MEWUJUDKAN PEREMPUAN DAN ANAK BEBAS TBC: PERSPEKTIF KESEJAHTERAAN SOSIAL DAN KEADILAN GENDER

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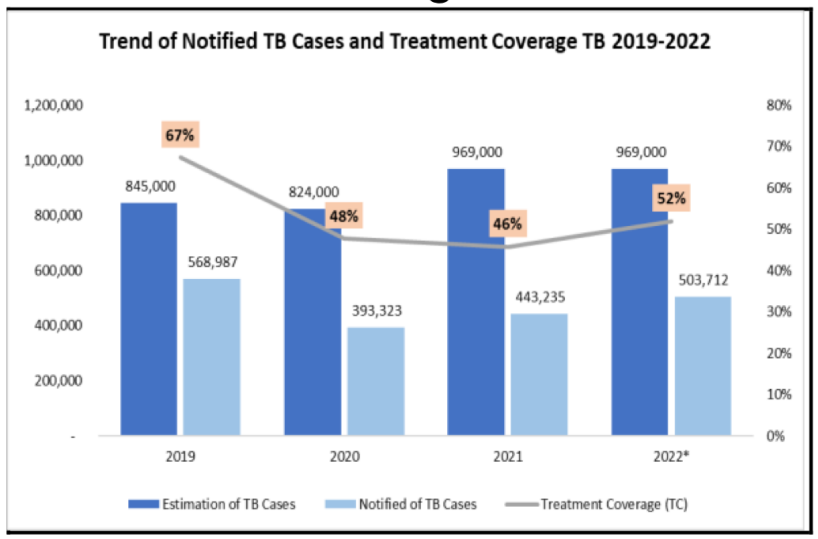
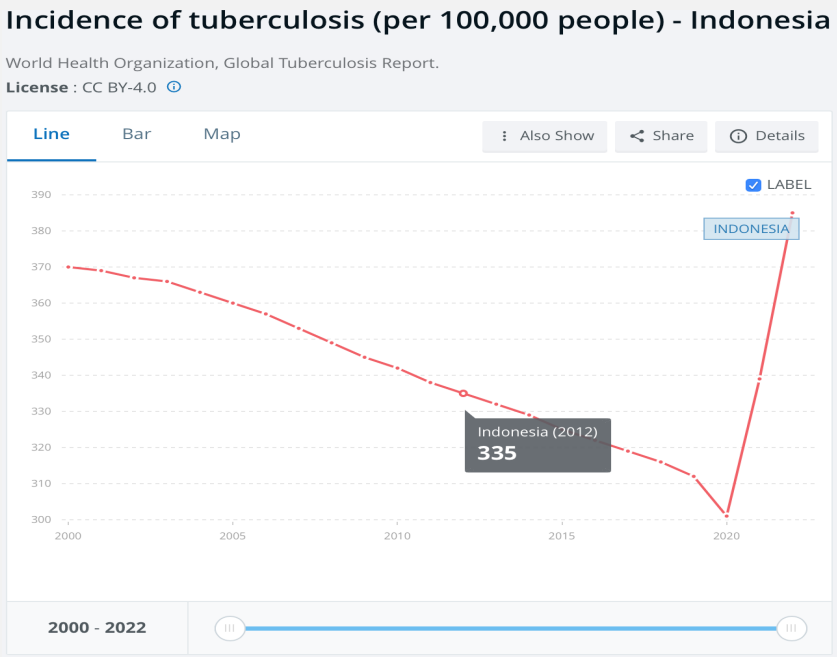
SITUASI TB DI INDONESIA

Graph 2. Trend of Notified TB cases and Treatment Coverage TB 2019-2022



Source: *https://tbindonesia.or.id/wp-content/uploads/2023/02/Factsheet-Country-Profile-Indonesia-2022.pdf*



https://data.worldbank.org/indicator/SH.TBS.INCD?locations=ID

PERBANDINGAN INDONESIA, PAKISTAN DAN US

Incidence of tuberculosis (per 100,000 people) - Indonesia, Pakistan, North America

World Health Organization, Global Tuberculosis Report.

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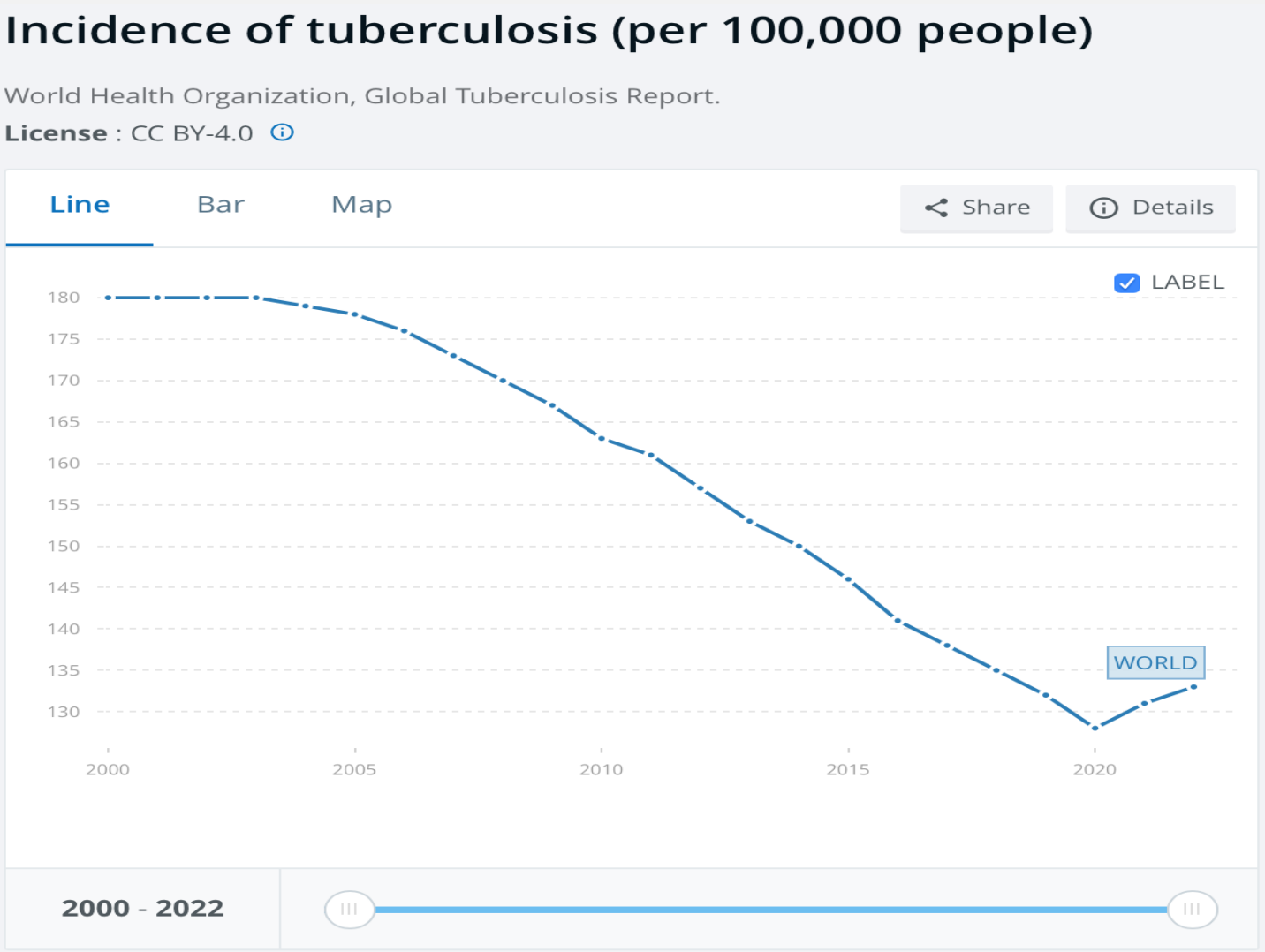
Selected Countries and Economies

Country	Most Recent Year	Most Recent Value
Indonesia	2022	385
Pakistan	2022	258
North America	2022	3

https://data.worldbank.org/indicator/SH.TBS.INCD?locations=ID

INSIDEN TB GLOBAL



SITUASI TB DI US

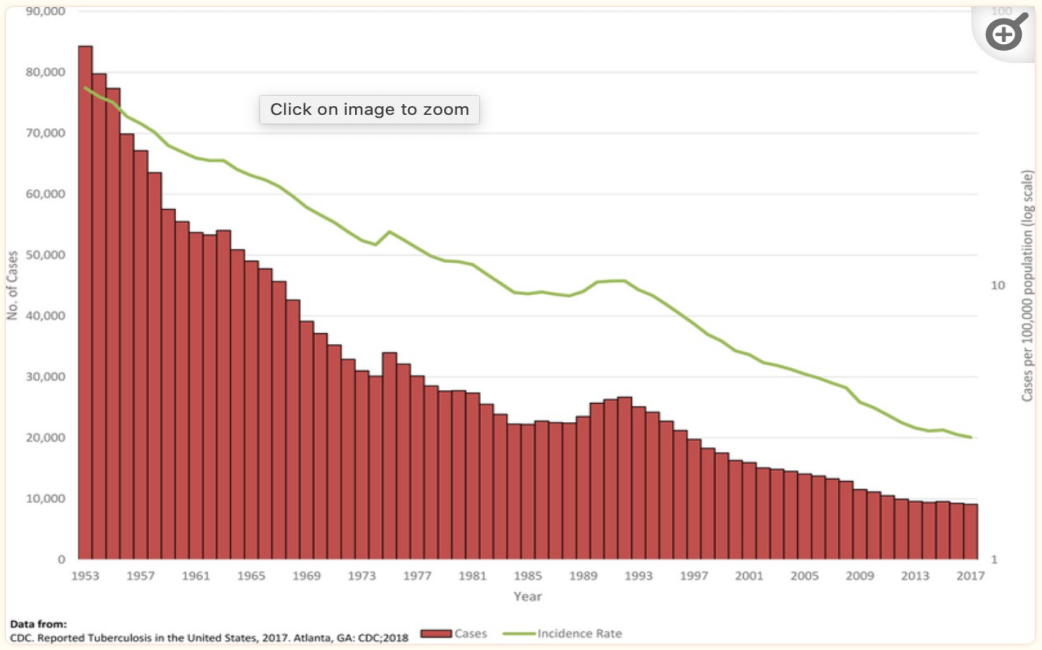
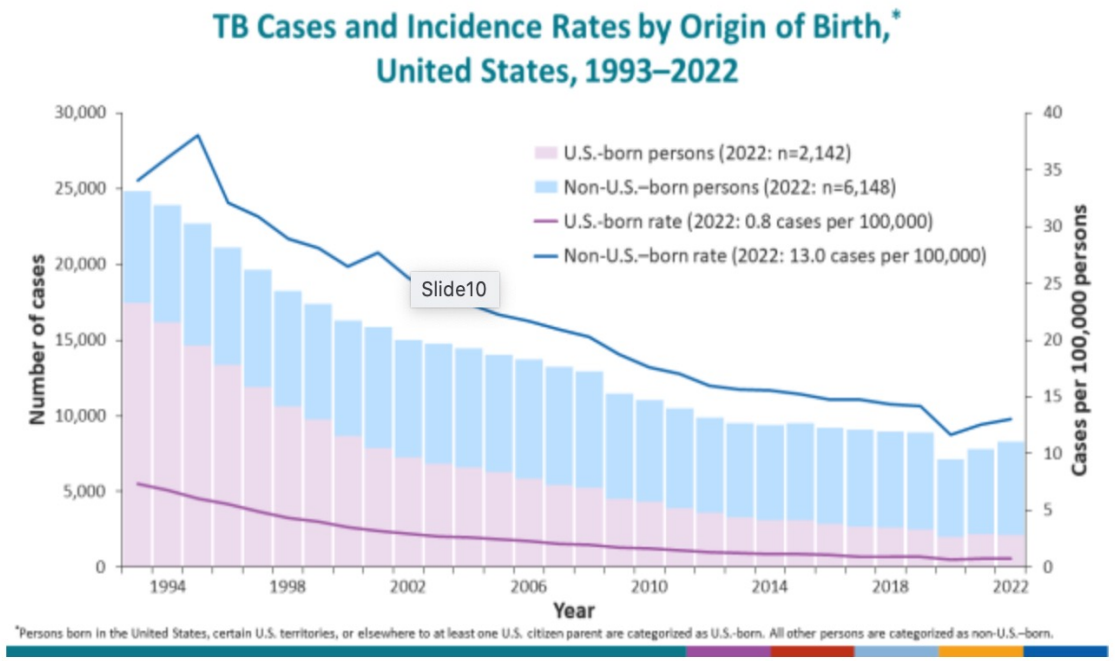


Figure 1:

Tuberculosis Cases and Incidence Rates --- United States, 1953–2017

Birth outside of the United States remains a key risk factor for TB, with a TB incidence rate 17.1 times higher among non-U.S.–born persons compared with U.S.-born persons.



DATA TB DI US

- Updated November 15, 2023
- Tuberculosis (TB) in the United States by the numbers:
- **8,331:** reported TB cases in the United States in 2022 (a rate of 2.5 cases per 100,000 persons)
- **60:** jurisdictions (e.g., states, cities, U.S. territories, and affiliated areas) that report TB data to CDC
- **Up to 13 million:** estimated number of people in the United States living with latent TB infection

FAKTOR RESIKO TB DI US

- The strongest risk factor: **Born or spends most of his or her life outside the US**.
  Non-U.S. birth is the major defining risk factor for >70% of U.S. TB cases, while the approximately 30% of cases occurring among U.S.-born persons typically involve one or more clinical or social risk factors such as immunocompromise, homelessness, or substance misuse.

- The **birth cohort effect**. TB disease cases reported during 1996–2016 and controlling for age and period effects, all successive birth cohorts had lower age-specific incidence rates than all previous cohorts. This strong birth-cohort effect is the consequence of steady reductions over time in the risk of TB exposure for each successive cohort.[53]

- Documented **close contact with a TB patient**; the risk of infection increases proportionately to the amount of time spent in close contact with persons who have infectious TB disease.

- Accordingly, **any circumstances that can lead to crowding** can increase the risk of TB infection and disease.,
- E.g., estimated TB rates among persons experiencing homelessness (36–47 cases per 100,000) and incarceration (8–29 cases per 100,000).

- Two analyses of data from the 1999–2000 NHANES cycle identified associations between t**obacco smoking or exposure to secondhand tobacco smoke** and acquiring TB infection; however, this association has not been identified in subsequent NHANES cycles.

- **Occupation** can also increase risk of exposure to TB.
- Healthcare workers are at least theoretically at particular risk for TB exposure, although only a small proportion of U.S. TB cases are reported among healthcare workers, and these individuals often have other risk factors for acquiring TB infection, such as birth outside of the United States.[60] A recent analysis in Canada, which has similar TB epidemiology to the United States, found that occupational exposure to TB (based on workers' compensation claims) was relatively uncommon.

(Langer, A. J., Navin, T. R., Winston, C. A., & LoBue, P. (2019). Epidemiology of tuberculosis in the United States. Clinics in chest medicine, 40(4), 693-702)

PERSPECTIVE KESEJAHTERAAN SOSIAL

PERSPECTIVE KESEJAHTERAAN SOSIAL (INTEGRASI KESEHATAN DAN URUSAN SOSIAL)

Integrasi Kesehatan dan Social Affair (Kesejahteraan Sosial)

- Health and social services integration is particularly relevant for populations whose needs span physical health, mental health, housing, and disability services, along with others. Veterans, homeless, chronically ill, and aging are among those populations.

- The focus here is on services that cross disciplinary boundaries; that is, those that integrate health services with social services, health services with mental health services, or one social service with a categorically different social service.

- In theory, optimal integrated health and social care focused on the social determinants is a close-quarters collaborative partnership. While **physicians and nurses are focused on a patient's immediate medical condition**, the **social worker is simultaneously assessing factors like food insecurity, inadequate housing**, homelessness, joblessness, transportation shortfalls, and other issues that directly contribute to ongoing health problems. The social worker is identifying ways to connect the patient to resources that can solve or mitigate issues in those areas, and is maintaining contact over time to monitor the situation's progress. Together, the provider clinicians and social workers are treating the whole person in the context of that patient's lived experience rather than just providing a medical treatment during a brief and information-sparse clinical encounter.

(Fisher, M. P., & Elnitsky, C. (2012). Health and social services integration: a review of concepts and models. Social work in public health, 27(5), 441-468)

https://ldi.upenn.edu/our-work/research-updates/integrating-social-needs-into-health-care-practice-evidence-and-barriers/

PERSPECTIVE KESEJAHTERAAN SOSIAL (SYSTEM THEORY)

System Theory

- Systems theory focuses on context rather than a particular issue or individual, which can help to shed light on the interconnectedness of various components within a system. It is based on the premise that addressing systemic issues can lead to improvements in wellbeing.
- **Systems theory posits that behavior is influenced by a variety of factors that work together and form a system.** These can include an individual's familial and social relationships, their environment, economic status, or sexual orientation. Social workers can apply systems theory to uncover how those factors — alone or in combination — influence people's thoughts and actions.
- By observing and analyzing the systems that contribute to a patient's behavior and welfare, social workers can work to improve those systems according to the individual's unique situation.

Intervention with systems theory

- Interventions serve as a strategic plan to guide patients and families toward positive outcomes when handling systemic challenges.
- **Structural approaches:** Social workers observe the interactions and behavior patterns within a family or system to identify problematic situations, identify solutions to interrupt them, and come up with different behaviors that can lead to better outcomes.
- **Strategic approaches:** Social workers work with clients to uncover family or individual perceptions that can impact how issues arise and are handled. Over time, problematic interactions can be solved through applied cognitive therapy.
- **Systemic approaches:** Social workers view the system as a whole to discover the rules and ideologies that sustain dysfunctional behavior patterns. By encouraging the family to change its way of thinking, individuals can find more effective support within that system.

PERSPECTIVE HAM DAN KEADILAN GENDER

PERSPEKTIF HUMAN RIGHTS

- The right to **health is a fundamental part of our human right**s and of our understanding of a life in dignity. *The right to the enjoyment of the highest attainable standard of physical and mental health*, to give it its full name, is not new. Internationally, it was first articulated in the 1946 Constitution of the World Health Organization (WHO), whose preamble defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The preamble further states that "**the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.**"
- The 1948 Universal Declaration of Human Rights also mentioned health as part of the right to an adequate standard of living (art. 25). The right to health was again recognized **as a human right in the 1966 International Covenant on Economic, Social and Cultural Rights**.

Tools:

- Ex: Stop TB Partnership's community, rights, and gender (CRG) assessment. TB civil society and community groups, in partnership with national TB programs and others, have conducted the CRG assessment in 20 countries across four regions.

GENDER DAN INTERVENSI TB DI KAMBOJA

Key themes that inhibited access to TB services included the lack of knowledge, awareness, time and financial means, and gender-specific vulnerabilities. Systemic barriers included inconsistencies in policy and guideline implementation and lack of resources required for effective TB management. We did not find indications of coercive practices against women and key populations.

However, stigma and discrimination did exist in healthcare institutions, the workplace, and the community. There were significant gaps in gender and key population-specific data and reporting systems at alllevels. Data availability is vital for understanding gender and keypopulation-specific gaps, and they should be duly utilised.

Source: Yi, S., Teo, A. K. J., Sok, S., Tuot, S., Tieng, S., Khun, K. E., ... & Mao, T. E. (2022). Barriers in access to services and information gaps by genders and key populations in the national Tuberculosis programme in Cambodia. *Global Public Health*, *17*(8), 1743-1756.

Lihat juga: *Gender and key population disparities in tuberculosis programs in Cambodia: FIndings from a national assessment (Link: https://assets.researchsquare.com/files/rs-24801/v1/695e1ad6-27cf-4ad0-82e1-93863d650b86.pdf?c=1631833717)*

TANTANGAN INTERVENSI TB – PENGALAMAN KAMBOJA

- Lack of knowledge and awareness about TB
- Lack of time and financial means
- Stigma, discrimination, and indications of coercive practices against a particular gender and key populations
- Lack of implementation of TB screening guidelines and resources at prisons and drug rehabilitation centres
- Lack of resources at health centres to facilitate efficient management of TB (lack of referral mechanisms)
- Gender-specific barriers in access to TB services

TANTANGAN TB BERBASIS GENDER DI KAMBOJA

Gender-specific barriers in access to TB service

- *Our women at home have 10 types of work, while men only go to do only one work. When they come back in the afternoon, they say they are exhausted. So, women have to take care of all the housework. (FGD with people living with HIV)*
- *Aunties (women) get treatment (TB) later than uncles (men) because they are busy taking care of their children, cooking, and much housework. (FGD with people living with HIV)*

Some discussants also identified that men were more likely to conceal their illness, not wanting to appear weak. Men would also indulge in alcohol drinking and were oblivious to their health, leading to delayed care-seeking. Study participants also highlighted that in Cambodia's patriarchal society, men make major decisions for the family. Conflicts had occurred because men in the family opined that their family or spouse would not contract TB, and therefore, there was no need to seek care when they were sick.

Some men did not believe that their wives have TB and did not allow them to see a doctor for treatment. (FGD with people with diabetes). Women have to prepare food, look after children, etc. They are very busy. When they get sick, started coughing, and want to get checked-up for TB, their husband said, 'just coughing, check up for what?' It is family pressure(not to seek care). (FGD with people living with HIV).

INTERVENSI BERBASIS KEADILAN GENDER

- Inclusion and recognition of gender and key populations in the national TB programme
- Funding sources and allocation
- Community participation in the national TB programme to reach and support key populations.
- Documentation and understanding of TB by gender and key populations (beyond disaggregate data by gender)

PENGALAMAN ’AISYIYAH

Goal: MENURUNKAN ANGKA KESAKITAN DAN KEMATIAN AKIBAT TBC SERTA MEMUTUS MATA RANTAI PENULARAN TBC

OUT COME

- ❑ Meningkatnya jumlah kasus yang diberikan edukasi TB
- ❑ Meningkatnya angka pasien diperiksa di layanan kesehatan
- ❑ Meningkatkan angka kesembuhan pasien TB

- ❑ **Kenaikan anggaran TB 2-3% di Maret 2020 untuk di 130 Kab/Kota area kerja NFM.**
- ❑ Keberlanjutan program penanggulangan TB yang didukung oleh lembaga filanthropi dan dunia usaha

- ❑ Meningkatnya kesadaran masyarakat tentang MDR
- ❑ Meningkatnya jumlah pasien MDR yang didampingi hingga sembuh

OUT PUT

- ❑ **Jumlah rumah yang diedukasi melalui kontak investigasi**
- ❑ **Ditemukan suspek elderly***
- ❑ **Jumlah pasien yang berhasil diperiksa TB**
- ❑ **Jumlah pasien yang didampingi**

- ❑ **Komitmen letter (Perda, SK, Perbub)**
- ❑ **Jumlah dukungan dana dari Filantrophi dan private sector**

- ❑ Jumlah Pasien MDR yang didampingi oleh kader
- ❑ Jumlah Case manager, Peer educator yang terlatih untuk mendampingi pasien MDR

TBC Care Prevention

- **Pelatihan Kader**
- **Kontak Investigasi**
- **TB Day**

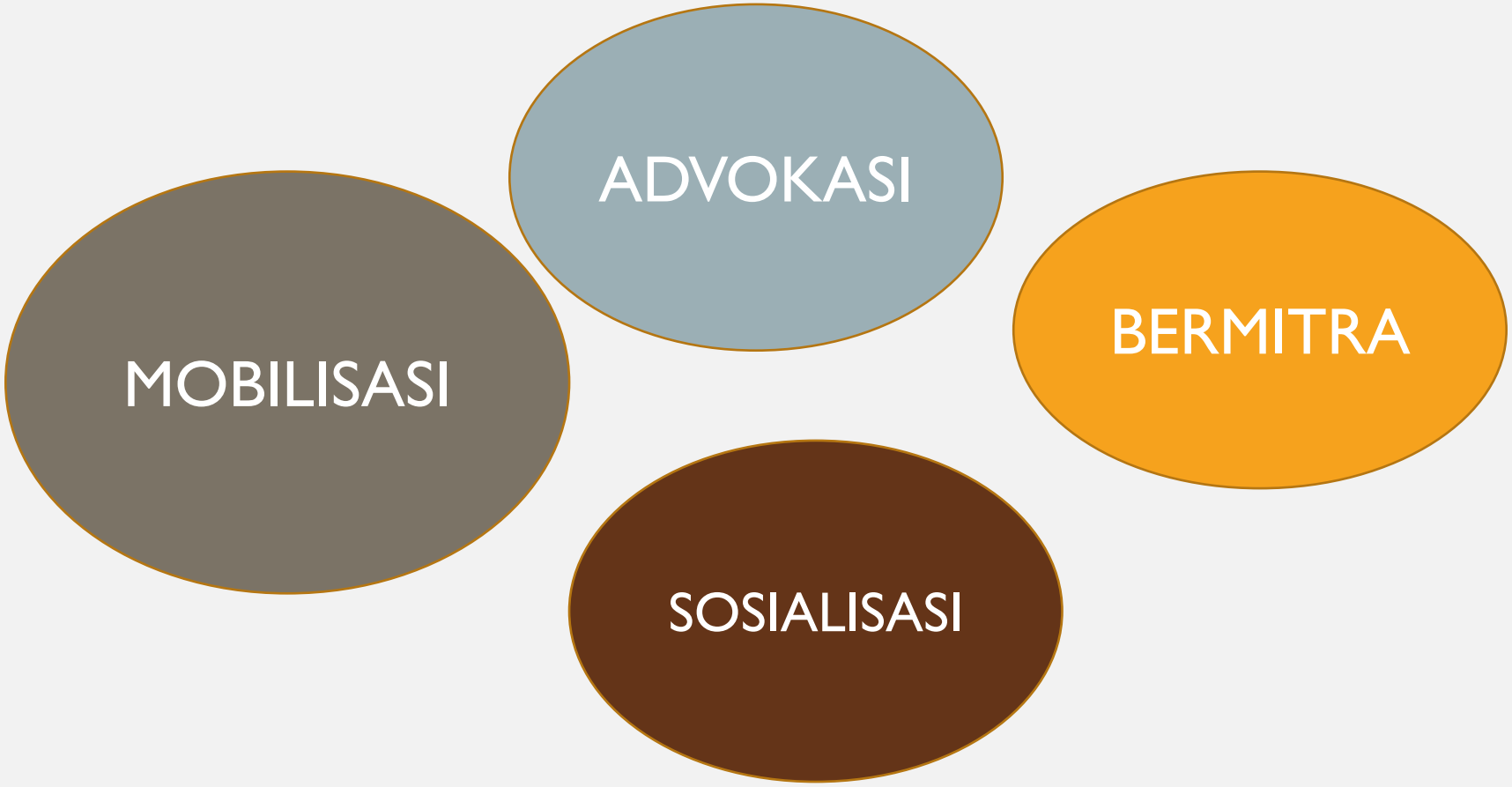
RSSH (Advokasi)

- **Analysis dan policy paper**
- **Koordinasi dg sektor swasta dan filantropi**
- **Advokasi Pemda dan Legal**

MDR-TBC

- **Pelatihan manajer kasus**
- **Pendampingan Pasien MDR**
- **Penyediaan shelter**

STRATEGI PROGRAM (EKSTERNAL) TB AISYIYAH-GLOBAL FUND (2018-2020)



BEST PRACTICE – PROGRAM TB AISYIYAH-GLOBAL FUND (2018-2020)

Faktor-Faktor Pendukung:

- Dukungan Organisasi Aisyiyah di semua level (PP, PWA, PDA, PCA)
- Bekerjasama dengan RS Muhammadiyah dan 'Aisyiyah
- Manajemen dan koordinasi yang baik di semua level (PR, SR, SSR)
- Kolaborasi yang aktif dengan Puskesmas, Dinas Kesehatan di tk kab/kota dan provinsi.
- Peran Kader dalam pelaksanaan penemuan kasus dan keg TB lainnya

KEGIATAN PROGRAM TB AISYIYAH-GLOBAL FUND (2018-2020)

REFERENSI

- Kak, N., Chakraborty, K., Sadaphal, S. *et al.* Strategic priorities for TB control in Bangladesh, Indonesia, and the Philippines – comparative analysis of national TB prevalence surveys. *BMC Public Health* **20**, 560 (2020). https://doi.org/10.1186/s12889-020-08675-9
- Langer, A. J., Navin, T. R., Winston, C. A., & LoBue, P. (2019). Epidemiology of tuberculosis in the United States. *Clinics in chest medicine*, *40*(4), 693-702.
- Lanford D, Petiwala A, Landers G, Minyard K. Aligning healthcare, public health and social services: A scoping review of the role of purpose, governance, finance and data. Health Soc Care Community. 2022 Feb;30(2):432-447. doi: 10.1111/hsc.13374. Epub 2021 May 20. PMID: 34018268; PMCID: PMC9291477.
- https://tbindonesia.or.id/wp-content/uploads/2023/02/Factsheet-Country-Profile-Indonesia-2022.pdf
- *https://ldi.upenn.edu/our-work/research-updates/integrating-social-needs-into-health-care-practice-evidence-and-barriers/*
- Villa, S., Kasaeva, T., Raviglione, M.C. (2021). A Multisectoral Approach to Tuberculosis Control and Elimination in the Era of the United Nations Sustainable Development Goals. In: Migliori, G.B., Raviglione, M.C. (eds) Essential Tuberculosis. Springer, Cham. https://doi.org/10.1007/978-3-030-66703-0_38
- https://aidspan.org/gender-trouble-for-tuberculosis/
- https://iris.who.int/bitstream/handle/10665/337104/9789240013551-eng.pdf

TERIMA KASIH