olih28 Solihin28

Tuberculosis Treatment Using a Religious Approach

Paper Pa olih

🛃 Cek plagiasi

🗢 Universitas Komputer Indonesia

Document Details

Submission ID trn:oid:::1:3165562171

Submission Date Feb 25, 2025, 1:49 PM GMT+7

Download Date Feb 27, 2025, 10:25 AM GMT+7

File Name

Tuberculosis_Treatment_Using_a_Religious_Approach.pdf

File Size

337.1 KB

7 Pages

4,278 Words

23,777 Characters



8% Overall Similarity

The combined total of all matches, including overlapping sources, for each database.

Filtered from the Report

- Bibliography
- Submitted works
- Internet sources

Match Groups

- 13 Not Cited or Quoted 3% Matches with neither in-text citation nor quotation marks
- 7 Missing Quotations 4% Matches that are still very similar to source material

= 1 Missing Citation 1% Matches that have quotation marks, but no in-text citation

o Cited and Quoted 0% Matches with in-text citation present, but no quotation marks

Integrity Flags

0 Integrity Flags for Review

No suspicious text manipulations found.

Our system's algorithms look deeply at a document for any inconsistencies that would set it apart from a normal submission. If we notice something strange, we flag it for you to review.

A Flag is not necessarily an indicator of a problem. However, we'd recommend you focus your attention there for further review.

Submission ID trn:oid:::1:3165562171

Top Sources

- 0% Internet sources
- 8% Publications
- Submitted works (Student Papers) 0%

Match Groups

Page 3 of 11 - Integrity Overview

न turnitin

Materi Groups	iop	Source	5
I3 Not Cited or Quoted 3%	0%	Inter	net sources
Matches with neither in-text citation nor quotation marks	8%	🔳 Publi	cations
 7 Missing Quotations 4% Matches that are still very similar to source material 	0%	L Subn	nitted works (Student Papers
1 Missing Citation 1% Matches that have quotation marks, but no in-text citation			
O Cited and Quoted 0% Matches with in-text citation present, but no quotation marks			
Top Sources			
The sources with the highest number of matches within the submission. Ov	verlapping	ources wi	ll not be displayed.
1 Publication			
Olih Solihin, Djuara Lubis, Pudji Muljono, Siti Amanah. "The eco	onomic im	pact and	2%
2 Publication			
Minoo Asadzandi. "An Islamic Religious Spiritual Health Trainin	ng Model f	or Patier	ı 1%
	5		
3 Publication			
Raj Bawa. "Advances in Clinical Immunology, Medical Microbiol	logy, COV	D-19, an	1%
4 Publication			
/arghese, Philia. "A Study on Moral Injury in Adolescents With t	the Histor	v of Sexi	I <1%
······································		,	
5 Publication			
Ashira Moonsamy, Thavanesi Gurayah. "Cultural perspectives a	and experi	ences of	<1%
Dublication			
6 Publication	amadhan	Aninda	<1%
Sugeng Heri Suseno, Roni Nugraha, Farah Nurjannah, Wahyu R	amaundh	, Annud	>170
7 Publication			
Carla Mariner Llicer. "Culture-Free Sequencing of Mycobacteriu	ım Tuberc	ulosis fo	<1%
Dublication			
8 Publication	con Celer	i Aba	~10/
Minoo Asadzandi, Safora Farahany, Hassan Abolghasemy, Moh	sen saber	i, ADASS .	<1%
9 Publication			
	"Ecohealt	h System	<1%
r Respati, A Raksanagara, H Djuhaeni, A Sofyan, A Shandriasti.	"Ecohealt	h System	<1%
9 Publication T Respati, A Raksanagara, H Djuhaeni, A Sofyan, A Shandriasti. 10 Publication	"Ecohealt	h System	<1%

Top Sources





Giyawati Yulilania Okinarum. "The new generation of "Ruang Sehati" portable lac... <1%



Global Medical and Health Communication

Online submission: https://ejournal.unisba.ac.id/index.php/gmhc DOI: https://doi.org/10.29313/gmhc.v12i1.11203 GMHC. 2024;12(1):82–88 pISSN 2301-9123 | eISSN 2460-5441

RESEARCH ARTICLE

Tuberculosis Treatment Using a Religious Approach

Olih Solihin,^{1,2} Djuara P Lubis,² Pudji Hasta Muljono,² Siti Amanah^{1,2}

¹Department of Communication Science, Universitas Komputer Indonesia, Bandung, Indonesia, ²Development Communication Sciences Study Program, Faculty of Human Ecology, IPB University, Bogor, Indonesia

IPB University, Bogor, Indonesia

Abstract

In 2020, Bandung city ranked second in West Java for tuberculosis (TB) cases. The city government and stakeholders have taken health education, early detection, free treatment, and surveillance measures to address TB. Yet, a comprehensive approach is still needed. Despite previous studies exploring TB management, the role of religious approaches still needs to be explored. Employing a qualitative approach through a case study method, this research involves data collection through observation, in-depth interviews, and literature reviews. Participants are TB healthcare workers and religious speakers in Universitas 'Aisyiyah Bandung city. In 2020, Bandung reported 8,504 TB cases with increased detection success. 'Aisyiyah TB Care uses a religious approach to offer emotional and spiritual support to patients facing physical challenges, emotional burdens, and stigma. Religious perspectives introduce spiritual support via Islamic teachings emphasizing hygiene and self-care. Interviews reveal changed patient perceptions due to the religious approach. 'Aisyiyah addresses TB complexity and stigma, conducting educational efforts to reshape perceptions. The religious approach assists TB sufferers, aiming for positive influence, improved relationships, and fostering hope, gratitude, and trust in God. Collaborative efforts among health, religious, and government organizations are essential for effective TB management. The research highlights the positive impact of 'Aisyiyah TB Care's religious approach on management, addressing stigma, and enhancing well-being. Improved information dissemination and support are vital, particularly in areas with high TB burdens.

Keywords: Religious approach, stigma, tuberculosis (TB)

Introduction

Tuberculosis (TB) is an infectious disease caused by *Mycobacterium tuberculosis* (MTB), primarily affecting the respiratory system.¹ In 2020, Bandung city was the region with the highest number of TB cases in West Java province, with 8,504 cases reported.² To address this high number of cases, the Bandung City Government and various institutions have implemented multiple approaches for TB management in the city.³ These approaches include health education, early detection, free treatment, and establishing a surveillance network. However, more significant and integrated efforts from all parties are still required to reduce the TB case count in Bandung city and Indonesia.⁴

Previous research on the same topic has been conducted by earlier researchers, such as a study titled "Cultural and Religious Belief Approaches of a Tuberculosis Program for Hard-to-Reach Populations in Mentawai and Solok, West Sumatra, Indonesia." The research findings show that cultural and religious belief approaches play a significant role in the Tuberculosis Program for hard-to-reach populations.⁵ Next is a study on "Infectious Diseases, Religion, and Spirituality," its research findings reveal the critical role of religion and belief in tackling infectious disease outbreaks.⁶

Although both of these studies discuss approaches in TB management, their research focuses are distinct from those of this current study. The first previous study focuses on the role of religion and culture in TB management. Meanwhile, the second study addresses the role of religion and belief in managing infectious diseases. In contrast, this study focuses on the Islamic religious approach.

Drawing from the background and previous research, the researcher will take a different approach from previous studies. This study

Copyright @2024 by authors. This is an open access article under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License (https://creativecommons.org/licenses/by-nc-sa/4.0).

Received: 8 January 2023; Revised: 30 April 2024; Accepted: 30 April 2024; Published: 30 April 2024

Correspondence: Olih Solihin. Department of Communication Science, Universitas Komputer Indonesia. Jln. Dipatiukur No. 102–118, Bandung 40132, West Java, Indonesia. E-mail: olih.solihin@email.unikom.ac.id



analyzes how Islamic values are adopted in TB management as a health communication strategy. This research explores how 'Aisyiyah TB Care incorporates religious values as a strategy in TB management in Bandung city. This research employs a qualitative approach through a case study method. Data collection techniques involve observation, in-depth interviews, and literature reviews. Research informants include TB health workers serving as religious speakers within Universitas 'Aisyiyah Bandung city.

Methods

This research employs a qualitative approach with research subjects, including Aisiyah TB Care volunteers and several TB patients in Bandung. The research design used is a field study involving data collection techniques such as in-depth interviews, field observations, and literature reviews. The applied method of analysis is content analysis.

The research subjects consist of Aisiyah TB Care volunteers with direct experience addressing TB-related issues in Bandung. Additionally, several TB patients were interviewed to gain insights into their perspectives on TB treatment with a religious approach.

The research design involves conducting field observations in various locations relevant to TB activities and symptoms in Bandung. These observations were conducted to gain a deep understanding of the on-ground conditions.

Data collection includes in-depth interviews with three informants from Aisiyah TB Care volunteers and four TB patients undergoing treatment at the Tuberculosis Technical Implementation Units (UPT TB) Garuda and UPT TB Sukahaji, Bandung city. These interviews aim to obtain more detailed information about their experiences and views regarding TB treatment with a religious approach. In addition to interviews, a literature review was conducted to understand the theoretical framework and broader research context, helping to connect field findings with relevant theories.

The research was conducted from October to December 2022. The method of analysis applied is content analysis. Data collected from interviews, field observations, and literature reviews are extensively analyzed to identify patterns, themes, and relationships within the obtained information. This study investigates the religious approach to TB treatment using data obtained from diverse and relevant informants.

Results

The total number of tuberculosis cases in 2021 was 8,191, comprising 6,281 cases within Bandung city and 2,638 cases outside Bandung city. The total number of tuberculosis cases in 2021 increased compared to the previous year, which was 8,504, with 5,908 originating from Bandung city. With the total number of tuberculosis cases in 2021, a case notification rate (CNR) of 346 per 100,000 population was obtained.⁷

The CNR in 2021 was higher than the previous year's, 339 per 100,000 population. It implies that ongoing healthcare services can more effectively identify TB patients in the community. Table 1 compares CNR indicators in Bandung city from 2015 to 2021.

Based on the interview results with Aisyiyah TB Care volunteers, who are also *ustadzah* (Islamic scholars), it is evident that the Aisyiyah institution emphasizes the importance of a religious approach in tuberculosis (TB) treatment. This view aligns with several studies that state that religiosity must be applied in various aspects of life.^{8–9} According to her perspective, TB patients not only face physical challenges due to the disease but also experience emotional burdens arising from the lengthy and exhausting treatment process, as well as the negative stigma surrounding TB. Ironically, this stigma doesn't only originate from external sources but can also emerge from the patients themselves.

Table 1 Tuberculosis Cases in Bandung City for the Years 2020 and 2021

Year	Total Cases	Within Bandung City	Outside Bandung City	CNR (per 100,000 Population)
2020	8,504	5,908	N/A	339
2021	8,191	6,281	2,638	346

Note: Source: Dinas Kesehatan Kota Bandung⁷

84

Olih Solihin et al.: Tuberculosis Treatment Using a Religious Approach

In this context, introducing a religious perspective is considered an effort to provide spiritual support to the patients. Explaining that their journey with TB is a test and lesson from God is expected to offer them tranquility and hope. This analysis illustrates that the spiritual dimension can play a role in helping TB patients confront the treatment journey with a more meaningful and optimistic outlook. "Patients should be reminded that in Islam, it is stated that for every disease, there is a cure except death. Alhamdulillah (praise be to God), some of the patients we have accompanied have realized this, and it has positively impacted the improvement of their treatment process," stated the Aisyiyah volunteer in the October 2022 interview.

Aisyiyah TB Care volunteers receive training that encompasses medical understanding and religious comprehension to ensure optimal handling of TB cases. TB issues are acknowledged to be not solely medical concerns; they are closely related to societal behaviors that often neglect hygienic lifestyles. According to the volunteer, it is essential to grasp that religious teachings emphasize maintaining a clean and healthy way of life.

From the patient's perspective, an interview was conducted with a TB patient at UPT Garuda. The findings revealed that the patient's perception of the illness transformed. Initially, the patient felt overwhelmed by the prolonged treatment process. However, upon gaining a new perspective, the patient began to view the illness as a test of faith. The patient acknowledged that the introduction of the religious dimension had altered the way they perceived their illness-from something negative to a meaningful spiritual trial. This viewpoint granted the TB patient a sense of tranquility and resilience in facing treatment challenges. "I fulfill my duties by undergoing treatment and praying. The rest I leave to God. I entrust myself to His will," expressed the TB patient in the December 2023 interview at UPT Garuda.

Additionally, the interview outcomes revealed another viewpoint regarding the causes of TB. Some patients believed that TB could be attributed to a lifestyle that deviated from the teachings of religion, which emphasizes healthy living habits. This analysis illustrates how religious beliefs can shape illness perceptions, even extending to its root causes. It is recognized that religion plays a role in instilling healthy living values, and this perspective motivates behavioral changes to achieve improved physical and spiritual wellbeing.

Discussion

The complexity of TB and the associated stigma are prominent issues discussed by Aisyiyah. The organization highlights the intricate nature of TB as a health concern. However, a significant challenge lies in the social stigma surrounding TB patients in the community. This stigma leads to the isolation of individuals diagnosed with TB due to a lack of awareness regarding the disease and its transmission. Aisyiyah takes on the role of public education to dispel such stigma related to TB. Despite ongoing efforts, the process of eliminating this stigma remains ongoing. The interviewee points out the persistence of certain misconceptions, one of which is the misguided belief that TB is a hereditary disease.

The informant's statements underscore the negative impact of this stigma on TB sufferers. The stigma and discrimination faced by these patients pose obstacles to their treatment process. The situation becomes more complex when this stigma is combined with a religious approach. Consequently, TB patients undergo emotional distress and bear derogatory labels, ranging from being labeled sick to being unfairly associated with curses. These labels inflict an additional psychological burden on patients who did not willingly choose to be afflicted with TB.

The strategy and approach employed by Aisyiyah TB Care cadres to address this stigma are discussed in the interview. Despite some progress in dispelling misconceptions in Bandung, some individuals still cling to such misconceptions due to embarrassment and fear of social exclusion. The cadres assume an educational role in addressing this issue, regularly conducting sermons and discussions. The objective of this approach is to reshape the perceptions of TB sufferers gradually. The cadres remind them that all events, including TB infection, are subject to the will of Allah SWT. They encourage patients to seek divine assistance and healing, fostering a more positive outlook.

Health communication is a technique for conveying messages and information that influences and motivates individuals, institutions, and the public regarding the importance of health issues. Improve their health.

In this study, the focus of the research is on

Olih Solihin et al.: Tuberculosis Treatment Using a Religious Approach

Table 2 Health Communication and Religious Approach

1	Help sufferers develop and improve their relationship with Allah SWT.
2	Influence the minds of sufferers by giving suggestions and words of encouragement with positive messages based on the teachings and values of the Islamic religion
3	Growing forgiveness, hope, gratitude, and generosity through religious practices based on Islamic values and teachings
4	Improving the relationship of TB sufferers with humans and the universe

how cadres from Aisyiyah TB Care carry out the religious approach and communication strategy to treat TB in Bandung. Other research that supports this research is research on religious concepts in counseling services. This study found that various religious activities carried out the spiritual approach in the counseling process, such as self-reflection, the gratitude approach, the al-Quran recitation approach, and the remembrance approach to repentance.¹⁰

This research shows that the religious approach and communication strategy adopted by Aisyah's cadres can slowly make TB sufferers change their views and behaviors towards the TB infection they are suffering from.

Stigma and discrimination can cause mental health problems for people with TB. Mental health is operationalized as a measure of distress and dichotomism, life satisfaction, well-being, and quality of life. The link between health communication and a religious approach includes participation in public and private religious activities and support from assembly members or recitation.¹¹

The results of the analysis show that there is a link between the religious approach taken by Aisiyah cadres and changes in the views and behavior of the TB sufferers they assist. In the

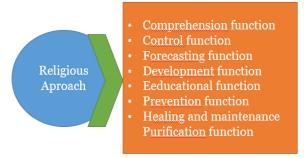


Figure The Function of the Religious Approach in Disease Management results of an interview with Mrs. Nikmah, one of the cadres from Aisyiyah TB Care said that their usual approach is to visit TB sufferers, hold recitations, and pray together where the recitation activities are usually filled with lectures or studies to approach religion based on the values and teachings of Islam.

Based on the results of research and interviews, it can also be seen that the inhibiting factors in the treatment process and this religious approach are due to the stigma and discrimination that TB sufferers have received beforehand. Because it makes TB sufferers feel inferior, blame themselves, and isolate themselves because they feel ashamed of their infection.

In fact, in several cases, it was found that stigma and discrimination did not only come from the community where they lived but even from their families and themselves. It is feared that this will make TB patients reluctant to carry out the treatment process. The solution offered by Aisyiyah TB Care cadres in efforts to treat TB is to take a religious approach. The aim of a religious approach based on the values and teachings of Islam is to assist every individual with TB in returning to physical and spiritual health, or what we usually know as spiritual and moral health.

Adz-Dzaky¹² states that a religious approach to disease management has the following functions: understanding, control, forecasting, development, education, prevention, healing and care, and purification (Figure).

He also said that a religious approach based on Islamic values and teachings could be one of the key strategies for helping TB sufferers during the treatment process.¹² Fear and anxiety caused by TB infection, as well as hopelessness and sadness due to illness, are spiritual reactions that require treatment with a religious approach based on Islamic teachings and values.^{13,14}

Quoting the statements of Walker and Avant, to predispose the conversion of emotions originating from fear and sadness into emotions full of confidence and security, as well as behavioral adaptation to illness For problem-focused and emotion-focused adaptation, the disease must be introduced as a challenge through enhancing the patient's relationship with God and by developing courage and optimism.^{15,16}

In this study, the researchers observed that the cadres of Aisyiyah TB Care had a practical approach to religion and health communication. Furthermore, the communication process and approach taken can be explained in Table 2.

(1) Help sufferers develop and improve their relationship with Allah SWT. Thinking positively about life's provisions can make TB sufferers hope they will be healthy again. (2) Influence the minds of sufferers by giving suggestions and words of encouragement with positive messages based on the teachings and values of the Islamic religion. For example, the TB infection that is currently being suffered is a form of trial as well as a form of compassion to see and know the extent of the sufferer's faith to continue to try and pray so that they can get through and recover from this TB infection. (3) Growing forgiveness, hope, gratitude, and generosity through religious practices based on Islamic values and teachings. (4) Improving the relationship of TB sufferers with humans and the universe based on the teachings of the Our'an, maintaining friendship is a form of belief in goodness and the promises mentioned in the Qur'an that can prolong life (Table 2).

It is in line with the advice of Rasulullah SAW to avoid actions that damage faith and how to deal with this disease with a mindset of steadfastness, sincerity, trust, and surrender without blaming Allah SWT. Islamic teachings encourage people to immediately seek treatment when they are sick as a proactive action that must be taken with the belief that Allah SWT will provide healing. Islamic teachings encourage people to immediately go to the doctor when they are sick as a proactive step that must be taken with the belief that Allah SWT will provide healing. Islamic teachings encourage people to immediately go to the doctor when they are sick as a proactive step that must be taken with the belief that Allah SWT will provide healing.¹⁷

The Qur'an also encourages people to be positive towards Allah's provisions.¹⁸ This has been implemented in the religious approach process carried out by the cadres, namely by always giving encouragement and positive words to TB sufferers. An influential religious approach will present a belief in positive religious values and teachings, where people who believe in them will feel that God will not leave them alone in a painful situation; God will always be with them.¹⁹

Religion and spirituality are often associated with one another. Religion is service to or worship of God or the supernatural. Faith is often associated with religion and Spirituality. Faith is more personal, subjective, and more profound. While Spirituality is in the form of a relationship with God, nature, other people, and the surrounding environment, Spirituality is associated with quality and meaning in life.²⁰

In contrast, the religious approach in this study is a communication activity by carrying out an approach whose other purpose is to introduce the values and teachings of a religion, which in this study are the values and teachings of the Islamic faith that cadres from Aisyiyah TB Care have implemented.

Other research also shows an influence between the religious approach and recovery from TB infection. Mohammed is one of the many survivors who managed to recover. One of the factors in his recovery was the religious approach taken by the nurses at the hospital where he was undergoing treatment. The words of one ward nurse stuck with him: "Whatever you do, don't leave until you have finished treatment; even if you have a stable family at home, you must be mentally and physically fit.²¹

Researchers also hope there will be continuous collaboration between health, religious, and government organizations to treat TB. Suppose religious leaders or cadres already know and strongly believe in the TB handling process through a spiritual approach based on Islamic religious values and teachings. In that case, they can use information dissemination media to disseminate information more broadly.²²

This is based on an interview with respondents who said the media still lacks reporting on TB infections. The more information that is spread, the more people will know and care about the symptoms of TB or the people around them who are infected with TB instead of giving the sufferers stigma and discrimination. What they Whatis support and prayer.

In addition, it is also said that countries with a high TB burden, such as Indonesia, will need help to routinely implement these new guidelines for HR-TB because easy access to INH resistance testing is a challenge. Although there are WHOsupported technologies (such as line-probe tests and liquid cultures) that can detect INH, these

Global Medical and Health Communication, Volume 12 Number 1, April 2024

burnitin[®]

87

Olih Solihin et al.: Tuberculosis Treatment Using a Religious Approach

tools are limited to centralized or reference laboratories.²²

Conclusions

The conclusion from the results of this study is the discovery of changes in TB sufferers after going through a religious approach and assistance process. They become more optimistic and enthusiastic and always try to pray so they can recover from this TB infection. In addition, it is also known that there are positive effects of a religious approach for TB sufferers.

Conflict of Interest

None declared.

Acknowledgment

The first author extends gratitude to the Rector of the Indonesian Computer University, who provided a scholarship for the first author to pursue doctoral studies at IPB University. The authors also thank the Dean of the Faculty of Human Ecology and the Communication Science Study Program, IPB University Postgraduate Program, for granting the author's research permission.

References

- 1. Santosa D, Gurnida DA, Sastramihardja HS, Subarnas A. Effect of ESAT-6 on phagocytosis activity, ROS, NO, IFN- γ , and IL-10 in peripheral blood mononuclear cells of pulmonary tuberculosis patients. GMHC. 2022;10(2):97–103.
- Dinas Kesehatan Kota Bandung. Tuberkulosis: "pandemi" selain COVID-19 [Internet]. Bandung: Dinas Kesehatan Kota Bandung; 2021 [cited 2023 Oct 13]. Available from: https://dinkes.bandung.go.id/ tuberkulosis-pandemi-selain-covid-19.
- Dinas Kesehatan Kota Bandung. Renstra Dinas Kesehatan 2018–2023 [Internet]. Bandung: Dinas Kesehatan Kota Bandung; 2019 [cited 2023 Oct 14]. Available from: https://dinkes.bandung.go.id/profilkesehatan.
- Solihin O, Lubis DP, Muljono P, Amanah S. Social and behavior change communication (SBCC) approach in tuberculosis

management by Terjang Foundation. Mediator. 2023;16(1):1–13.

- 5. Machmud R, Medison I, Yani FF. Cultural and religious belief approaches of a tuberculosis program for hard-to-reach populations in Mentawai and Solok, West Sumatra, Indonesia. Kesmas. 2020;15(4):205–11.
- Oman D, Riley LW. Infectious diseases, religion, and spirituality. In: Oman D, editor. Why religion and spirituality matter for public health: evidence, implications, and resources. Berlin: Springer; 2018. p. 153–63.
- Dinas Kesehatan Kota Bandung. Profil Dinkes Kota Bandung 2020 [Internet]. Bandung: Dinas Kesehatan Kota Bandung; 2021 [cited 2023 Nov 10]. Available from: https:// dinkes.bandung.go.id/profil-kesehatan/id.
- 8. Irasanti SN, Perdana R, Indriasari D, Yuniarti Y, Kamil A, Merduani W. Religiosity and stress on nurses during COVID-19 pandemic at a hospital in Bandung. GMHC 2022;10(1):13–7.
- Achmad MK, Harrison J, Davies CL. Cultural sensitivity in health promotion program: Islamic persuasive communication. In: Proceedings of the 6th International Conference on Communication and Mass Media; 2008 May 19–22; Athens, Greece. Athens, Greece: Athens Institute; 2008. p. 1–11.
- 10. Umarella S, Farid M, Ab Rahman Z. Medicine and al-Quran recital approaches used on COVID-19 patients: a systematic review. Syst Rev Pharm. 2020;11(12):1163–70.
- 11. Koenig HG. Religion and mental health: research and clinical applications. Cambridge: Academic Press; 2018.
- 12. Adz-Dzaky HB. Konseling dan psikoretapi Islam. Yogyakarta: Al Manar; 2008.
- 13. Abdullah F, Hashi AA, Said AH, Mat Nor MB. Medical and Islamic perspectives on human immunodeficiency virus infection and its prevention. IMJM. 2019;18(2):153–9.
- 14. Asadzandi M. An Islamic religious, spiritual health training model for patients. J Relig Health. 2020;59(1):173–87.
- 15. Buback L, Kinyua J, Akinyi B, Walker D, Afulani PA. Provider perceptions of lack of supportive care during childbirth: a mixed methods study in Kenya. Health Care Women Int. 2022;43(9):1062–83.
- 16. Hasmiati H, Rita R, Amiruddin A. Dakwah Aisyiyah melalui kader tuberkulosis (Tb)

Global Medical and Health Communication, Volume 12 Number 1, April 2024

care di Kabupaten Sinjai. J Ilmu Dakwah. 2021;41(1):30–42.

- 17. Koenig HG, Al Shohaib SS. Religiosity and mental health in Islam. In Moffic HS, Peteet J, Hankir AZ, Awaad R, editors. Islamophobia and psychiatry: recognition, prevention, and treatment. Cham, Switzerland: Springer Nature; 2019. p. 55–65.
- Solaimanizadeh F, Mohammadinia N, Solaimanizadeh L. The relationship between spiritual health and religious coping with death anxiety in the elderly. J Relig Health. 2020;59(4):1925–32.
- Paul Victor CG, Treschuk JV. Critical literature review on the definition clarity of faith, religion, and spirituality. J Holist Nurs. 2020;38(1):107–13.

- 20. Linton E, Jayasooriya S. Story from a survivor of tuberculosis. Lancet Respir Med. 2021;9(10):1098–100.
- 21. Olagoke AA, Olagoke OO, Hughes AM. Intention to vaccinate against the novel 2019 coronavirus disease: the role of health locus of control and religiosity. J Relig Health. 2021;60(1):65–80.
- 22. Sulis G, Pai M. Isoniazid-resistant tuberculosis: a problem we can no longer ignore. PLoS Med. 2020;17(1):e1003023.
- 23. Mesman AW, Rodriguez C, Ager E, Coit J, Trevisi L, Franke MF. Diagnostic accuracy of molecular detection of *Mycobacterium tuberculosis* in pediatric stool samples: a systematic review and meta-analysis. Tuberculosis (Edinb). 2019;119:101878.

Global Medical and Health Communication, Volume 12 Number 1, April 2024

88