

Study Of Social Exchange From TB Care Community Aisyiyah In Early Detection Of Tuberculosis Suspect In Surakarta

Hetty Mei Ratnawati¹, Sutopo JK¹, Mahendra Wijaya¹

¹*Department Of Communication Faculty of Social and Political Sciences
Universitas Sebelas Maret Surakarta, Indonesia*

Email : hettyrosyid@gmail.com

Abstract—Indonesia is currently the fourth most burdened tuberculosis (TB) country out of 22 countries with highest TB burden in the world. Community TB Care Aisyiyah as one of the communities concerned with the problem of tuberculosis is expected to further enhance the findings of TB sufferers so they can be treated and not spread to others. The discovery of TB sufferers begins with early detection of the initial sputum examination of people suspected of having TB. Finding TB suspects to do early detection is not an easy case for the TB Care Aisyiyah Community cadres. There will be an interesting dynamic relationship between Community cadre and TB suspects that can be seen from the perspective of social exchange theory. Through this theory, it will be seen how Community cadre conduct social exchanges through five dimensions of interpersonal communication towards TB suspects. This study uses a descriptive qualitative method with the aim of the study to determine the social exchange conducted by Community cadres for TB suspects in carrying out early detection of tuberculosis, which will be seen from five dimensions of interpersonal communication. The results of this study are positive status and acceptance are rewards that can melt away all costs incurred such as anxiety contracting TB.

Keywords—*Tuberculosis (TB); Social exchange theory; TB Care Aisyiyah Community Cadre; TB Suspect; TB Early Detection*

I. INTRODUCTION

Tuberculosis is an infectious disease with a number of sufferers that resemble the phenomenon of the iceberg, appearing slightly on the surface but large swallowed by the facts. In Surakarta, TB discovery cases show inconsistent figures from year to year. With a high population growth, the TB case finding rate becomes less significant. The TB discovery data from 2011 to 2015, which is 536 cases with BTA (+), shows that the target has not been achieved yet. Likewise, the cure rate target (Cure Rate) has been proven not to reach the 98% target that has been set (Dinkes Surakarta, 2018).

This problem is then sought to be answered by the TB Care Community 'Aisyiyah Surakarta, by conducting a TB Case Early Detection Model by cadres. Where this is also consistent with one element of World Health Organization's new strategy to stop TB, namely through empowering patients and the community. From this then interpersonal communication links emerge between Community TB Care 'Aisyiyah Surakarta cadres and TB suspects, which will be seen through the point of view of social exchange.

II. LITERATURE REVIEW

Social Exchange Theory is based on the idea that people view their relationship in an economic context and they count the sacrifice and compare it with the rewards obtained by continuing that relationship. Sacrifice (cost) is an element of a relationship that has a negative value for someone, while rewards are elements in a relationship that has a positive value.

The Social exchange theory perspective holds that people calculate the overall value of a relationship by subtracting its sacrifice from the award it receives (Monge and Contactor, 2003). The Social exchange theory predicts that the value (worth) of a relationship influences the outcome or whether people will continue the relationship or end it. A positive relationship can usually be expected to last, while a negative relationship may end.

Thibault and Kelley conclude the social exchange model as follows: "each individual voluntarily enters and lives in a social relationship only as long as the relationship is satisfactory in terms of rewards and costs." Rewards, costs, results, and levels of comparison are the four main concepts in this theory.

- Rewards are any positive outcome that a person gets from a relationship. Cash rewards, social acceptance or support for the value held.
- Costs are negative assessed consequences that occur in a relationship. These costs can take the form of time, effort, conflict, anxiety, and collapse of self-esteem and other conditions that can deplete an individual's source of wealth or can cause unpleasant effects.
- Yield or profit is the reward minus the cost. If an individual feels, in an interpersonal relationship, that he is not making a profit at all, he will look for other relationships that bring in profits.
- The level of comparison shows the standard size (standard) used as a criterion in assessing individual relationships at the present time. This standard measure can be an individual's past experience or alternative relationships that are open to him. When in the past, an individual experienced a satisfying interpersonal relationship, the level of comparison dropped.

The theory of social exchange here will be seen through five dimensions of interpersonal communication, namely:

a. Openness

The quality of openness of interpersonal communication contains two aspects, namely the desire to be open to everyone who interacts with others. Whereas the second aspect of openness refers to one's willingness to respond honestly and frankly to others and vice versa.

b. Positive behavior

In interpersonal communication, there are three aspects of difference or elements, namely interpersonal communication will succeed if there is a positive attention to someone, interpersonal communication will also be maintained if a positive feeling towards others is communicated, and a positive feeling in a general situation is very useful to make collaboration effective.

c. Empathy

Empathy is the ability to project oneself to other people's roles and try to feel in the same way as other people's feelings.

d. Supportive behavior

Interpersonal communication will be effective if in someone there is supportive behavior. This means that someone in dealing with a problem is not defensive. Openness and empathy cannot take place in an atmosphere that is not supportive. Gibb (Devito, 2011) mentions three behaviors that cause supportive behavior, namely descriptive, spontaneity and provisionism. In descriptive behavior is characterized by evaluation behavior, strategy and certainty.

Descriptive means someone who has this trait is more asking for information or a description of something. In such an atmosphere people usually don't feel insulted or challenged but feel valued. Whereas people who have an evaluative nature tend to judge and criticize others by mentioning the weaknesses of their behavior.

Spontaneity is an individual who is open and frank about what he thinks. Usually such people will be responded to in the same open and frank way. Professionalism is an individual who has an open-minded attitude, there is a willingness to hear different views and is willing to accept the opinions of others if their opinions are wrong. People who have these qualities do not stick with their own opinions while people who have the nature of certainty feel that he already knows everything and feel confident that his opinion is the most correct.

e. Similarity

Similarity includes similarity in two things. First is the similarity in the field of experience between the actors of communication. Second, the similarity in conversation between communication actors, meaning that there are similarities in terms of sending and receiving messages.

III. METHODOLOGY

This research used descriptive qualitative method. Qualitative research is usually not intended to provide explanations (explanations), control the symptoms of communication, put forward predictions, or to test any theory, but rather intended to express a picture and or understanding (understanding) about how and why a

phenomenon or reality of communication happen. (Pawito, 2007: 35).

This study aims to determine the social exchange conducted by Community Care TB cadres Aisyiyah Surakarta for TB suspects in carrying out early detection of tuberculosis, which will be seen from five dimensions of interpersonal communication.

IV. RESULT AND DISCUSSION

Aisyiyah Surakarta Community Care TB cadres in early detection are equipped with adequate knowledge and equipment. Cadres also get a reward of Rp.40,000.00 per sputum pot deposited to the Puskesmas. Although the risk of contracting is very large, they are still trying to find suspected TB. The cadre's relationship with TB suspects through a social exchange will be seen through the following five dimensions of interpersonal communication:

4.1 Openness

Openness is a fundamental problem in handling tuberculosis. TB suspects are often unable to communicate how they feel and think about the disease they are experiencing (Media, 2011). Behavior and awareness of some people to check phlegm and use health care facilities is still lacking because of shame and fear of being sentenced to suffer from TB. In dealing with this situation, TB cadres move quickly through direct door-to-door investigations into slums that are endemic to TB. The whole community will be visited together and will be asked to do early detection of TB at that time.

The cadres of 'Aisyiyah TB Care Community also collaborated with Puskesmas to look for TB suspects identities. After getting information from the Puskesmas staff, cadres will search and visit the suspect house. Through an informative approach, cadres will invite suspects to do early detection of TB. Cadres will teach suspicious ways to expel phlegm. Cadres will also carry phlegm for laboratory testing so that TB suspects are just waiting at home. Suspect identity will be hidden by cadres so TB suspects feel comfortable.

TB cadres when they come to suspect are always polite, especially when they first meet. A courageous attitude is needed to deliver information about the dangers of TB and how easy it is to transmit. In the face of rejection from suspects, TB cadres must be able to be patient and continue to try to cure TB suspects. Cadres must also be able to provide clear information on the correct procedures for early detection to TB suspects. Cadres must be able to manage their feelings when facing situations out of control, such as spilled phlegm pot, sputum that is too little and the pot that always returns empty.

4.2 Positive Behavior

The condition of TB sufferers who need support makes cadres always do positive things that can give encouragement to suspects of TB, as follows:

a. The attitude of encouraging TB Care Aisyiyah community cadres towards suspect TB

Suspect TB felt afraid when tested positive for TB, so that when harvesting sputum results from the puskesmas, cadres would accompany them. Facing suspects who are afraid of cadres will cheer and encourage from these suspects.

b. TB community cadres care about TB suspects
TB cadres have a high concern in helping suspects to conduct early detection of suspect TB. Every afternoon, the cadre entrusts sputum pot to suspect TB, then every morning in the morning, it takes the sputum back and delivers it to the Puskesmas
Cadres also provide health education to TB suspects. Education is not only about TB but also the condition of the surrounding environment.

4.3 Empathy

Aisiyah TB care community cadres have the ability to respond to complaints from suspects, while suspects must be able to accept reasons from TB cadres. Various complaints from suspects can be accepted and the solution sought by TB cadres. Although TB suspects are sometimes negligent and neglectful, TB cadres still try their best to maintain the condition of the suspect.

TB care community cadres Aisiyah has hopes that TB cadres want to make early detection without having to force and make the situation difficult. Meanwhile TB suspects which are filled with doubt and fear are expected to be able to accept the presence of TB cadres well.

TB Care Community cadres always give a good appreciation to TB suspects while TB suspects try to appreciate the help and good intentions of TB cadres. As a cadre who has been equipped with knowledge about TB, it must be admitted that most suspects are unconscious or do not know that they have TB. They tend to deny because there is a feeling of shame and fear in the isolation of their environment. Therefore, it is important for cadres to hide the identity of suspected TBs that are targeted. Whereas suspects for TB need to be tolerant in accepting the presence of TB cadres in their lives. Because then all questions about his health will be answered.

4.4 Supportive Behavior

For reducing TB, a cadre is willing to put aside feelings of disgust when carrying phlegm to be examined at the Puskesmas. They must be willing to get rid of the feeling of fear of contracting, even though TB germs are the most easily transmitted germs. The cadre must be able to get rid of the feeling of laziness that comes when having to deliver a phlegm pot in the afternoon and take the results in the morning. Feelings of patience when knowing sometimes suspects do not do phlegm procedures properly even though it has been taught for the umpteenth time. Great self-sacrifice was done by the TB Care community cadres, even though they might not care. According to the cadre of Community TB Care 'Aisiyah this was done because it was driven by a desire to free Indonesia from the rank of the fourth largest countries with the most TB sufferers. Meanwhile, according to

the other cadres, this is done based on sincere feelings and expect reward from Allah SWT. From the side of the suspects themselves felt quite helped by the presence of this community cadre, because they do not need to go back and forth to the puskesmas to conduct early detection.

From the statements above, it can be seen that the reward from the exchange above is the existence of happy feelings from the Community TB Care cadre because it is beneficial for the people. While the cost received by the cadre is a feeling of disgust, fear of contracting and also an extra patient feeling in the face of suspicion. But in the end All tired paid with a sense of happiness.

4.5 Similarity

The existence of equality of needs that are mutually accommodated by both parties causes the emergence of balanced costs and rewards.

For the cadre the advantage of finding suspicion is a proud work achievement. In addition to receiving praise and appreciation from the head of the health assembly, he also received a reward in the form of suspicious money obtained from Aisiyah.

For suspects the presence of cadres also brings benefits where suspects do not need to be sent to the health center to check sputum, take lab results and take drugs if tested positive for tuberculosis. Tb Care Aisiyah community cadres are also human beings who have to carry out social exchanges with suspected TBs they meet. If an agreement is reached, the relationship between the two will continue. Conversely, if no agreement is reached there will be a setback relationship. In its efforts to melt the hearts of TB suspects a variety of power and methods are not easy but will always present valuable experiences for both parties.

For TB Care community cadres, TB suspects are someone who needs help to recover from their illness while TB suspects sometimes assume that cadres are people who disturb their lives. For this reason, a cadre must ensure that he has good intentions as well as suspects must open himself so that interpersonal satisfaction is achieved.

V. CONCLUSION

From the five dimensions of interpersonal communication observed by researchers, it can be concluded that there is a mutual need for complementarity between cadres and suspects, which in turn will lead to a rise in costs and the emergence of a balanced reward.

Even though Community Care TB Aisiyah Surakarta provided a lot of money in return for cadres who were actively handing over suspects, it turned out that money was not a yardstick for rewarding cadres. For TB Care Aisiyah Surakarta Community cadres get high social status in the community and positive acceptance is a reward that can melt away all costs incurred such as anxiety contracting tuberculosis and negative acceptance of their identity.

REFERENCES

- [22] A.W. Suranto, *Komunikasi Sosial Budaya*, Yogyakarta: Graha Ilmu, 2010.
- [23] Budyatna, Muhammad dan Ganiem Leila Mona, *Teori Komunikasi Antar Pribadi*, Yogyakarta: Pustaka Pelajar, 2011.
- [24] B.D. Ruben dan L.P Stewart, *Komunikasi dan Perilaku Manusia*, penerjemah Ibnu Hamad, Jakarta: Raja Grafindo, 2013.
- [25] Depkes RI, *Profil Kesehatan Provinsi Jawa Tengah Tahun 2012*, Jakarta, 2012.
- [26] Dinas Kesehatan Kota Surakarta, *Situasi TB Kota Surakarta*, Surakarta: Bidang P2PL, 2015.
- [27] E.M. Griffin, *A First Look Of Communication Theories: 8th Edition*, New York : Mc Graw Hill, 2006.
- [28] H. Cangara, *Pengantar Ilmu Komunikasi*, Jakarta: Raja Grafindo Persada, 2016.
- [29] I. Altman and D. Taylor, *Communication In Interpersonal Relationship: Social Penetration Theory, Interpersonal Processes*, New Directions In Communication Research: 257-277, 1987
- [30] J. A. Devito, *The Interpersonal Book 9th Edition*, USA: Addison Wesley Longman, Inc, 2001.
- [31] J.A. Devito, *Human Communication The Basic Course 9th Edition*, USA: Pearson Education, Inc, 2003.
- [32] J.C. Pearson and P.E. Nelson, *An Introduction To Human Communication: Understanding and Sharing*, New York: Mac Graw-Hil Higher Education, 2000.
- [33] J. D. Creswell, *Penelitian Kualitatif dan Desain Riset: Memilih Diantara Lima Pendekatan (Edisi Indonesia)*, Jakarta: Kencana, 2014.
- [34] Julia T Wood, *Interpersonal Communication Everyday Encounters 6th Edition*, USA: Wadsworth, 2007.
- [35] J. Thibaut and H. Kelley, *The Social Psychology Of Groups*, New York: Wiley, 1959.
- [36] Pawito, *Penelitian Komunikasi Kualitatif*, Yogyakarta: Lkis Yogyakarta, 2007.
- [37] P.R. Monge and N. Contactor, *Theories Of Communication Networks*, New York: Oxford: University Press, 2003.
- [38] Suprpto, Tommy dan Fahrianoor, *Komunikasi Penyuluhan Teori dan Praktek*, Yogyakarta: Arti Bumi Intaran, 2004.
- [39] Suyanto, *Studi Etnografi Terfokus Pada Penyakit Tuberkulosis di Kabupaten Kebumen Jawa Tengah*, Semarang: Universitas Diponegoro, 2005.
- [40] S. W. Littlejohn and K. A. Foss, *Theories Of Human Communication: 10th Edition*, USA: Waveland Press, Inc, 2001
- [41] Y. Media, *Pengetahuan, Sikap dan Perilaku Masyarakat yang berkaitan Dengan Penyakit Tuberculosis (TB) Paru Di Puskesmas KotoKatik, Kota Padang Panjang (Sumatera Barat)*, Padang: *Jurnal Pembangunan Manusia Vol. 5 No.3*, 2011M. Young, *The Technical Writer's Handbook*. Mill Valley, CA: University Science, 1989.
- [42] West, Richard and Turner, Lynn H, *Pengantar Teori Komunikasi Analisis dan Aplikasi*, Jakarta: Grasindo, 2011.
- [43] Wiryanto, *Pengantar Ilmu Komunikasi*, Jakarta: Grasindo, 2008.
- [44] World Health Organization, *Global Tuberculosis Laporan 2015*, WHO, 2015.