the use of kids motivator and kids parade, introduction to health camp, and the support of related health intervention such as sanitation education, mother and child hygienist and health [12]. The health program in the community base can develop community interaction with the health system, and improve the use of health services, especially for mother and child. The continuity of independence in health could be achieved by the leadership of community leaders [13]. The role of community leaders to TB patient were giving motivation, the place to asking and consulting meeting, also to managing the activity and raising funds [14].

In communication aspects, the program organization had been various communication programs based on its target group. Campaign-based program communication aims to convey the information of the activities by the program organization related to TB prevention collaborated with the government (city health office), other community elements, internal management of Aisyiyah and Muhammadiyah including local media and social media. The campaign which has been done related to the communication program was the commemoration of World TB day. Advocacy activity collaborated with the city government (executive and legislative). Media channels are used normally were: mass media (local television channel, the local newspaper, brochure, pamphlet (leaflet), social media such as facebook, Instagram (Instagram id: @aisyiyahpedulituberkolosis). Program communication related to a certain group of the community aimed to give comprehension and behavior change some of them were Training of TB officer, training of medicine taker supervisor, health seminar, nutrition distribution, transportation fund support, economy training for patient’s family and motivation reinforcement for the patient (refreshing). The media chosen are group and interpersonal communication.

This research is related to the use of communication media in the health program, and they were: social media (twitter) as a powerful communication tool, especially in “public education”. Most of the tweets were intended to give valuable information to stakeholders, followed by building an online community and encourage the community to act [15]. The social media campaign (microblog) anti-smoking in China found that commonly persuasive message is about the perceived risk followed by subjective norm and self-efficacy. The social media posts related to the perceived risk has a positive effect on online viewers. The post was intended to share the information than to interact with the audience [16]. The health officer Communication strategy in sharing the TB information for the community through the counselling or interpersonal communication with TB patient has already run well. But advocacy activity with the government, non-government organization, and social mobilization for the community in general and social media has been done [17]. A mass media campaign in various risky behavior contexts could produce positive change and prevent the negative change related to health issues [18]. The communication could provide significant support to the diphtheria immunization program in Russia. Mass media channel (television, radio, print media) used in diphtheria communication is one of the learning tools about the necessity of diphtheria vaccine extra doze [19]. The communication intervention used in immunization campaign in Nigeria is intended to inform and educate the majority targeted to community members were delivered with various method such as announcement letter (sent to Mosques, churches, traditional leaders, schools), mass media (radio, television, poster), dialogue with the community and announcement by health officer to certain community [20].

The social aspect mobilization, the resource showed that the social mobilization activity that has been done by the main program organizer in commemoration of World TB Day. As for the activity, they organized activity such as healthy exercise and knocking 100 house door actions. These activities were carried out through the collaboration between program organizer and TB candidate, government and local media role. These activities are still temporal and ceremonial but still, the real contribution and positive effect as a tool to campaign the awareness of TB cases and report enhancement of the TB patient suspect. In the future, program organizer is expected to enhance sustainable activity and involving the participation of community organization inclosing local media. The mobilization of international resource support, politic chance (national AIDS program decentralization), and culture frame enable local Afro-Brazil religion groups to form up a national network. In micro level, outside of funding support, interrelation of religious ideology, leadership, and HIV related network could affect the mobilization [21]. Communication and social mobilization for behavioral changing could not work alone. It needs
community health infrastructure, epidemiology and entomology surveillance, effective clinic management, emergency alert, active involvement of the community, and health policy reinforcement (legislation) for the effectiveness of dengue fever [22].

Figure 1. formulation model of advocacy, communication, social mobilization and sustainability of Aisyiyah Makassar TB community care program implementation. Further elaboration is needed regarding all related elements (in the institution) which involve in the Aisyiyah Makassar TB care program community implementation. The purpose is to find out other elements' roles and supports (in the institution).

Table 1 The support of element resource for advocation, communication, and social mobilization activity of Aisyiyah Makassar TB care community.

| Institution | Activity | Support |
|-------------|----------|---------|
| Makassar city government/health office/another related office | Advocation | - Meeting/approaching to discuss the forming of TB prevention/elimination policy in the form of city mayor regulation |
| | Social mobilization and communication | - Collaboration with program organisation in implementing program activities (such as commemorating TB day, transit house) |
| | | - Collaboration with program organisator in TB candidate training and medication take supervisor (PMO) |
This research also outlined the theoretical and policy implication. The theoretical implication justifies the Mc. Kee’s Explanation (1992) as described [23] about the development of the communication model. This model has three elements; they are advocacy, social mobilization, and communication program. Advocacy is compiling facts and information into specific persuasive arguments of goal development goals aimed at political leaders, planners, academics, media and community to arrive at the same consensus regarding specific development. Social mobilization as an effort to gather up all cross-sector alliances and the partnership between government, private sector and the public to create awareness related to certain issues. Communication in this research is communication to support program development to change the behavior between certain community groups. This kind of communication sometimes called communication to change the behavior based on audience comprehension by exchanged the message (idea, information, and emotional attraction) using media channels.

The importance of communication strategy integration in program development. For instance, in the case of HIV or Polio prevention, the importance of government, private (support) and civilian community act collaboration using various communication techniques. The using of that communication technique different based on each problem, priority, and group target. Conventional mass media for aiming a bigger target population. Social mobilization for increasing various participants from different organizations and supporting the effort to reach the target. The advocacy media for getting the government and private support, validate the subject relevance and stimulate the issue to public agenda. Through the combination act of various parties (government, private, civilian community group) that aimed the growth of together awareness to boost up TB elimination and prevention effort.

The policy implication encourages the Makassar city government and the legislative so that they can maximize the support to encourage TB prevention or elimination collaboratively and continuously. Makassar city government through Health office to get a role to improve TB patient or family economy by way of skill improvement training in collaboration with community element such as Aisyiyah Makassar TB care community. This is important because the problem of TB patient or their family sometimes have to stop from their daily job and infecting their family economy condition.

The presence of TB candidate must get serious attention from Makassar government, even though it only helps the responsibility of health officer, but it has a significant role for TB patient and community.
The government must acknowledge the role of TB officers by giving them fund allocation for their prosperity and helping them with office vehicles to support their role to find TB patients or suspects. The government also needed to provide training for TB officers, especially in communication ability and human resource development.

4. Conclusions
Advocacy activity, communication and social mobilization in the Aisyiyah Makassar TB care community program as an effort to prevent or eliminate TB promote timely. Advocacy as an effort to ask for Makassar government commitment and support (executive and legislative) for TB prevention or elimination and to maximized the forming of the TB care community. This effort is carried out by strengthening the collaboration of other community elements, including Muhamamdiyah internal management and local media. The whole advocacy activity means to establish sustainable TB prevention. Program organizer program has done various activity, including building up community awareness and supporting TB prevention or elimination. Advocacy is a sustainable program that needs to be carried out.

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