

Social Penetration of Community TB Care 'Aisyiyah Cadre in Early Detection on Suspect TB

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Abstract - Tuberculosis (TB) is still a public health problem that has become a global and national challenge. Indonesia is currently ranked 4th out of 22 countries that have a high TB burden. While the number of TB cases in Indonesia in Central Java is still below the global target. In Surakarta, TB discovery cases show a number that is less consistent from year to year. With a high population growth, the number of TB cases is less significant. In order to increase TB case screening, it can be done through Early Detection of TB Cases by cadres. Through the Early Detection Model TB cases by cadres are better because they are consistent with one of the elements of the WHO's new strategy to stop TB, namely patient and community empowerment.

This study aims to find out and analyze how Community TB Care 'Aisyiyah Surakarta cadres conducts social penetration processes to TB suspects so that they are willing to conduct early detection of TB disease. In this study, the author focused on the stages of social penetration carried out by cadres. The writing of this thesis uses a qualitative descriptive method. The source of the data came from in-depth interviews and observations with Community TB Care 'Aisyiyah cadres

The results of the study show that the cadre of Tb Care 'Aisyiyah community is in the orientation phase using a combination of active and informative strategies to find TB suspects. Then in the exchange of affective assessments and affective exchanges, costs and rewards incurred are equitable and stable exchange occurs when the cadre becomes a companion cadre taking medication for TB patients. With this social penetration, it is expected that the Aisyiyah Surakarta Community TB Care cadre can perform their role well so that the discovery numbers meet the target and Indonesia can be free from TB disease in 2020.

Keywords - Social Penetration, Community TB Care 'Aisyiyah Cadre, Suspect TB, Early Detection of TB, Tuberculosis (TB).

I. INTRODUCTION

Tuberculosis (TB) is still a public health problem that is a global and national challenge. At present, every year there are estimated to be 9 million of the world's population infected with TB germs. Of that number, one third is not affordable treatment. Those who are untreated have the potential to develop this disease, because 1 non-treated TB patient can transmit the disease to 15 people around him.

At present Indonesia is ranked 4th out of 22 countries which have a high burden of TB and contribute to the number of TB cases in the world at a rate of 730,000 TB / year. Based on the results of the Indonesian TB Prevalence

Survey in 2013-2014, it was estimated that TB cases were 1,600,000 cases while new cases of TB were 1,000,000 cases and TB mortality of 100,000 cases. With the 2014 case notification number of 324,000 cases, the case detection rate of TB in Indonesia is only around 32%, still far below the global target of 70%.

Meanwhile, according to the Health Profile of Central Java (2012), the prevalence of TB in the population of Central Java Province in 2012 was 106.42 per 100,000 people. Achievement of the CDR (Case Detection Rate) in Central Java from 2008 to 2012 was still below the target of 100% that had been set. This is also supported by the Cure

Rate which has not yet reached the 90% target and continues to decline each year.

In Surakarta, TB discovery cases show a number that is less consistent from year to year. With a high population growth, the number of TB cases is less significant. Data from TB findings from 2011 to 2015 shows that the target has not yet been reached, which is 536 cases of TB with smear (+). Likewise, the target cure rate (Cure Rate) is proven to have not reached the target of 98% that has been set (Dinkes Surakarta, 2015). This indicates the inactivity of health workers at the basic level to carry out early detection of suspected TB in Surakarta City. Seeing these conditions requires an effort to increase demand (demand) by moving the community to check themselves and look for TB treatment services. According to Prof. Bhisma Murti in the TB Program Evaluation paper, suggested that case screening be increased through early detection of TB cases by cadres. Because if only mobilizing health workers to actively look for TB cases in the population can cause community dependence on officers to solve their health problems. However, with the Early Detection Model TB cases by cadres will be better because they are consistent with one of the elements of the WHO's new strategy to stop TB, namely empowering patients and communities.

One community that cares about TB problems in Indonesia is the Community TB Care 'Aisyiyah based in Jakarta and obtaining assistance from The Global Fund as a recipient of secondary funding from Principal Recipient (PR). Community TB Care Aisyiyah is a community-based Tuberculosis (TB) Prevention Program that is part of the Health Assembly program 'Aisyiyah under the guidance of the Central Executive' Aisyiyah. Through this TB Prevention Program 'Aisyiyah seeks to participate in health development in Indonesia and the achievement of the 6th Millennium Development Goals (MDGs), which is the reduction in the rate of spread of infectious diseases. Community TB Care Program 'Aisyiyah continues to be developed throughout Indonesia, one of which is in Surakarta City.

Looking and finding suspected TB is a challenge that must be defeated for community TB care cadres. Barriers that occur to suspected TB are likely to not want to convey openly about the disease experienced. Suspects are often unable to communicate what they feel and think about the disease experienced. According to Media (2011) research, it turns out that some people perceive that the disease they experience is a normal cough, and this affects the emergence of a less caring attitude towards the consequences disease.

Behavior and awareness of some people to check phlegm and use health care facilities are still very lacking because of shame and fear of being sentenced to suffer from TB.

In addition to the issue of openness, TB sufferers often have negative attitudes towards other individuals, so they end up feeling anxious and uncomfortable when with other individuals (Hutapea, 2009). This can appear as a reaction to TB patients who feel that the environment maintains distance from them (Suyanto, 2005). Another problem experienced by TB sufferers is a lack of feelings of equality. TB sufferers tend to feel ashamed to admit TB and have low self-esteem. Laksmiarti, 2006). The feeling of shame experienced by TB patients is feeling embarrassed because they suffer from TB, not feeling embarrassed to seek treatment, because TB patients feel that sometimes the surrounding environment keeps distance and often thinks that TB is a hereditary disease and curse (Suyanto, 2005; Abhique, 2012).

The lack of openness of TB suspects makes a cadre of community TB care 'Aisyiyah must approach the person suspected of having TB. Some cadres stated that to bring TB suspicion to check their phlegm to the Puskesmas often experienced rejection, but after approaching efforts in the end they were willing to check their phlegm to the Puskesmas. Attempts made by cadres of community TB care to suspect TB gave birth to a process communication that forms patterns of relationship interaction. Little John (2011) states that relationships are not static entities that never change. Relationships can be in the form of words, actions or behaviors, influences and responses in which there is reciprocity. Relationships are always changing. Relationships that initially go well will experience difficult phases. But through good communication the relationship can return to normal and more harmonious. This is because communication helps us to understand differences and changes in relationships (Little John, 2011: 229). Miller in Pearson also stated that communication and development of relations influence each other, where communication influences the development of a relationship while the development of a relationship influences communication behavior. One of the theories of relationship development is social penetration theory which explains that the development of a relationship in interpersonal communication is influenced by the existence of intimate / closed information exchange.

The phenomenon of TB cadre'Aisyiyah cadre relationships with suspected TB is interesting to study because when the cadre of TB Care'Aisyiyah Community

conducts early detection of suspected TB there is a developmental process of relationships that requires patience and adequate communication skills so that TB suspects are willing to open themselves. therefore the researcher focused on the communication ability of Community TB care'Aisiyiah cadres when acting as a communicator. From communicator elements that are the source of a relationship, information about the early detection program of TB can be delivered logically and comprehensively through an appropriate persuasion process to the interlocutors (in this study it was suspected TB / people who had symptoms of TB).

As the main actor in the communication process, communicators play a very important role, especially in controlling communication. Through the theory of social penetration, researchers want to analyze the role of TB Care community cadres as a communicator at each stage of the relationship from the orientation stage to the marked relationship stability stage. with the openness of suspicion of TB. Openness is at the core of social penetration that arises as a result of the reciprocity process of a cadre of community TB Care. Reciprocity is a process where one's self-disclosure (in this case the Community TB Care cadre isy Aisiyiah Surakarta) will direct others (in this case suspected of TB) to be open. This process requires communication skills of Community TB Care cadres 'Aisiyiah Surakarta both verbally and non-verbally as well as behaviors that are oriented towards the environment. The process of social penetration can also be seen by using two dimensions, namely breadth and depth. Extent refers to various topics discussed in a relationship and the amount of time needed to communicate with each other on various topics. Whereas depth refers to the level of intimacy that directs discussion about a topic.

In each stage of social penetration will show Community TB Care cadres abilities as a communicator. At the orientation stage, communicators will try to get to know their target well by reducing the uncertainty that occurs in them. Then in the exploratory phase with the target, the communicator will try to get a reward that is greater than the sacrifice, so that the relationship can develop further. At the stage of affective exchange, the communicator will try to open himself so that the target feels comfortable to do self-disclosure to the communicator. And at the stable exchange stage the communicator will get total honesty from the target, so the target is to do early detection without feeling reluctant to the cadres.

II. LITERATURE REVIEW

In interpersonal communication there will be a lively and dynamic interpersonal relationship and always developing (DeVito, 2011: 250). To find out how an interpersonal relationship develops-in this case the relationship between Community TB Care 'Aisiyiah cadres with suspected TB-can be done through Social Penetration Theory from Irwin Altman and Dalmás Taylor (1973). Social Penetration Theory is a theory that describes a pattern of development relationship, namely a process that Altman & Taylor identifies as social penetration.

"Interpersonal closeness proceeds in a gradual and orderly fashion from superficial to intimate level of exchange, motivated by current and projected future outcomes. Lasting intimacy requires continuous and mutual breadth vulnerability through depth of self-disclosure "(Griffin, 2006: 125).

Through Griffin's statement, it can be seen that interpersonal closeness refers to a bonding process in which the individuals involved move from superficial communication to more intimate communication. Griffin further said that long-lasting intimacy requires helplessness that occurs continuously but also quality by means of doing extensive and deep self-disclosure.

Intimacy here, according to Altman & Taylor, is more than physical intimacy; other dimensions of intimacy include intellectual and emotional, to the extent to which we carry out joint activities (West & Turner, 2006). That is, verbal behavior (in the form of words used), nonverbal behavior (in the form of body posture, facial expressions, etc.), and environmentally oriented behavior (such as the space between communicators, physical objects that exist in the environment, etc.) included in the process of social penetration. In the perspective of social penetration theory, Altman and Taylor explain some of the following descriptions:

- 1) Small talk occurs more often and earlier than personal information (peripherals) and sooner than private information.
- 2) Self disclosure is reciprocal, especially in the early stages of a relationship (Self-disclosure is reciprocal, especially in the early stage of relationship development).
- 3) Penetration will be fast at the beginning but it will decrease when it gets deeper into the deeper layers (Penetration is neat at the start, slows down quickly as tightly wrapped inner layers are reached).

- 4) Depenetration is a gradual process with increasingly fading (Depenetration is a gradual process of layer-by-layer withdrawal)

West & Turner (2011: 197-199) mentions that Social Penetration Theory is built on the following assumptions:

a. Relationships progress from not being intimate to being intimate.

The communication relationship between people starts at the superficial stage and moves on a continuum to a more intimate stage. Even though not all relationships are at an extreme point, not intimate or intimate. In fact, many of the relationships now lie at a point between the two poles. Often, we may want a moderate closeness to the relationship. For example, we might want to make the relationship with our coworkers far enough that we don't need to know what is happening at home every night or how much money he has in the bank. However, we need to know enough personal information to assess whether he is able to complete his responsibilities in a team project.

b. In general, the development of a systematic and predictable relationship.

In particular social penetration theorists argue that relationships develop systematically and can be predicted. Some people may have difficulty accepting this claim. Relationships - like the communication process - are dynamic and constantly changing, but even a dynamic relationship follows acceptable standards and patterns of development. Even though we may not know for certain about the direction of a relationship or can predict for sure its future, the process of social penetration is quite regular and predictable. Of course, a number of events and other variables (time, personality and so on) influence the way the relationship develops and what we predict in the process. As Altman & Taylor (1973) concluded, "people seem to have a sensitive adjustment mechanism that makes them able to program carefully their interpersonal relationships.

c. The development of relationships includes depenetration (withdrawal) and dissolution.

At first, these two things might sound strange. So far we have discussed the meeting point of a relationship. But relationships can be messy, or depenetrate and this setback can cause dissolution of relationships. Speaking of withdrawal and dissolution, Altman & Taylor expressed the similarity of this process to a film that was played backwards. Just as communication allows a relationship to move forward toward the stage of intimacy, communication

can move relationships to retreat towards the stage of intellect. If communication is full of conflict, for example, and this conflict continues to be destructive and cannot be resolved, the relationship will probably take a step back and become further.

Social penetration theorists think that withdrawal, like the penetration process, is often systematic. If a relationship is depenetrated, this does not mean that the relationship will automatically disappear or end. Often, a relationship will experience transgression (transgression), or violation of rules, implementation, and expectations in connection. This transplant may appear unresolved and often this is the case.

d. Self-disclosure is the essence of relationship development.

Self-disclosure is generally defined as a process of opening information about yourself to other people who have goals. Usually, information in self-disclosure is significant information. According to Altman & Taylor (1973), relationships that are not intimate move towards intimate relationships because of their openness. This process allows people to get to know each other in a relationship. Self-disclosure helps shape present and future relationships between two people, and "making yourself open to others gives intrinsic satisfaction".

In this theory, Altman and Taylor analogize the theory of Social Penetration with the onion skin with the outermost layer down to the inner core of an onion. The outermost layer is public image (public image) which is more directed to what is seen directly from each individual involved in the process of social penetration. The main component in this theory refers to resprocity, which is a process where the openness of others will lead others to be open. According to Altman and Taylor, our closeness to others is seen from the extent of our penetration of the layers of personality. By letting other people penetrate the layers of personality that we have means we allow the person to get closer to us.

The stages in the theory of social penetration according to West and Turner (2011: 205) are as follows:

a. Orientation Stage

The earliest stages of interaction, referred to as orientation stages, which occur at the public level; only a little about ourselves is open to others. Communication that occurs is not impersonal. The individuals involved only convey information that is very general.

At this stage, only a small part of ourselves is revealed to others. Speeches or comments conveyed by people are

usually small talk that only shows surface information or what appears to be visible to the individual. At this stage too, people usually act in socially accepted ways and be careful not to disturb people's expectations. In short, people try to smile and behave politely.

According to Taylor and Altman (1987) in Morissan (2010: 191), people have a tendency to be reluctant to give evaluations or provide criticism during the orientation phase because it will be judged as inappropriate and will interfere with relations in the future. Even if there is an evaluation or criticism, it will be done smoothly. Both parties actively try not to get involved in the conflict so that they have the opportunity to explore each other in the future. If at this stage those involved feel enough to get rewarded from their initial interaction they will proceed to the next stage.

b. Stage of Affective Assessment Exchange (Exploratory Affective Exchange Stage).

This stage is an extension of the public's area of self and occurs when aspects of an individual's personality begin to emerge. What was previously private began to become public. If at the orientation stage, people are careful in conveying information about themselves then at this stage people expansion or expansion of the public area of themselves. People begin to use a choice of words or phrases that are more personal in nature. Communication also takes place a little more spontaneously because individuals feel more relaxed with their interlocutors, they are also not too careful in expressing something they will regret later. Behavior in the form of touch and emotional expression (eg changes in facial expression) also increases at this stage. This stage is the stage that determines whether a relationship will continue or not.

c. Affective Exchange (Affective Exchange Stage).

At this stage, there is an emphasis on commitment and comfort. This stage is characterized by close friendship and intimate partners and includes patterns of interaction that are more relaxed, no burden, and occur spontaneously. Sometimes at this stage there are disagreements, unrest, and misunderstandings, but this is not a threat to the overall relationship.

d. Stable Exchange (Stable Exchange Stage).

In this stage, both parties are in a high and synchronous intimacy level, meaning that the behaviors between them sometimes occur again, and both parties are able to assess each other and suspect that the behavior that occurs is quite accurate. The process of social penetration is an experience of giving and receiving where communicants and

communicators involved try to balance their individual needs with relationship needs. The background, personal values of a person, as well as the environment in which relationships occur can affect the process of social penetration.

III. METHODOLOGY

The method used in this study is qualitative research. Bogdan and Taylor suggest that qualitative methodology is a research procedure that produces descriptive data in the form of written and oral words from people and observed behavior (Moleong, 2007: 3)

The purpose of this study was to find out and analyze the role of Community TB Care cadres 'Aisiyiah Surakarta as a communicator in carrying out orientation stages, stages of affective assessment exchange, and stages of affective exchange and stable exchange stages with suspected TB. The results of the phasing of the social penetration process are the willingness to suspect TB to carry out early detection of TB disease.

IV. RESULT AND DISCUSSION

Based on research conducted for approximately six months using the method of in-depth interviews and participatory observations, the researcher described the results of the study in accordance with the formulation of the problem which is the stages in the process of social penetration of Surakarta TB Care 'Aisiyiah Community cadres in conducting early detection of TB suspects in Surakarta as follows:

4.1 The Orientation stage of Community TB Care 'Aisiyiah Surakarta Cadre against Suspek TB

The orientation stage is the earliest stage of interaction. Community Care TB Care Aisiyiah cadres in their efforts to determine suspect TB are also overwhelmed by feelings of uncertainty, because they often have to deal with unknown new people. To find and determine people suspected of having tuberculosis, the TB Care Aisiyiah Community cadre carried out the following strategies:

4.1.1. Making a Mass Extension

Counseling is carried out from the RT / RW level to the kelurahan that are the cadre area. In counseling the masses, cadres will provide knowledge about the ins and outs of TB disease, mainly symptoms and transmission of TB to RT / RW cadres in the local village. It is hoped that through this counseling, RT / RW cadres will pay more attention to the environment around them. So that if you find local residents who have symptoms of TB disease, you should immediately

report to the local Aisiyiah TB Care cadre. Thus the cadre of TB Care community made a passive strategy, because only waiting for news from third parties in this matter was the local RT / RW cadre.

4.1.2. The knock door movement

The knock door movement is the movement of all TB Care Aisiyiah community cadres who are coordinated directly by Aisiyiah to go directly to certain areas within a certain time. In this movement the cadre immediately plunged into a certain area to look for suspect TB. People who are suffering from coughing are immediately asked to give samples of sputum when to cadres. This movement is effective for finding sputum samples but does not have the right target. Although suffering from coughing, it is not necessarily suffering from TB. In this case the Community TB Care cadre 'Aisiyiah Surakarta carries out an informative strategy, namely by making direct contact with suspect TB. Through this strategy, community cadres Tb care 'Aisiyiah can immediately carry out early detection of suspected TB. But this method is considered doubtful and not on target and requires no small amount of funds. Through this door knock strategy, the TB Care TB Aisiyiah Surakarta community cadres can conduct early detection of TB suspects even though they are only at the orientation stage, but this strategy only reaches certain areas in Surakarta and is not routine in its implementation.

4.1.3 Establish collaboration with the Community Health Centers (Puskesmas)

Through TB officers at the Puskesmas, TB cadres asked for data on people who had examined themselves at the Puskesmas who were strongly indicated to have TB. This indication is obtained because these people have symptoms that are closely related to Tuberculosis called code 06.

In this case, cadres get more valid information about people who have a strong suspicion of TB disease. After getting the full name and address of the Puskesmas, the cadre of community TB care 'Aisiyiah then decides to plan to visit the suspected TB. Community TB Care cadres 'Aisiyiah Surakarta prepares equipment that must be taken during a home visit. The equipment includes notebooks and phlegm pots. Not infrequently they also bring their hands as a way to attract sympathy from suspects and their families. TB sufferers are often poor people who live in slums, dirty and lack lighting. A place that is suitable for tuberculosis germination. In this method the Community TB cadre isy Aisiyiah Surakarta uses active strategies and informative strategies. Active strategies are used when requesting suspect

tb (06) data for TB Puskesmas officers, while informative strategies are used when cadres of community TB care 'Aisiyiah begin investigating / direct contact with TB patients.

4.2 Affective Assessment Exchange Stage Between Community TB Care Cadre and suspect TB

The emergence of a cadre's personality in front of suspected TB and vice versa will be analyzed through social exchange theory. The author describes the affective assessment exchange between cadres of community TB care with suspected TB through every aspect of the human personality.

4.2.1 Social Exchange of Community TB Care Cadre with Suspect TB on aspects of the Physical personality

The aspect of physical personality is seen in one's physical appearance. Human physical appearance is everything that is related to the external appearance of humans that is easily observed and assessed by other humans. In its efforts to get attention and response from its target, TB cadres when carrying out interpersonal communication with suspected TB always show a neat and polite appearance. But because they always carry large bags containing equipment for early detection, cadres are often regarded as sales people or people who ask for donations. This sometimes makes cadres less comfortable, but does not dampen steps to achieve their targets.

To minimize disease transmission, if a cadre is going to visit, make sure that his physical condition is fit / healthy. Because if our body is healthy, the TB germs will not be able to attack the body. When communicating with suspicion, the cadre avoids sitting face to face directly with suspicion, but tries to position his body to be beside the suspect. This is to minimize direct contact which allows sprinkling of saliva from suspected cadre bodies.

Even though sometimes they get rejection from suspected TB, TB cadres keep up their enthusiasm to continue their social work. Besides getting transport money from Community TB Care for 40 thousand rupiah per suspect, cadres also have their own motivation to alleviate Indonesia from the second highest rank in the world in TB disease. By becoming a cadre of community TB Care they formed a self-identity as TB exterminator, they are not known for their name but are known as a scourge for TB suspicion.

The use of masks is still a separate debate among cadres. Some feel that wearing a mask will cause a negative view of

suspicion, but some will still wear masks with certain tricks to minimize negative feelings from suspicion.

Thus the meaning of reward in exchange is the formation of cadre identity as an agent to fight TB. This identity fosters a feeling of pride in the cadre. If the target is successful, the cadre will get transport money from the community of 40 thousand rupiah per suspect. The cost of this exchange is a negative suspect view of the physical appearance of a cadre who is considered a salesperson.

In this stage if you experience one or two rejections as long as the suspect is still considered able to cooperate, the cadre will continue to continue the relationship, but if more than three times visit, keep a face with a less wearing attitude, the cadre will terminate the relationship assuming there are other suspects who can made the next target.

4.2.2 Social Exchange on Psychological Aspects

Affective assessment is an attempt to get to know others, especially those relating to behaviors that emphasize feelings and emotions such as interests, attitudes, appreciation and ways of adjusting. The aspects of the affective domain that arise in the exchange between Community TB Care and TB suspect cadres are explained as follows:

a. Interest

TB cadres before entering the field have been provided with knowledge and insights about TB, one of which is the increasingly alarming presence of TB in Indonesia. The iceberg phenomenon is an accurate description of the existence of this disease, especially in the city of Surakarta, which is the main area among satellite cities in the vicinity. It is not impossible for the spread of germs to occur more quickly because of commuters coming out of the city of Surakarta.

This condition causes TB cadres to have an interest in being able to participate in eradicating TB disease in Indonesia in general and in Surakarta in particular. The increasingly alarming condition of TB is a strong reason to go into the field looking for suspected TB.

On the other hand Suspek TB really wants to get healing. Although there are feelings of laziness or shame they actually feel the condition of the body is getting weaker so that not infrequently they come to the cadre to ask for help.

b. Attitude

TB cadres when they come to suspect are always polite, especially when they first meet. A courageous attitude is

needed to deliver counseling about the dangers of TB and how easily it is transmitted. In the face of rejection from suspicion, TB cadres must be able to be patient and continue to try to eliminate TB suspicion. Cadres must also be able to provide clear information about procedures for correct early detection of suspected TB. Cadres must be able to manage their feelings when facing situations that are out of control, such as sputum pots that spill, too little phlegm and pots that are always returned empty. Cadres also always encourage suspect TB if TB is known later.

c. Value

The value exchanged is Javanese cultural values that prioritize the principle of harmony and respect in the pattern of community interaction. Harmony is an effort to maintain a situation of peace in an interaction. In this case the interaction between the TB Care Aisyiyah Community Cadre with suspected TB. TB cadres have the hope that TB cadres want to do early detection without having to force and make the situation difficult. TB cadres who are overwhelmed with doubt and fear are expected to be able to accept the presence of TB cadres properly.

With acceptance it produces mutual respect between the two. Respect from cadres by not isolating suspicion and keeping the identity of suspected TB confidential. While respect for TB cadres is represented by a suspicion of willingness to carry out early detection properly and correctly.

d. Appreciation

Community Care Cadre TB Care always gives 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 provided with knowledge about TB, of course, admits that most people are suspected of being unconscious or not aware that they have TB. They tend to deny because there is a feeling of shame and fear of being ostracized. Therefore, it is important for cadres to hide suspected TB suspects who are targeted. Whereas suspects for TB need to be cautious in accepting the presence of TB cadres in their lives. Thus all questions about his health will be answered.

e. Adjustment

Aisyiyah Community TB care cadres have the ability to respond to various complaints from suspicion, while suspects must be able to accept the reasons of the TB cadre. Various complaints from suspects can be accepted and the solution is found by TB Cadre. Even though TB is suspected

of being sometimes negligent and negligent, TB cadres are still trying their best to maintain suspicious conditions.

The cadre of Tb Care Aisiyah community is also a human who must carry out social exchanges with suspected TB he meets. If an agreement is reached, the relationship between the two will continue. Conversely, if there is no agreement, a relationship will deteriorate. In its efforts to melt the heart of TB suspicion, we need a variety of resources and ways that are not easy but will always present valuable experiences for both parties.

For community TB Care cadres, suspecting TB is someone who needs help to recover from their illness while suspected TB sometimes thinks that cadres are people who interfere with their lives. For this reason, a cadre must ensure that he has good intentions, as well as being suspected of having to open himself to achieve interpersonal satisfaction. Interpersonal satisfaction is determined by three factors, namely:

a. Advantage

For cadres the advantage of finding suspicion is a proud achievement of work performance. In addition to getting praise and awards from the chairman of the health council also get as much as suspected honorarium obtained from Aissiyah.

For suspects, the presence of a cadre also brings benefits where there is no need for the officer to go to the puskesmas to check phlegm, know the exact condition and get the medicine. Alternative existence

In convincing TB suspects that they want to do sputum examinations, cadres usually make home visits more than once. However, if the cadre has repeatedly refused, the cadre will usually step down

b. Investation

Energy and time are unlimited investments in social work

4.2.3 Social Exchange on Spiritual Aspects

For the sake of successful TB eradication, a cadre is willing to put aside the feeling of disgust when carrying phlegm to be examined at the Puskesmas. It must be willing to throw away the fear of contracting, even though the TB germs are the most infectious germs. Must be able to get rid of the feeling of being lazy when you have to deliver a sputum pot in the afternoon and take the results in the morning. Feeling patient when you know that sometimes you suspect that you didn't do the phlegm procedure

correctly even though you have been taught for the umpteenth time. Great self-sacrifice is carried out by TB Care community cadres, even though they may not care. According to Haryanti this was done because it was driven by the desire to free Indonesia from the fourth largest number of countries with the most TB sufferers. Meanwhile, according to Nur Handayani, this is done based on feelings of sincerity and expecting rewards. In terms of suspicion, they felt quite helped by the presence of this community cadre, because they did not need to go back and forth to the puskesmas for early detection.

From some of the statements above, it can be known that the reward from the exchange above is the feeling of happiness from the Community TB Care cadre because it benefits the people. While the cost received by cadres is a feeling of disgust, fear of contracting and also the feeling of extra patience facing suspicion. But in the end All tired paid off with happiness.

4.3 Affective Exchange Stage Between Community TB Care Cadre and suspect TB

The stage of affective exchange includes unique nuances of relationships which can be found using personal idioms that describe a more established relationship as well as starting to arise tensions in relations even though these tensions are not regarded as a threat to the relationship as a whole. So that affective exchange can include positive and negative exchanges.

4.3.1 Affective Exchange that is Positive

a. Supportive attitude cadres of community TB care for suspected TB

TB is often regarded as a hereditary disease, the sufferer is considered subject to curses or witchcraft, so that most sufferers feel ashamed and closed to others. But TB cadres always try to make sure that TB is a common disease that can affect anyone. TB, although dangerous, can still be cured.

b. The attitude of encouraging Aisiyah community TB Care cadres to suspect TB

Suspect TB is afraid if it is tested positive for TB, so that when collecting phlegm from the puskesmas, the cadres will also assist. Confronting suspects who are afraid of cadres will entertain and be encouraging from this suspicion.

c. A sense of care for TB cadre community towards TB suspicion

TB cadres have a high concern in helping suspects to carry out early detection suspect TB. Every afternoon the cadre entrusts the sputum pot to the suspect TB then once again in the morning he takes the sputum and brings it to the Puskesmas.

Cadres also provide health education to suspected TB. Education is not only about TB but also the condition of the surrounding environment.

4.3.2 Negative Affective Exchange

a. Extreme Information Giving

There are cadres who also provide extreme information to scare suspects into fear so they want to do early detection.

b. Attitude suspect uncooperative TB

Attitude suspect uncooperative TB among them. Suspect often deceives cadres by giving empty phlegm pots to cadres. Suspect often doesn't want to take medicine for reasons of being bored, his body is good.

4.4 Stable Exchange Stage Between Community TB Care Cadre and suspect TB

At this stage there has been a close relationship between Community TB Care cadres and suspected TB. Familiar relationships are characterized by the following characteristics:

4.4.1 Hospitality and affection

The main characteristics of a close relationship are hospitality and love. A good close relationship is not something that is annoying. Close friends always hope to be together together because they experience joy or pleasure together, they enjoy together in speaking and they enjoy in a variety of experiences. Hospitality is a major characteristic of TB cadres in their efforts to seek and get TB suspicion.

4.4.2 Trust

The belief is to place trust / confidence in others more or less almost always involves some risk. This is a prediction if you reveal yourself to others, the results will benefit you and your colleagues.

Five important problems underline the development of trust in a close relationship:

- 1) Reliable / reliable
- 2) Ready to help
- 3) Partners who are able to resolve conflicts effectively

It is the person who is ready to help / responsible partner.

4) Partners who resolve conflicts actively

5) A loyal partner (faithful partner)

Cadres are loyal Suspek TB partners in resolving their health problems. TB cadres never look uncomfortable or disgusted in carrying out early detection on suspicion. Cadres also keep their suspicious identities so that they are not ostracized by their environment.

4.4.3 Self Disclosure

Through sharing feelings and the very personal process of self-disclosure, people really can know and understand each other. But communicating personal information about oneself and making personal observations about other people is necessary for intimacy to develop, in the event of unconditional openness there can be a relationship disruption as opposed to good relations.

In fostering good relationships with suspected TB, cadres try to be patient in dealing with suspected TB behavior. Suspek which was initially visited was always ignorant, in two, three and four occasions meeting eventually would receive the presence and good intentions of TB cadres.

4.4.4 Responsibilities

A close relationship requires deep responsibility. A close relationship has a very strong bond. If the Community TB Care cadre finds positive TB suspicion, it will automatically become a PMO (Medication Swallow Companion). PMO is tasked with monitoring and controlling drugs consumed by suspected TB. PMO is there because of the high rate of drop out taking medicine for suspected TB. However, in the realization of Community TB cadres, they cannot always accompany suspected TB to take drugs directly. Cadres every day only contact suspects via cellphones and do not see directly whether the drug is taken or not. Cadres can only occasionally visit suspected homes and sometimes not during medication. Cadres try to empower suspicious families to participate in monitoring suspects in order to routinely take the medicine.

Here, cadres are seen sharing their responsibilities with suspect families to oversee the healing process of TB patients, so that the cadre's relationship with suspicion is not very familiar, but only at the normal level.

V. CONCLUSION

In this study, it can be seen that the process of social penetration of the cadre of TB Care 'Aisiyiah Surakarta

community does not have to go through the four stages to lead to the availability of suspected TB in early detection (initial phlegm examination). By using active and informative strategies, the cadre can invite suspects to carry out the initial phlegm examination, but the drawback is the lack of validity of the results of sputum examination.

While for some cases it must also go through the stages of exchange of affective exploration and affective exchange. This stage is tested through the use of social exchange theory. A cadre has the motivation to invite TB suspects because the costs incurred are proportional to the rewards. Reward for every TB cadre who managed to invite suspects to do early detection is IDR 40,000 / suspect.

For the stable exchange phase occurs when TB cadres have handled TB positive patients by becoming a Companion to Take Medication for suspects. Although in reality cadres invite the families of patients to participate in efforts to cure TB patients but this is precisely what makes the cadres closer to suspected TB.

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