

THE INFLUENCE OF HEALTH PROMOTION ON BEHAVIOR IN PREVENTIVE AND TREATMENT OF PULMONARY TUBERCULOSIS PRISONER GRADE I OF MEDAN CITY

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ABSTRACT: *Introduction Pulmonary tuberculosis is recognized a directly infectious disease resulted by Tuberculosis bacterial (*Mycobacterium tuberculosis*). The prison Administration of Medan pointed out that for 3 years period (2009-2011) got rising cases in Pulmonary of those prisoners. One of efforts to press down is by prevention and overcome it on the prisoner is with a health promotion. Materials & Methodes: The objective of this study is to know the affect of health promotion over the effort in prevention and the treatment of Pulmonary TB on prisoners in Medan. On the preventive group, total sample of each group of intervention and control noted 158 people. On the treatment group, total sample of each group of intervention and control noted 58 people. In taking the sample is by simple random sampling. The variable to measure such as knowledge, attitude and action. The data was obtained by questionnaires that has been distributed before and after a health promotion held, then data was analyzed using t-dependent test. Result : The result of study on preventive group indicated an increasing score of knowledge found ($p = 0.004$), behave ($p < 0.001$), and action ($p = <0.001$) on the Pulmonary TB prevention on intervention group compared to a control group ($p = > 0.05$). On the treatment group also increasing score average of knowledge found ($p = 0.017$), attitude ($p = < 0.001$), and action ($p = 0.025$) on treatment of Pulmonary TB on intervention group compared to a control group ($p = > 0.05$). Conclusions: It is found an influence of health promotion upon one's attitudes (knowledge, behave, and action) for preventive and treatment Pulmonary TB on prisons available in Medan.*

KEYWORDS: *health promotion, behavior, pulmonary TB*

INTRODUCTION

The infectious disease is one of diseases recognized serious to threat the health over the world, found a highly rate of illness and death due to the diseases, particularly on HIV/AIDS, malaria and Pulmonary Tuberculosis. This such diseases has been the main priority in agenda available on the *Millenium Development Goals (MDGs)* of 2015 under points : Kementerian Kesehatan REPUBLIK INDONESIA, (*Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan*. 2011). Based on a report by *World Health Organization (WHO)* of 2012, noted that Southeast Asia region constitute a region with the highest cases on Pulmonary TB approached 40% . (WHO 2012) Indonesia is on the fifth rank with prevalence in 289 per 100,000 residents. (Dinas Kesehatan Provinsi Sumatera Utara, 2012) Under a Health Profile of Sumatera Utara Province in 2012 found newly cases of Pulmonary TB (+) on 14,302 people (68,86%) (Dinas Kesehatan Provinsi Sumatera Utara, 2012).

Pulmonary TB prevalence also contribute sourced residents at public places, especially in the correctional facility (Lapas), because it has a great potential and facilitate the onset of TB infection because the length and the major exposure to *Mycobacterium*, and mentioned also that new infection risk factor gets TB or latent TB reactivity of infector as a poor nutritional status and physical and emotional pressures also inmates.

The occurrence of TB in prisons is usually reported to be much higher than the average rate reported in public. TB was reported as the most common cause of death in prisons located in developing countries. High number of incident TB inmates at the prison caused by comparison of the room is not proportionate to the occupants, coupled with the prisoners who come from groups who are already at high risk population is infected with TB. In addition, prison setting based on characteristic crime rather than on his health could increase the transmission or the transmission of TB, the detection of cases of late, and inadequate treatment will cause a high risk of prisoners infected with TB (Bausanno, 2010). In addition the prison is the reservoir for the transmission of the disease to the public at large through the prison staff, visitors, and close contact with prisoners being freed. Transmission dynamics between prisoners and the general public play a key role in encouraging the incidence of TB in the community as a whole. Therefore needed a way to prevent and control TB in prisons (Niveau, 2006).

According to Health RI (2012), the potential transmission of Pulmonary TB in Lapas are very high, because most of the residents have exceeded the capacity of prison, results of the study showed the prevalence of pulmonary Tuberculosis on the residents in the region of rutan/Lapas Jabotabek is 7.5 times greater than the general population. The research of Manzoor, et.al. (2009) the Jailbird in Pakistan, explaining that pulmonary TB cases also occur in penguni prison, from 261 samples there were 9.2% positive prison inmates suffer from pulmonary TB, 5.7% of whom had a history of Pulmonary TB in the family, 18.3% had symptoms of cough of more than Sunday.

An official Report of Provincial Law and Human Rights Affairs of Sumatera Utara (2012), stated for a period 3 (three) years such 2009-2011, a fluctuation cases of Pulmonary TB on those prisoners found. (Direktorat Jenderal Pemasyarakatan Departemen Hukum dan Hak Asasi Manusia RI, 2012). A phenomenon newly cases of Pulmonary TB on those prisoners tends increasing up, to this matter should be attention by prisoner authority in order to prevent and overcome the infectious of Pulmonary TB on those prisoners, it is referred to government policy and under action plan to realize, so it is highly required a new strategic with more effective and efficiently how to prevent Pulmonary TB as the following strategic; Kementerian Kesehatan REPUBLIK INDONESIA. Controlling straight even eradicating Pulmonary TB on those prisoners, provide with a special session counseling and health promotion, (World Health Organization. *Global Tuberculosis Report 2013*). since one factor to contribute existed a pulmonary TB is lacking behave by individual on health. Health promotion on Prisoners may adopt media such as routine counseling specifically to those new prisons, also with media leaflet and brochures, with other technical way as well as.

Health promotion is expected to enhance the understanding of the residents of prison generally about health and specifically about the countermeasures of pulmonary TB. This is because the knowledge factor of sufferers is one of the most influential risk factors. The lack of knowledge about how the prevention and eradication of TB of the lungs that is does not know how to meminun the drug, how to prevent transmission by not spitting in haphazard places, keep clean themselves, closing the mouth at a time when cough and other actions. Sufferers lack knowledge allegedly due to lack of information regarding Pulmonary TB. State of knowledge is lacking due to the attitude of sufferers don't want to know and ultimately highly influential action against sufferers against the efforts of prevention and eradication.

Based on a prior medan survey held on September 2011 showed that on Prisoner Grade I out 44 prisoners with positive.

Pulmonary TB majority behaved in high risk against infectious Pulmonary TB over other prisoners,

do spitting in any place also do bad behaved that able to aggravate incidental Pulmonary TB such as smoking and got sleeping late night.

The initial results of the survey also described penanganan nutritional problems in prisoners inmates in prisoners grade 1 still do not meet nutritional needs required for the person who has Pulmonary TB disease, there is no distinction regarding the fulfillment of nutrition on a group of people who are infected with TB and Pulmonary TB uninfected (healthy). For the management of pulmonary TB sufferers in intensive phase, the diet needs to be given is High Energy diet which is rich in Protein (WOULD), with the goal of diet to meet the needs of energy and proteins which greatly improved so as to prevent and reduce damage to the tissues of the body and put on weight to achieve a normal weight (Martony, 2006). Diet in accordance with the rules of granting of a disease afflicting residents of prison noteworthy, because food is one of the factors that help the acceleration the healing of diseases in the person who suffers.

In addition in prisoners grade I also there is no isolation room that should exist in order to avoid the transmission of diseases through air circulation that is in the custody room. Procurement of spaces of isolation required due to Pulmonary TB transmission through coughing or sneezing, sufferers who spread germs into the air in the form of droplets (a splash of phlegm). Droplets containing germs can survive in air at room temperature for a few hours, a person can be infected if the droplets inhaled into the respiratory tract. A cough from a Pulmonary TB sufferer can produce 3000 droplets nuclei (Musadad, 2006). Power transmission from a Pulmonary TB sufferer is determined by the number of germs exhaled. The higher the degree of positive sputum examination results, then the more contagious disease sufferers are. Thus, the merger of prisoners suffering from TB of the lungs with a healthy prisoner is one of the factors that speed up the process of transmission, it is one of the causes of the difficulty of lowering the number of pulmonary TB sufferers in prison. In addition to air circulation, so the lighting in the space of prisoners is still lacking. Pulmonary TB germs can survive in the dark/humidity within a few hours, but direct sunlight can quickly kill them

Based on the curative aspect, unknown treatment strategy for patients with pulmonary TB on inmates tend to have not a healing oriented perfectly, it indicated the presence of positive Pulmonary TB inmates who drop out of treatment process with percentage of 1%, and the absence of effort monitoring the evaluative against so cannot be identified the level of Pulmonary TUBERCULOSIS cure coverage on inmates. Short interview with 6 (six)-positive pulmonary TB inmates, the majority (78,2%) stated do not take medication on time, and say there is no overall oversight of prisoner officer against the continuity of treatment. In general the success of pulmonary TB treatment is determined by the Supervisory role of the Swallow drugs (PMO).

Prison management has done a variety of efforts to lower the number of pulmonary TB in pain for inmates, through the efforts of prevention and countermeasures of pulmonary TB in prison, as recommended by Health RI. These efforts include the transmission of pulmonary TB prevention efforts on inmates, increased knowledge and healthy lifestyle behaviors for inmates through the extension of health, nutrition, as well as setting treatment efforts on schedule drug for patients with positive Pulmonary TB

MATERIAL AND METHODS

Types of Research

This type of research is quasi experiment (experiment of the artificial) that aims to explain the influence of health promotion behavior towards prevention and treatment of pulmonary Tuberculosis. This research was conducted against the two groups, the intervention and control. The intervention group was a group of inmates who are in Lapas grade 1 prisoners whereas the control group is the Group of inmates at Prisoners grade I Medan.

Population

The population in this study are divided into two groups, the Group of healthy inmates (not suffering from Pulmonary TB) and a group of inmates are ill (suffering from Pulmonary TB). The population of inmates who are referred here is the research group for the prevention of pulmonary TB, while the convict population ill (suffering from Pulmonary TB) is a research group for the treatment of Pulmonary Tuberculosis.

As for healthy prisoners of grade 1 Medan (not suffering from Pulmonary TB) numbering is known as 1,507 people. The number of inmates is divided into three (3) blocks, whereas in class I Rutan Terrain that is as much as 1,646 people divided into 9 (nine) block. While inmates who suffer from Pulmonary TB in Lapas class I Field numbering 60 people, but prior to intervention 2 inmates had free, so there is no prisoners whom are not included in this research so that the number of TB sufferers are examined as many as 58 people and inmates who suffer from Pulmonary TB in Prisons as many as 58 Field class I people.

Samples

This research was conducted on 2 (two) groups namely an intervention and control. On the intervention group total sample of each intervention group and control noted 158 people. On the treatment group, total sample of each group of intervention and control noted 58 people. The data obtained by questionnaires that has been distributed before and after doing a health promotion.

Data Collection

Analyze the data by looking at the relationship between the two variables (independent and dependent) by examining the dependent, i.e. measuring the difference in the results of the knowledge, attitudes and actions of prevention and treatment of pulmonary Tuberculosis before (pre-test) and after (post-test) conducted intervention at both the intervention group or a control group.

Interventions

Based on the framework of theory and research purposes such as those described above, the framework of the concept of research as follows:

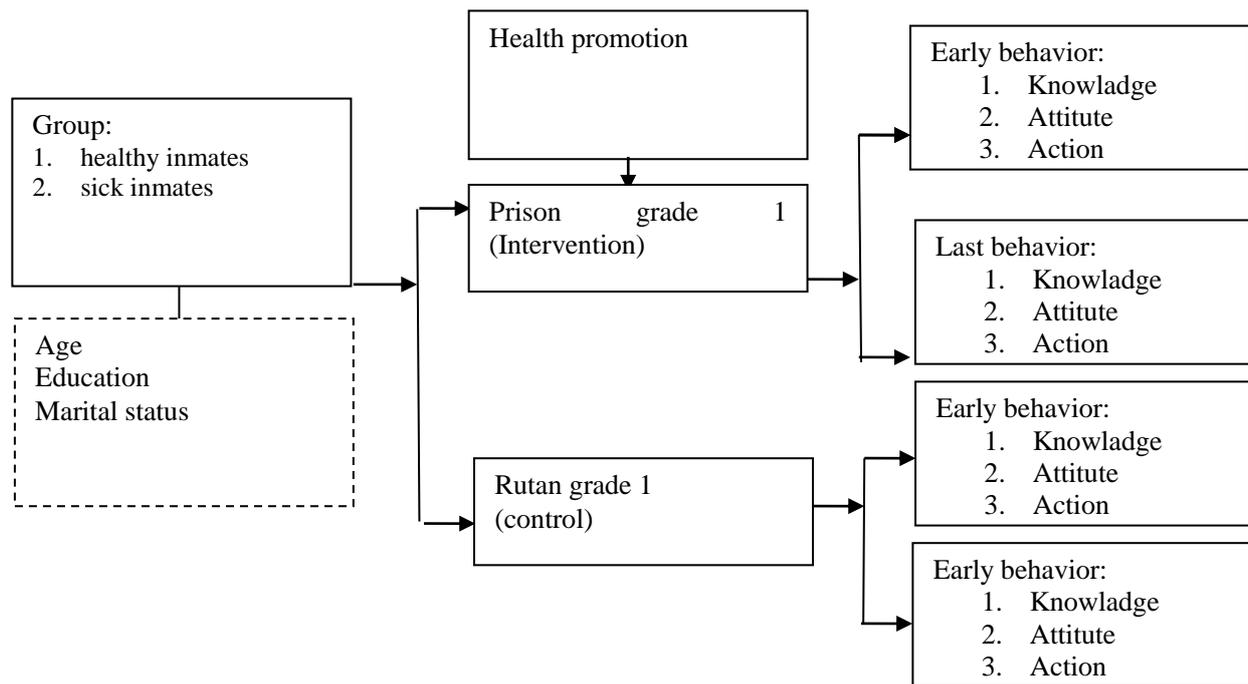


Figure 1.6 the framework concept of Research

In this study then the prisoners were divided into two groups, the prisoners are healthy as Pulmonary TB prevention research samples, and inmates are sick as Pulmonary TB treatment research samples. Each sample represents population groups from grade 1 prisoners and grade I Rutan Medan. Then do the initial measurements using instruments of the research which has been prepared concerning the knowledge, attitudes and actions of inmates against Pulmonary TB treatment or prevention, at both the samples in prison and Rutan grade 1 Medan. After initial measurement results obtained then performed with the model of health promotion interventions are effective and efficient, the only intervention carried out on the sample in prison grade I Medan. After implementing the intervention then performed again measurement to knowledge, attitudes and actions of the respondent (the measurement of end).

RESULTS

Characteristics of the intervention group Equality Analysis and control On the prevention of Pulmonary TB

Table 1 :

Frequency distribution analysis of the equivalence of the characteristics of the intervention group and the control in the prevention of Pulmonary TB

a	Age	Intervention group		Control group		P
		N	%	N	%	
1	Young Adults	59	37.3	67	42.4	0,613
2	late adulthood	99	62.7	91	57.6	
Total		158	100.0	158	100.0	
b	Marital Status					
1	Kawin	109	69.0	121	76.6	0,992
2	Tidak Kawin	49	31.0	37	23.4	
Total		158	100.0	158	100.0	
c	Education					
1	Low	96	60.8	92	58.2	0,597
2	Middle & High	62	39.2	66	41.8	
Total		158	100.0	158	100.0	
d	Work					
1	Yes	118	74.7	109	69.0	0,105
2	no	40	25.3	49	31.0	
Total		158	100.0	158	100.0	

In table 3.1 above obtained research results as follows:

1. There is a difference in the percentage of respondents age between intervention and control groups in the prevention of pulmonary TB, where age young adults in the intervention group (37.5%) and in the control group (42,4%), whereas age adults continued in the intervention group (62.7%), and in the control group (36%). Based on test results obtained p value chisquare > 0.05 which means there is no difference among respondents age significantly the intervention group and the control group on the prevention of TB , meaning that the age in both groups are equivalent.

2. There is a difference in percentage of marital status between the control and intervention groups in the prevention of pulmonary TB, where respondents who married in the intervention group (69,0%) and in the control group (76,6%), while respondents who did not mate in the intervention group (31,0%), and in the control group (23.4%). Based on test results obtained p value chisquare > 0.05 which means there is no significant difference in marital status of respondents among the intervention group and the control group on the prevention of TB, meaning that the marital status on the two groups was equal.

3. There is a difference in the percentage of educated respondents between intervention and control groups in the prevention of pulmonary TB, where education is lower in the intervention group (60,8%) and in the control group (58,2%), whereas secondary education + high in the intervention group (1%), and in the control group (41.8%). Based on test results obtained p value chisquare > 0.05 which means there is no distinct differences between the respondent's education significantly the intervention group and the control group on the prevention of TB , meaning that the education on the two groups was equal.

4. There is a difference in the percentage of respondents work between intervention and control groups in the prevention of pulmonary TB, where respondents who work in the intervention group

(74.7%) and in the control group (69,0%), while respondents who do not work in the intervention group (25.3%), and in the control group (31,0%). Based on test results obtained p value chisquare > 0.05 which means there is no distinction between the respondent's work significantly the intervention group and the control group on the prevention of TB of the lungs, meaning that the work on the two groups was equal.

3.2 Analysis of the equivalence of the characteristics of the intervention group and the control On the treatment of Pulmonary Tuberculosis

Table 2

Frequency distribution analysis of the equivalence of the characteristics of the intervention group and the control On the treatment of Pulmonary Tuberculosis

a	Age	Intervensi		Kontrol		P
		N	%	N	%	
1	Young Adults	42	72.4	20	34.5	0,991
2	late adulthood	16	27.6	38	65.5	
Total		58	100.0	58	100.0	
b	Marital Status					
1	Kawin	44	75.9	38	65.5	0,280
2	Tidak Kawin	14	24.1	20	34.5	
Total		58	100.0	58	100.0	
c	Education					
1	Low	28	48.3	24	41.4	0,567
2	Middle & High	30	51.7	34	58.6	
Total		58	100.0	58	100.0	
d	Work					
1	Yes	37	63.8	42	72.4	1,000
2	no	21	36.2	16	27.6	
Total		58	100.0	58	100.0	

n table 3.2. the above results are obtained as follows:

1. There is a difference in the percentage of respondents age between intervention and control groups on the treatment of pulmonary Tuberculosis, where the young adult in the intervention group (72,4%) and in the control group (34,5%), whereas aged adults continued in the intervention group (27,6%), and in the control group (65,5%). Based on test results obtained p value chisquare > 0.05 which means there is no difference among respondents age significantly the intervention group and the control group on pulmonary TB treatment, meaning that age in both groups are equivalent.

2. There is a difference in percentage marital status between the intervention and control groups on the treatment of pulmonary Tuberculosis, where respondents who married in the intervention group (75,9%) and in the control group (65,5%), while respondents who did not mate in the intervention group (24,1%), and in the control group (34,5%). Based on test results obtained p value chisquare > 0.05 which means there is no significant difference in marital status of respondents among the intervention group and the control group on the treatment of pulmonary Tuberculosis, it means that the status of marriage in the two groups were equivalent.

3. There is a difference in the percentage of educated respondents between intervention and control groups on the treatment of pulmonary Tuberculosis, where education is lower in the intervention

group (48.3%) and in the control group (41.4%), whereas secondary education + high in the intervention group (51.7%), and in the control group (58.6%). Based on test results obtained p value chisquare > 0.05 which means there is no distinction between the respondent's education significantly the intervention group and the control group on the treatment of pulmonary TUBERCULOSIS, it means that education on the two groups was equal.

4. There is a difference in the percentage of respondents work between intervention and control groups on the treatment of pulmonary Tuberculosis, where respondents who work in the intervention group (63.8%) and in the control group (72.4%), while respondents who do not work in the intervention group (36.2%), and in the control group (27.6%). Based on test results obtained p value chisquare > 0.05 which means there is no distinction between the respondent's work significantly the intervention group and the control group on pulmonary TB treatment, meaning that the work on the two groups was equal.

3.3 The Affect Of Health Promotion On Behave In Prevention Pulmonary Tb On The Intervention And Control Group

Respondent on the preventive Pulmonary TB refers to age group almost on intervention and control group in > 30 years old; respectively 39.0% and 57.6%. Respondent on a treatment of Pulmonary TB refers to their age group almost in intervention group of 17-30 years old noted 45.0% and on control group aged 30 years old $>$ note 40.7%. Their behave on prevention Pulmonary TB is measured refers to the knowledge, attitude and their action. The result by statistics test is seen in Table 3.

Table 3.

The Affect Of Health Promotion On Behave In Prevention Pulmonary Tb On The Intervention And Control Group

Remarks	Mean		Different Mean	P
	Pretest	Postest		
Knowledge				
a. Intervention	5,63	8,23	2,6	0,004
b. Control	6,03	5,90	-0,13	0,543
Attitude				
a. Intervention	20,16	22,53	2,37	0,000
b. Control	22,20	21,56	-0,64	0,160
Actions				
a. Intervention	5,15	7,94	2,79	0,000
b. Control	5,78	5,69	-0,09	0,627

On Table 3 above indicated that there is significant different increased up their knowledge on prevention Pulmonary TB between the group of intervention and control. On the intervention group, found significantly increased average score of knowledge about the preventive Pulmonary TB where the noted $p < 0,05$ value, while on control group there is no found significantly increasing average score of their knowledge on preventive Pulmonary TB where its value $p > 0,05$. This result indicated that the role of a health promotion is highly required in order to prevent Pulmonary TB on Prisons.

To behave by treatment to Pulmonary TB was measured according to their knowledge, behave and

action as respondent with Pulmonary TB. The results of statistic test can be seen on Table 2.

Table 2. The Influence Of Health Promotion On Behave With Treatmen Pulmonary Tb On Intervention And Control Group

Remarks	Mean		Different Mean	P
	Pretest	Post test		
Knowledge				
Intervention	5,95	8,40	2,45	0,017
Control	5,72	1,55	4,17	0,190
Behave				
Intervention	21,07	23,19	2.12	0,000
Control	21,28	1,62	19.66	0,110
Action				
Intervention	6,28	8,91	2.63	0,025
Control	5,93	1,57	4,36	0,090

Based on the results indicated that there is different increasing up their knowledge found about treatment to Pulmonary TB between intervention and control group. On the intervention group, there is significant increasing average score of knowledge on treatment Pulmonary TB noted where p value < 0.05 , while on control group, there is no significant increasing average score found on their knowledge of treatment Pulmonary TB where p value > 0.05 . The result of analysis showed that health promotion surely affect to an increasing their knowledge to treatment Pulmonary TB found on Prison Grade I of Medan.

The Intervention

Empowerment

Pulmonary TB Prevention Counselling On Healthy Inmates

Research is done in two groups, on the extension of

Prevention of pulmonary Tuberculosis for healthy inmates and guidance about the treatment of pulmonary TUBERCULOSIS on pulmonary TB sufferer . Counseling regarding prevention of pulmonary TB is carried out twice a week on Mondays and Wednesdays at 10:00 a.m until 10.30 pm. Selected starting at 10.00 am because in these hours is the free time or time where prisoners have no activities, so all the prisoners can attend our research without interference from other activities. The selection of 30 minutes within each extension is a pretty effective being done because the topics presented are not too dense, with the aim that the prisoners will be able to understand each topic presented well and not feel bored with the topic presented.

The duration of the extension of pulmonary TB prevention for healthy inmates and counseling about treatment of pulmonary TB for prisoners who had suffered pulmonary TB is done for 4 months means, there are 32 times of meeting.research conducted by researchers every week in the meeting accompanied by prisoners who have been trained (health cadres), level II health service, section of prevention of contagious disease, and NGOs FHI (Family health International).. Researchers also assisted from the nursing staff from lapas and staff of mentoring community (Civic Guidance Lapas 1 Medan). Every activity performed in the Hall extension lapas.

The results obtained in the first week that is there is no difficulty in gathering the participants, either in the healthy inmates or convict participants who had suffered pulmonary TB. The absence of trouble because participants are always in the same area so it's easy enough to invite them, although at first there is the impression of forcing them to be present in the meeting, this occurs at the first meeting on prevention of pulmonary TB in prisoners healthy. This occurs because they feel the prevention pulmonary Tb is not important for them, because their knowledge regarding pulmonary TB is very low, so they are not aware of the risk of exposure to TB bacteria is very large especially on correctional prison grade 1 location. Low knowledge obtained as a result of pre-test prior to the extension.

Topics presented in pulmonary TB prevention counselling consists of self hygiene, maintaining the cleanliness of the bathroom, the cleanliness of the bed, the agent of transmission of pulmonary TB causes, symptoms of contracting pulmonary TB, pulmonary TB transmission media, the way of transmission of pulmonary TB, infectious pulmonary TB time duration, keep the hygiene of prisoners, keeping air circulation by drying equipment, sleep, avoid contact, use of old equipment bedding, tableware , drinking equipment. Each topic will be repeated again at a subsequent meeting before going into a new topic. Going on the increase and decrease in the participation of pulmonary TB prevention counseling participants. At the beginning participation advising inmates still less active, but as time went on participation of inmates are becoming more active and on certain phases of fall back and active again. This is because the topics discussed at the research prevention pulmonary TB, the inmates have yet to feel the symptoms of pulmonary TB disease. If the decline in participation occurs, the liveliness and the seriousness of the inmates in listening, researchers will more actively asking the opinion of the inmates on the topic that is being discussed.

Setting position places the participants done like extension customarily is generally where the position of the extension officers in front of participants sit on a Chair. The media used are the props of pulmonary TB Director P3L and loudspeakers. during the process of counseling, researchers also distributed leaflets relating to prevention of pulmonary TB. Pulmonary TB prevention leaflet contains information what is a pulmonary TB, what are the symptoms of pulmonary Tuberculosis, and how to prevent a pulmonary TB .

The results obtained after intervention of the occurrence of changes in knowledge, attitudes, and actions of healthy inmates in preventing transmission of pulmonary TB. Changes in knowledge, attitudes and actions of inmates seen increased votes based on the results of the pre-test that compared to the results of a post-test. Knowledge of inmate most increase was about a prolonged cough, phlegm so long as well as cough and bleed more than two weeks are symptoms of early onset of pulmonary TB. Prior to intervention if there are symptoms such as cough, phlegm so prolonged and bloody and long cough more than two weeks they presume that they cough is a cough. At the beginning, prisoners

The results obtained after intervention of the occurrence of changes in knowledge, attitudes, and actions of healthy inmates in preventing transmission of pulmonary TB. Changes in knowledge, attitudes and actions of inmates seen increased based on the results of the pre-test that compared to the results of a post-test. Knowledge of inmate most increase was about a prolonged cough, phlegm so long as well as cough and bleed more than two weeks are symptoms of early onset of pulmonary TB. Prior to intervention if there are symptoms such as cough, phlegm so prolonged and bloody and long coughing more than two weeks they presume that the cough is normal. At the beginning, prisoners less knowing that bacteria like microbacterium on a humid and the germs will die on air that getting the exposure or sufficient lighting from sunlight, but after the intervention of inmates already know it. The attitude of inmates also undergo changes. The change in attitude that

is keeping the contact or direct relationship with pulmonary TB sufferer can prevent contracting pulmonary TB, prior intervention is never healthy inmates maintain contact with inmates who are experiencing symptoms of pulmonary Tuberculosis. Healthy inmates also experienced a significant change in attitude about keeping the air circulation in the room of inmates also can be a source of transmission of pulmonary Tb. The action is the most experienced changes namely seen inmates began to shut their mouths if any of his friends who are sneezing, drying equipment of the bed to keep it moist, and the increasing inmates doing a consultation with a health worker at the moment of experiencing health problems, especially in the case of a cough that is not healed up to 1 week.

2. Pulmonary TB Treatment Counseling on Healthy Inmates

Guidance on the treatment of pulmonary Tuberculosis on inmates who suffer from pulmonary TB is carried out twice a week on Tuesdays and Thursdays at 10:00 a.m until 10.30 pm. Selected starting at 10.00 am because at this time is free time or time where inmates no activity and the hours inmates are already getting breakfast so expect all prisoners can attend counseling and not disturb other activities. Election time is 30 minutes in every extension is quite effective being done because of the topics submitted TB treatment pulmonary tetntang is not too dense, with the aim of inmates will be able to understand every topic treatment pulmonary TB are delivered with a good and not feel bored with the topic presented.

Different phenomena obtained on inmates who suffer from pulmonary TB in following pulmonary TB treatment counselling. The prisoners who had suffered pulmonary TB more enthusiastic to follow the guidance of treatment of pulmonary TUBERCULOSIS. At the beginning of their penyuluhanpun tuned properly on any topic that is described, this may be due the participants felt that education on pulmonary TB treatment is the need for them to heal faster from pulmonary TB disease. The atmosphere at the beginning of the meeting already occurred between the liveliness of the researchers as extension officers with inmates who suffer from pulmonary TB. The number of participants who hadirpun as expected i.e. as many as 58 people. Some participants also widely consulted regarding pulmonary TB that they suffered, and many are asking why they can suffer from pulmonary TB, so 30 minutes provided seemed still lacking.

Topics presented on pulmonary TB treatment extension consists of the stages of the treatment of pulmonary TB sufferers, the early stages of the treatment of pulmonary Tuberculosis, pulmonary TB diagnosis duration, type of pulmonary TB, the duration of the time failed to take medication, duration of treatment, the recurrence of pulmonary TB sufferers, the schedule of medication per day, stopped taking the drug, the consequences and the use of antibiotics. Each topic will be repeated again at a subsequent meeting or the topics at a meeting previously unfinished delivered can be resumed at the next meeting because participants on pulmonary TB treatment counseling more actively consulted. On inmates who suffer from pulmonary TB are paying counseling about treatment of pulmonary TB also increase and decrease participation though not so visible, such as inmates who follow the pulmonary Tuberculosis prevention counseling.

Setting position places the participants done like extension customarily is generally where the position of the extension officers in front of participants sit on a Chair. The media used are the props of pulmonary TB Director P3L and loudspeakers. during the process of counseling, researchers also distributed leaflets relating to the treatment of pulmonary TUBERCULOSIS. pulmonary TB treatment leaflet shows how to treat pulmonary TB, what happens if I stop taking the drugs prematurely, TB and how the transmission of TB.

The results obtained after intervans

Installation of Banners in Lapas and Posters inside the Block Lapas

Installation of the banner is placed at the place often traversed and easily read by convicts and also officer in Lapas didinding at the entrance block lapas. Banners obtained from NGO FHI good design they form as well as the content of the messages about pulmonary Tuberculosis. Banners provided there are the first two contain lets share Info Pulmonary TB in Tanjung Gusta lapas. This writing contains the call to all citizens, both convicts or lapas officers working in Lapas for sharing information about pulmonary Tuberculosis for the inmates who have not been infected with TB of the lungs can prevent transmission of pulmonary TB and also for inmates who have been infected can be reminded, for regularly taking medication. The second banner containing tuberculosis symptoms include cough phlegm so for 2 weeks, coughing, coughing blood mixed up to chest pain, cold sweats at night even without activities, hectic fever and more than 1 month. On the banners were also mentioned if the convicts and the health workers are experiencing those things above, so can segesra be informed of the health cadres, head to the room or directly visit the doctor doctor or health worker to obtain examination and treatment. The banner is one of the media that are easily created and placed in a public place so that it is readable by everyone. Banner-the banner is expected to be a source of information and tools to bear in mind the convicts and the officers regarding pulmonary TB lapas. The posters taped on the walls in residential blocks. The content of the posters is closing the mouth when coughing and sneezing and described how close the mouth while sneezing. It is useful to remind the inmates and officers lapas 90,000 TB.

Social Support

Social support in health promotion interventions conducted by administering the extension and training to the lapas. This is done to enhance the knowledge, attitude and practice of the officers regarding the prevention and treatment of pulmonary TUBERCULOSIS. Granting the intervention to the lapas because officers lapas is one high-risk suffered pulmonary TB. Extension and training carried out twice for 4 months. The selected day when doing outreach and training is Friday, because on Friday the officers Lapas not too many activities can be done so that the extension and training during their activities i.e. precisely 14.00 to 15.30 GMT. At the first meeting discussed about the prevention of pulmonary TB and the last meeting regarding the treatment of pulmonary Tuberculosis. The quantity of the extension and the training is not enough too much once in 2 months and expected with a short time does not affect the quality of the giving of the information, because the officers have often followed the training so easy enough for them to absorb information properly

Extension and training conducted in the Hall lapas and organized by the Department of health and doctors Lapas. First performed, namely the introduction of health workers sent from the Department of Health to provide guidance and training on pulmonary TB. Officials from the Department of Health stated that he was very berantusias in this activity, because the extension and training of pulmonary TB is very necessary the Lapas, because Lapas is at high risk of transmission of TB in the lungs. Humid places, a room which filled with inmates who are didalamnya filled with convicts coupled with hygiene is lacking to make a most Lapas are at risk of transmission of pulmonary Tb. Parties at high risk for pulmonary TB-infected inmates not only alone but could also be about the officers who were on duty supervising Lapas inmates. The officers who do not understand about pulmonary TB will mengangabaikan the inmates were suffering from coughs and talk to them without the thought that inmates suffered not cough cough is common, but because it suffers from pulmonary TB, pulmonary TB germs so that they also will be suffered by officer Lapas due to contracting TB sufferers in lapas inmates. The most dangerous thing if the officers suffering from pulmonary TB Lapas can pass the disease to other employees, inmates and their families, which can lead to a family that their loved one will also suffer from pulmonary TB. Therefore he asserted to the officers must follow the Lapas with serious, focused and thorough guidance and training regarding prevention and treatment of pulmonary TB are only done twice. That's how the phrase

was first conducted of health service officers as the beginning of her relationship to the officers Lapas.

The response obtained from the officers Lapas are excellent, they listened to seriously and listen carefully, the extension and the training of the health service which assisted by doctor lapas, such activities are not too rigid but remains in a State of serious. Some questions are also leveled by the officers they asked for example Lapas symptoms of pulmonary Tuberculosis, the leading cause of pulmonary TB incidence, transmission, how do I do just by talking with pulmonary TB sufferer can cause us contracting pulmonary TB. That's the core question raised by officers at the first meeting with Lapas topic discussion of prevention of pulmonary TB. Training is also conducted by practicing preventive measures such as pulmonary TB how do I close my mouth when coughing and spitting don't in any place

The second meeting was conducted on the same day i.e. Friday at 14:00 pm to 3.30 pm, at the second meeting of the extension and training is also done from the health service. The topic regarding the treatment of pulmonary Tuberculosis, which consists of pulmonary TB treatment ways and what happens if I stop taking the drugs prematurely. It was first performed at the second meeting was reminded the officers regarding the prevention of pulmonary TB Lapas, afterwards he asks whether there are health workers who have experienced pulmonary TB and obtained that none of the officers stating Lapas suffered pulmonary TB. Lo lung TB treatment in training officers Lapas aims to increase the role and the attendant Lapas to be trustees taking medication for inmates who suffer from pulmonary TB. In achieving the healing of pulmonary TB patients on prisoners is not enough with the support that comes from of their own, but also need support from people who were, among others, support the existing dilapas health workers including the support of the clerk Lapas. After the extension and training in harapkan officer Lapas can give attention to pulmonary TB sufferers in reminding the mengkosumsi of the drug on a regular basis. He also explains the healing of inmates not only mengkungtungan for sufferers, but for others who were officers, including Lapas.

The response from the officer Lapas are good enough, but if compared with the topic prevention of pulmonary TB, the response from the officer lapas little decline in terms of listening than on the topic of the treatment of pulmonary TUBERCULOSIS. This is because the officers never suffer lung TB so that their curiosity is lower and because also it is not very important to them. At the end of the meeting of officials from the Department of Health stated that giving information about pulmonary TUBERCULOSIS to the Lapas is the beginning of great changes that can serve as a source of information about health care primarily about pulmonary Tuberculosis for themselves and inmates. He gave a message to the Clerk to continue considering the lapas and practice the things related to pulmonary TB and is expected to be able to share information regarding pulmonary TB to colleague and also to the inmates who will be on successive Lapas.

The results obtained on the social support is the occurrence of behavior change officer lapas e.g. remind for inmates who experienced coughing more than a week for medical treatment to the clinic lapas, then remind the inmates who suffer from pulmonary TB to not throw the saliva carelessly and close the mouth when coughing. To healthy inmates suggested a health officer for not too long contact with pulmonary TB sufferers.

Advocacy

Advocacy in this regard is the tangible form and commitment. Advocacy done to Head Lapas and health service/sexy P2M. The purpose of advocating to Kalapas i.e. can provide support, direction and mengasilkan policies, while in health services can provide support to the Lapas penaggulangan

in prevention and treatment of pulmonary Tuberculosis.

Advocacy done to Kalapas starts with asking for support in tackling pulmonary TB, after going through a fairly long discussion, response from Kalapas is excellent and will help completely, whatever is needed in tackling pulmonary TB. Then the diajukanlah petition for pembetulan Team Penanggulangan TB. Finally the meeting was undertaken in shaping the team Penanggulangan TB. Trees talk in meetings, preparation of the position and the duties and responsibilities of each position holders and ultimately resulting in Team Penanggulangan TB Dots Strategy in Lapas with Klas I Medan signed by Kalapas (Ajub Suratman, Bc. IP. Spd. Msi). This formation is a form letter of commitment from the leadership of the Lapas penaggulanagan in prevention and treatment of pulmonary Tuberculosis in Lapas. Don't stop at just policy but also permit the creation of spaces Kalapas isolation for patients with pulmonary TUBERCULOSIS in Lapas.

Team Penanggulangan TB Dots Strategy in Lapas with Klas I Field aims to lower the number of pulmonary TB sufferer's pain. Position in the team for tackling inter alia an adviser, in charge of implementing, Chairman, managing enforcement screening, diagnosis, treatment and record keeping, pelapotan and IEC. Penanggung replied on duty is responsible for the implementation of programme P2 TB and implementing evaluation and monitoring of the implementation of the activities. The Chairman is in charge of coordinating the implementation of the program P2 strategy in TB DOTS and sets guidelines and procedures Service TB. Implementing screening is in charge of monitoring the implementation of the screening. Diagnosis on duty carry out enforcement Pelaksanaan and coordinate all activities related to the enforcement of the diagnosis. The treatment is in charge of ensuring the availability of drugs, monitor the regularity of pengobtan, and conduct an evaluation of treatment outcomes. Record keeping, reporting and record-keeping procedures is in charge of setting the KIE and reporting, responsible in the availability form, record keeping and reporting, implementation of the IEC. The creation of spaces for patients with pulmonary TB isolation done to prevent transmission of pulmonary TB and TB sufferers of lung compliance mengontrol in taking medication, is expected with the unification of inmates who suffer from pulmonary TB can facilitate health workers to remind patients taking the medication, since the layout of the isolation room not far from the clinic Lapas. At first the room is where the prisoners and detainees have now been renovated into spaces redesigned the isolation of pulmonary TB sufferers. Advocacy is committed to the health service/Sexy P2M dilakukan by sending a letter to ask for help in the form of permohonan leaflet about prevention and treatment of pulmonary TB and requested medication OAT simultaneously. The results obtained health services provide assistance in accordance with the submitted application and remain sustainable.

DISCUSSION

Influence of Health promotion on the knowledge of Tb prevention in prison and prisoner grade 1 Medan

Based on the results of the study indicate that there is a difference in increasing knowledge about the prevention of pulmonary Tuberculosis between the intervention and control groups, in the intervention group an increase in knowledge about the prevention of pulmonary TB meaning the value of $p < 0.05$, whereas in the control group there is no increase in knowledge about the prevention of pulmonary TB meaning the value $p > 0.05$. This result gives an overview of the role that health promotion is urgently needed in the Pulmonary Tuberculosis prevention efforts in prison.

A person's knowledge about the prevention of TB can be improved by doing health promotion at regular intervals. Based on the results of the study can also be seen that the increase in the average

score of knowledge about prevention of Pulmonary TB in the intervention group there is an increase in a significant way in which the value of $p < 0.05$, whereas in the control group is not an increase in knowledge about the prevention of pulmonary TB in a significant way in which the value of $p > 0.05$. The sharing of information about TB will affect someone to try to do a range of precautions to avoid infection of the disease. It is accordingly stated Paul (2010), namely TB patient has been given the information by health workers about TB, these patients are more likely to worry about the transmission of TB germs to other people, family and friends around them, so as to encourage them to complete the treatment of TB.

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A person's knowledge about the prevention of TB of the lungs can be improved by doing health promotion at regular intervals. Based on the results of the study can also be seen that the increase in the average score of knowledge about prevention of Pulmonary TB in the intervention group there is an increase in a significant way in which the value of $p < 0.05$, whereas in the control group is not an increase in knowledge about the prevention of pulmonary TB in a significant way in which the value of $p > 0.05$. The giving of information about TB will affect someone trying to do a range of precautions to avoid infection of the disease. It is accordingly stated Paul (2010), namely patient TB has been given the information by health workers about TB, these patients are more likely to worry about the transmission of TB germs to other people, family and friends around them, so as to encourage them to complete the treatment of TB.

Based on the results of the study can also be seen that the increase in average score attitude towards prevention of pulmonary TB in the intervention group improved significantly where the value of $p < 0.05$, whereas in the control group is not an increase in pulmonary TB prevention attitude toward significantly where the value $p > 0.05$.

The attitude of someone very determined by how large those individuals have the knowledge about the disease. The attitude of the respondent has been given a promotion about the prevention of TB, it can only be influenced by knowledge of the respondents indeed had increased but increased knowledge has not touched the levels of analysis, synthesis, or even an evaluation ", so that the knowledge gained by the respondents have not really strengthen the respondents to be able to specify a stance against Pulmonary TB prevention.

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The influence of health promotion on the knowledge of Tb prevention in prison and prisoners grade 1 Medan

Based on the results of the study showed that there is a difference of pulmonary TB prevention action increased between the intervention and control groups, in the intervention group an increase in pulmonary TB prevention actions meaning that the value of $p < 0.05$, whereas in the control group is not an increase in pulmonary TB prevention actions meaning that the value $p > 0.05$.

Based on the research results obtained average score that increased action against pulmonary TB prevention in the intervention group there is an increase in a significant way in which the value of $p < 0.05$, whereas in the control group there was no increase in pulmonary TB prevention measures against significantly where the value $p > 0.05$.

This fact can provide a conclusion on the control group that the actions of the respondent has not changed due to the absence of a stimulus is given in the form of health promotion. Notoadmodjo mentions that the actual change in behavior can occur if the presence of a given stimulus in the form of health promotion. Implementation of continuous promotion with several materials that continue to be developed along with the development of prevention and treatment of Pulmonary Tuberculosis may affect the actions of the inmates in preventing Pulmonary TB.

In theory the Blum stated that knowledge or cognitive domain is very important for the formation of one's actions. In theory are explained also that the behavior is the second largest factor after the environmental factors that affect the health of individuals or communities, so environmental factors is the first determining factor of occurrence of individual behavior change. Therefore, in order to foster a public health intervention against strategic behavior factors but should be similar with changes in environmental conditions so that the changes are expected to occur properly.

Influence of health promotion on the knowledge of Tb prevention in prison and prisoners grade 1 Medan

Based on the results of the research indicate that there is a difference in increasing knowledge about the treatment of pulmonary Tuberculosis between the intervention and control groups, in the intervention group an increase in knowledge about the treatment of pulmonary Tuberculosis meaning that the value of $p < 0.05$, whereas in the control group there was no increase in knowledge about the treatment of pulmonary Tuberculosis meaning that the value $p > 0.05$.

The results of the analysis show that health promotion give influence on the improvement of knowledge of the treatment of pulmonary Tuberculosis in prisoner Grade 1 Medan. The influence of health promotion to increased knowledge of the treatment of visible from getting him the prisoners who are in prison grade 1 Medan early symptoms of pulmonary TB disease such as coughing more than a week, there are blood spots as well as a prolonged cough.

Increased knowledge of pulmonary TB treatment on inmates also demonstrated knowledge of the changes in treatment. In this study it was found that respondents know that in order for TB disease can be resolved soon if they understand the stages in the treatment of Pulmonary Tuberculosis in intensive and advanced.

Of health RI (2008) highlights that health promotion is not only the process of awarding public or awareness and increasing public knowledge about health, but also accompanied the efforts facilitated the change in behavior. Therefore the success of the pulmonary TB medication largely determined the regularity of antituberculosis medication. This can be achieved if awareness about pulmonary TB to consume medication on a regular basis through increasing the knowledge of TB about prevention and treatment of pulmonary Tuberculosis. To increase pulmonary TB knowledge about the treatment of intensive TB and have the correct information (promotion) about TB sufferers, in hopes it will happen through increasing knowledge about pulmonary TB sufferers.

With regard to the results of research on Pulmonary TB treatment knowledge suggests that the change of knowledge provided through health promotion knowledge changes followed by treatment. In this study it was found that respondents know that in order for TB disease can be resolved soon if they understand the stages in the treatment of Pulmonary Tuberculosis in intensive and advanced.

Based on the results of the study showed that the increase in the average score of knowledge about treatment of Pulmonary Tuberculosis in the intervention group improved significantly where the value $p < 0.05$, whereas in the control group is not an increase in knowledge about the treatment of pulmonary Tuberculosis in a significant way in which the value of $p > 0.05$

Influence health promotion on the knowledge of Tb prevention in prison and prisoners grade 1 Medan

Based on the results of the study showed that there is a difference the increased pulmonary TB treatment against the attitude between the intervention group and the control group improved attitudes towards intervention treatment of pulmonary TB meaning that the value of $p < 0.05$, whereas in the control group is not an increase in pulmonary TB treatment attitudes towards significantly where the value $p > 0.05$.

Based on the research results obtained that the average score against pulmonary TB treatment in the intervention group there is an increase in a significant way in which the value of $p < 0.05$, whereas in the control group there was no increase in pulmonary TB treatment attitudes towards

significantly where the value $p > 0.05$.

The research is in line with the research conducted by the Helper (2011) in finding that the increase of knowledge and attitudes about Pulmonary Tuberculosis has not been followed by the implementation of precautionary measures of transmission of pulmonary TB disease. Different to those undergoing treatment, in this study the factors outside of promotional factor affecting respondents to act better. It is said that the existence of discrimination in the community about Pulmonary TB disease says that an infectious disease and so choose not to get along or adjacent to the people who suffer from Pulmonary TB. Many acts of discrimination received by the patients of pulmonary Tuberculosis. Most Pulmonary TB patients get discrimination by its neighbors be avoided, not invited to speak without fear about the disease moved in and never be viewed in cynical by neighbors around. So the promotion of Pulmonary TB to the community need to be done so that the public can understand how should behave towards patients of pulmonary TB in its environment.

Paul (2010) in his research stating that giving of the information follows the patient's TB is done at City Hospital in the United States affect the knowledge, the attitude and actions of the patient's TB so as to influence them to receive treatment and complete treatment that they do. Therefore the public health system in the United States have obligations provide clear information to groups of patients on treatment Pulmonary TB (Paul, 2010). This we need to apply the system of health services in Indonesia, because of the quality of health services is also influenced by the quality of health workers.

The role of health workers including community health workers, nurses, doctors, laboratory workers and others against the promotion of treatment of TB is very important, therefore health workers must be knowledgeable and have skills in all aspects of the treatment of TB (McRae, 2008). Behavior and quality of skills in health workers is the key to success in promoting adherence to the treatment of TB.

The influence of health promotion on the knowledge of Tb prevention in prison and prisoners grade 1 Medan

Based on the results of the study showed that there is a difference the increased action against pulmonary TB treatment between the intervention group and the control group, on an increase in intervention treatment of pulmonary TB action against significantly where the value of $p < 0.05$, whereas in the control group is not an increase in pulmonary TB treatment action against significantly where the value $p > 0.05$.

According to Widjanarko (2006), the discovery of Pulmonary TB cases has increased each year since the strategy of DOTS in earnest in 1995. The discovery of Pulmonary Tuberculosis with SMEAR positive as much as 15.62% of Pulmonary TB specimens suspek 1626, numbers still healing 79,75%, and treatment dropout found as much as 16%, as well as sufferers of negligent medical treatment as much as 21%. And, almost all of the Pulmonary TB sufferers have a PMO, in which the patient's own family. Knowledge, attitude and practice of a PMO is bad it will cause failure of Pulmonary TB treatment, because these treatments require quite a long time. This is because the General cause of pulmonary TB germ that is acidic intracellular Mycobacterium tuberculosis.

Based on the results of the study can be seen that an increase in the average score of pulmonary TB treatment against action on an increase in the intervention group were significantly where the value of $p < 0.05$, whereas in the control group is not an increase in pulmonary TB treatment action

against significantly where the value $p > 0.05$.

Support of health workers is indeed very important in altering the action of pulmonary TB patients. With the support of health workers through the giving of information will allow the TB patients can overcome the misunderstanding about the ways of treatment of TB and overcome the barriers perceived by the patient while TB treatment process (Paul, 2010). Pamela Orr (2010) through its research States that intervention to remove barriers to patient compliance with TB is focused on the health care system and on the individual. On the health care system needs to be done the therapy treatment and preventive therapy. On a personal level, an effort that needs to be done is the development and sharing of knowledge and the planned treatment of TB, which include scientific, health beliefs and actions. The quality of the relationship of health care providers and patients is very important with the proceeds from the educational efforts that support compliance. The intervention is being carried out using a methodology that is a lot of participation in the family partnership proved to be associated with increased compliance to eat medicine on Pulmonary Tuberculosis patients.

CONCLUSION

1. preventive behaviour increases TB health in prison for residents:

- a. knowledge of Pulmonary TB prevention class 1 terrain residents experienced an increase of 2.099 times compared with residents of Rutan class 1 terrain won't get health promotion interventions.
- b. attitudes about prevention of pulmonary Tuberculosis resident Lapas class 1 Terrain experienced an increase of 9.973 times compared with residents of Rutan class 1 terrain won't get health promotion interventions.
- c. Actions on prevention of pulmonary Tuberculosis resident Lapas class 1 Terrain experienced an increase of 10.219 time compared with residents of Rutan class 1 terrain won't get health promotion interventions.

2. increased behavior treatment of TB for residents who are sick: prison

- a. knowledge of the treatment of Pulmonary Tuberculosis resident Lapas class 1 terrain experienced an increase of 2.286 times compared with residents of Rutan class 1 terrain won't get promotion intervention treatment of pulmonary Tuberculosis.
- b. attitudes about treatment of pulmonary Tuberculosis resident Lapas class 1 Terrain experienced an increase of 7.875 times compared with residents of Rutan class 1 terrain won't get promotion intervention treatment of pulmonary Tuberculosis.
- c. Action about the treatment of Pulmonary Tuberculosis resident Lapas class 1 terrain experienced an increase of 6.220 times compared with residents of Rutan class 1 terrain won't get promotion intervention treatment of pulmonary Tuberculosis

SUGGESTIONS

Based on the conclusions of the research, it can be recommended some suggestions here:

1. for the Ministry of Justice and human rights

- a. need for monitoring the health of inmates across Indonesia especially in prison on infectious diseases such as Pulmonary TB
- b. is need for policy formation team tackling TB DOTS in each prison in Indonesia
- c. need for policy making spaces of isolation for patients with Pulmonary TB, which is useful to break the chains of transmission of Pulmonary TB for other inmates

2. To Prison Grade I of Medan City

Need the application of policies for TACKLING the TB TEAM SK DOTS in Prison Grade I of Medan City Terrain that has been published.

- a. need continuous monitoring and screening on inmates who allegedly suffer from Pulmonary TB.
- b. need to maintain and increase the number of posters, banners, and leaflet about Pulmonary TUBERCULOSIS prevention and information on residential blocks Prison Grade I of Medan City.
- c. health promotion has been done can be maintained and continued with other partnership with institutions related to efforts in preventing and treating Pulmonary TB in Prison Grade I of Medan City terrain.
- d. need for a commitment to maintain the policies that have been published about the prevention and treatment of pulmonary TB natinya despite the changing dynamics of the turnover of the head of the prison

3. Health services

- a. need to hold health promotion through research, delivery of leaflets, posters and regularly and continuously on Pulmonary Tuberculosis
- b. need to conduct training of pulmonary TB to the prisoners
- c. need to do the visits of the monitoring and evaluation of Pulmonary TB sufferers
- d. need to be consistent and continuous improvement in providing medication OATS

4. Academics

- a. needs to be done further research and develop the variables associated with the wider research on prevention and treatment of Pulmonary Tuberculosis in particular with regard to house prisoners.
- b. need to be developed further policy analysis about the method of intervention is being done to prevent and treat Pulmonary TB in Lapas and Rutan class 1 terrain and this method can be used as a reference in that can be implemented at other prisons and prisoners.

REFERENCES

- Baussano I, Williams BG, Nunn P, Beggiato M, Fedeli U, et al. (2010) Tuberculosis Incidence in Prisons: A Systematic Review. *PLoS Med* 7(12).
- Departemen Kesehatan RI. 2008. Promosi Kesehatan dalam Era Desentralisasi. Pusat Promosi Kesehatan. Jakarta
- Departemen Kesehatan RI, 2002, Petunjuk Penggunaan Obat Anti Tuberkulosis Fixed Dose Combination (OAD_FDC), Dep Kes RI, Jakarta
- Dinas Kesehatan Provinsi Sumatera Utara, 2012. Profil Kesehatan Propinsi Sumatera, Medan.
- Direktorat Jenderal Pemasyarakatan Departemen Hukum dan Hak Asasi Manusia RI, 2012. "Pedoman Pelayanan Kesehatan dan Makanan Narapidana dan Tahanan", Jakarta.
- Helper. 2011. Aspek Pengetahuan Sikap dan Perilaku Masyarakat Kaitannya dengan penyakit TB Paru. Jakarta : Media Litbang Kesehatan Volume 21.
- Kementerian Kesehatan REPUBLIK INDONESIA, Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan. 2011, Strategi Nasional Pengendalian TB di Indonesia 2010-2014. Jakarta
- Manzoor.S, 2009. Prevalence of HIV and Tuberculosis Among Jail Inmates In Lahore – Pakistan. Departments Of Bacteriology And Environmental Health, Institute Of Public Health, Lahore, *Journal Biomedica* Vol. 2,5 P.36-41.
- Martony, O.2006. Efektivitas Pengobatan Strategi DOTS dan Pemberian Telur Terhadap Penyembuhan dan Peningkatan Status Gizi Penderita TB Paru di Kecamatan Lubuk Pakam

- Tahun 2005. Jurnal Ilmiah PANNMED, Vol. 1 No.1, Juli 2006.
- McRae M, Taylor SJ, Swain L, Sheldrake C. 2008. Evaluation of a pharmacist-ed, medicines education program for Aboriginal Health Workers. Rural Remote Health.
- Musadad, A. 2006, Hubungan Faktor Lingkungan Rumah dengan Penularan TB Paru Kontak Serumah. Jurnal Ekologi Kesehatan. Vol. 5, No. 3, Desember 2006.
- Pamela or 2010. Adherence to tuberculosis care in Canadian Aboriginal populations part 2: a comprehensive approach to fostering adherent behavior. Kanada : Departments of Medicine, Medical Microbiology and Community Health Sciences, University of Manitoba, Winnipeg.
- Paul. 2010 Tuberculosis Knowledge, Attitudes, and Beliefs in Foreign-born and US-born Patients with Latent Tuberculosis Infection. USA: Springer Science + Business Media, LLC.
- Widjanarko, 2006. Pengaruh Karakteristik, Pengetahuan dan Sikap Petugas Pemegang Program Tuberkulosis Paru Puskesmas Terhadap Penemuan Suspek TB Paru di Kabupaten Blora. Jurnal Promosi Kesehatan Indonesia Vol. 1/ No.1/ Januari 2006.
- WHO 2012 Global Tuberculosis Control-Surveillance, Planning and Financing, WHO Report 2007, Geneva

