

## RISK FACTORS OF LOCAL WISDOM IN PARIAMAN CITY

\*Linda Marni<sup>1,2</sup>, Eri Barlian<sup>1</sup>, Siti Fatimah<sup>1</sup>, Bustari Muchtar<sup>1</sup>

<sup>1</sup>Department of Environment Science, Universitas Negeri Padang

<sup>2</sup>Lecture Department of Vocational Nursing, Universitas Negeri Padang

Email: lindamarni17@gmail.com

\*Corresponding Author, Received: Sep 21, 2020, Revised: Oct 17, 2020, Accepted: Nov 16, 2020

**ABSTRACT.** The purpose of this study is to explain the risk factors of local wisdom of the community in Pariaman City. This type of research is qualitative research, which is a study that tries to understand the phenomenon of the problem of risk factors for the spread of tuberculosis disease which is reviewed from local wisdom in the people of Pariaman City. Disasters include not only floods, landslides, land fires, earthquakes, and tsunamis, but disease outbreaks are also included in the disaster category. Therefore this event also requires mitigation and careful treatment scenarios related to disease outbreaks that may appear in the future and can be handled properly. The belief of the people in Pariaman city area of West Sumatra, pulmonary TB disease as a disease because *tamakan*, due to the use of others dislike, proven by the habit, the behavior of the community disposes of saliva carelessly on the ground, on the floor of the land house. Stigma is fear, shame as a TB sufferer, so there is still a lot of perception that people who call it long cough disease, cough 40 days, can also call it dry cough, and asthma. It is necessary to increase knowledge about pulmonary TB disease directly in the community can also by optimizing the role of community leaders, indigenous figures, local religious leaders as social support in prevention efforts in addition to being a "pattern factor" of the community.

**Keywords:** *Mitigation, Local Wisdom, Tuberculosis*



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### A. INTRODUCTION

TB disease can have some impact on sufferers. Physical impacts include general physical weakness, persistent coughing, shortness of breath, chest pain, decreased appetite, weight loss, night sweating, and sometimes high heat. Psychosocially the impact sparked such as the onset of fear in oneself and the stigma of being ostracized or even ostracized by society. Economically about 75% of TB patients are the most productive age group (15-50 years old). It is estimated that an adult TB patient, will lose his average working time of three to four months and result in a loss of his household's annual income of about 20-30%. If a person dies from TB, then the person is the same as losing his income for about 15 years [1].

The increase in tuberculosis cases is an indication that the world is still shackled to dangerous infectious diseases and this is a health disaster. Disasters include not only floods, landslides, land fires, earthquakes, and tsunamis, but disease outbreaks are also included in the disaster category. Therefore this event also requires mitigation and careful treatment scenarios related to disease outbreaks that may appear in the future and can be handled properly [2] [3] [4] [5] [6].

The Ministry of Health of the Republic of Indonesia has the principles and strategies of the

tuberculosis program for 2015-2020 which is made into six points, namely strengthening the leadership of the TB program in Regency/City, Improved access to quality TB services, Control of TB risk factors, Improving partnerships through TB coordination forums, increased community independence in TB management, and the last point is strengthening program management [7] [8] [9] [10].

Control of risk factors referred to in this strategy includes promotion, healthy environment and lifestyle, implementation of TB infection prevention and control, while at other points that reads the increase in community involvement in TB control increases community and family involvement in TB case-control, community empowerment through TB integrate into family and community-based health services [11] [12] [13] [14].

The active role of people in tuberculosis prevention efforts is not only judged by their efforts in preventing transmission but also how to change the negative stigma of society against the disease. This is where there needs to be a change in local wisdom in a better direction. The culture of the community among others is ashamed if it is known to suffer from pulmonary TB disease so that it has the potential to transmit the disease. Many communities still have a culture of spitting in any place so that when suffering

from pulmonary TB is susceptible to transmitting it to the surrounding people [15].

The culture of the community that results in a high risk of transmission of tuberculosis disease can also be found in Pariaman City. Early prevention efforts on tuberculosis transmission are becoming less optimal due to the public's perception of early symptoms of tuberculosis such as cough. Symptoms of tuberculosis are considered as old cough disease, 40-day cough, dry cough, and asthma. Judging by the phenomenon, tuberculosis mitigation is needed against the risk factors of local wisdom of the community in Pariaman City.

## B. METHOD

This type of research is qualitative research. This type of research is used to investigate, describe, explain, discover the qualities or privileges of social influence that cannot be explained, measured, or described through quantitative approaches. As for the social problems found in the perception or culture of Pariaman who consider that cough disease experienced by family members is a type of disease that has several categories of assessment, such as cough 40 days, cough *sikakeh*. Reviewed in terms of health sciences, cough symptoms are one indication of tuberculosis disease, so there are findings of local wisdom of the community that has the potential to cause transmission and spread of tuberculosis disease.

## C. RESULTS AND DISCUSSION

Each region has different customs. There are times when a behavior that becomes the local wisdom of the local community is indirectly able to improve the degree of public health. As in Minangkabau people who are used to eating food with chili seasoning. Judging by the nutritional content of chili is very good to increase the endurance of the body because it contains vitamin C which is higher than fruits. However, not all local wisdom in Minangkabau has a good impact. The findings of people's habits that trigger disease transmission can also be seen, such as *basamo* eating habits (together) in the community in *Minang*, especially in Pariaman City.

People have a safe culture at religious and traditional events in Pariaman often a safe meal with hand washing in *tembala*, *kobokan*, 1 *tembala* for 4 people, so it can be the cause of transmission of pulmonary TB disease. Based on the results of interviews during the study found that the norm, the stigma of people in Pariaman city area, lung TB disease is also considered a disease because *tamakan*, due to the use of others who are disliked, is proven by the habit, the behavior of the community throws saliva indiscriminately. Stigma is fear, shame as a TB sufferer, so there is still a lot of perception of people's pain that refers to it as old cough disease, cough 40

days, dry cough, cough *sikakeh* (a type of cough that is long and takes a long time also to heal) and asthma.

The knowledge and awareness of some communities in the prevention of Pulmonary TB disease are also relatively lacking. This is seen from the perception of some people that Pulmonary TB disease is related to the power of the unseen, due to offspring, shameful diseases, not dangerous diseases, and only common cough diseases. In addition, there is a public belief that Pulmonary TB disease cannot be cured by medicine, also considered to be the cause of people's shame to treat to the health center and fear of being convicted of Pulmonary TB. This condition is also coupled with the desire of people who tend to want to recover quickly, and do not want to linger doing treatment in public health centers.

The decision to choose treatment is also influenced by local customs and habits, where things are better done with family deliberations. The participation of the community in the effort to combat Pulmonary TB disease is still lacking, where some people only want to treat if the health condition is impaired and has been unable to carry out its daily activities.

Based on the information from interviews with several people the source is known that the people in Pariaman also tend to buy medicine stalls when feeling the symptoms of coughing, while others immediately treat and entrust their recovery to health workers. The reason they buy medicine stalls because it is still classified as a minor disease, and choose to go to the health center because the symptoms of cough include dangerous, contagious, and can only be cured through medical treatment by taking medication for 6 months. While a small number of others entrust their recovery through the help of traditional medical personnel because they think that cough/tuberculosis disease can only be cured quickly through traditional medicine because the disease is related to the power of the unseen. This condition is influenced by several things, among others due to hereditary family habits, and their belief in traditional medicine because the services provided by traditional drug workers are more kinship.

This societal culture as a form of accumulation of individual beliefs, family norms, and societies is reflected in the stigma, myth in society. It is necessary to develop the character of individuals, families, and communities in shaping the behavior of pulmonary TB prevention efforts. The participation of all parties to form a subjective norm in individuals, and groups in the community so that efforts to prevent the transmission of pulmonary TB disease become a prevailing norm in the area accepted by the local community. How health promotion efforts can facilitate through several health programs so that efforts to prevent the transmission of lung TB disease become a norm that applies to the local community and slowly becomes a belief in the community, and this belief is based on the formation of value. Value

self-reliance as a necessity for sufferers and a close family of sufferers not to contract pulmonary TB.

Similarly, the surrounding communities are endemic to pulmonary TB. Changing behavior is certainly not as easy as turning the palm takes time, sustained effort from various sectors. Secondary prevention aims for early detection of diseases such as urgent examination of health workers when experiencing symptoms of pulmonary TB. Tertiary prevention aimed at preventing the *sekuale* of diseases such as resistance to TB drugs, as well as the growing value of independence for sufferers and families in the regularity of taking drugs to cut the new transmission cycle of pulmonary TB sufferers.

#### D. CONCLUSION

Public trust in Pariaman city area of West Sumatra, lung TB disease as a disease because *tamakan*, due to the use of others who are disliked, proven by the habit, the behavior of the community disposes of saliva carelessly on the ground, on the floor of the land house. Stigma is fear, shame as a TB sufferer, so there is still a lot of perception that people who call it old Cough disease, cough 40 days, can also call it dry cough, and asthma. It is necessary to increase knowledge about pulmonary TB disease directly in the community can also by optimizing the role of community leaders, indigenous figures, local religious leaders as social support in prevention efforts in addition to being a "pattern factor" of the community.

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