

ABSTRACT

Household contacts of smear positive tuberculosis (TB) patients should undergo a screening for TB through sputum smear microscopy. Adherence to TB treatment program covers all aspects including the ability to follow the advice or recommendation from health care workers. Meanwhile, non-adherence is a dynamic and complex phenomenon of the various factors related to behavior. The objective of this study was to elaborate factors related to non-adherence of household contacts to undergo screening for TB.

A qualitative study with an descriptive case study approach was conducted at the Pajajaran village, Cicendo district, Pasirkaliki Primary Health Care (PHC) Center. Key participants were 9 household contacts of smear positive TB patients living at the Pajajaran village, while the general participants were 6 nurses whom working in the Pasirkaliki PHC Center. Data collection was performed with the study documentation, non-structured passive observation, in-depth interview, and focus group discussion (FGD). Data analysis was according to Miles and Huberman model, namely: data reduction, data presentation and drawing conclusions.

This study found that the knowledge of household contacts was: TB symptoms and causes of a person exposed to TB; the knowledge of the TB symptoms was: prolonged cough, night sweats, chest pain, weight loss, and no appetite. While the causes of a person exposed to TB were: smoking, exposure to cold air, hard work, stress, heredity, infected through the air and sharing of eating utensils. Perceptions of vulnerability were: fear of infection, make the separation and accept fate. Perceptions of the seriousness of TB were that TB could cause death and feelings of shame or inferiority. As for the perception of benefits was by doing screening, it will be known whether household contacts are exposed to TB or not. While the cues to action for household contact to perform screening for TB was if they are sick or have emerging symptoms of TB. The nurses knew that according to P2TB standards household contacts of TB patients should undergo screening for TB, especially if smear-positive pulmonary TB and TB children. They knew that TB screening was done through sputum smear microscopy. Nurses' perceptions - about the barriers in carrying out their role and function - were limited number of human resources in PHC center, lack of education, and the presence of abundance tasks at the clinic.

There is a need to increase efforts through promotive and preventive health care, i.e. health education, better management of human resources in PHC center, and implementing nursing care bio-psycho-socio-spiritual approach for individual, families, special groups and communities to solve health problem in community, especially the problem of TB.

Key words:

Non-adherence, household contact, TB screening, qualitative study

