FACTORS RELATED TO FILARIASIS DRUG COMPLIANCE IN JAYA ROKAN HILIR PUBLIC HEALTH CENTER AREA IN 2014

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Abstract

Filariasis is an infectious disease which is caused by worms filariasis and transmitted by various species of mosquitoes. The disease impacted on the decline in work productivity of patients, family burden and cause economic loss for patients as well state. One of the main strategies in implementing the elimination of filariasis is by cutting the transmission with mass treatment in endemic areas. This study aims to determine what factors are associated with compliance in Jaya Rokan Hilir Public Health Center area in 2014. This study used analytic survey research design with cross sectional approach. This study population of this study is as many as 2,352 people with a total sample size of 341 people by using systematic random sampling technique. Analysis of the data used univariate and bivariate analysis. The result showed no correlation between demographic characteristics and health education with filariasis drug compliance (p value = 0.774; p value = 0.095), whereas and a significant relationship between health workers with drug use filariasis (P Value = 0.049). It is expected that government, health professionals and the public to cooperate in order to increase filariasis drug compliance on a regular basis in order to reduce morbidity due to filariasis.

Keywords: Demography, Drug Use Filariasis Health Education, Health Workers

BACKGROUND

Filariasisis contagious disease (elephantiasis) caused by filariasis worm is transmitted by various species of mosquitoes. This disease is chronic (chronic) and if not treatedcan causepermanent disabilityin the form of enlarged feet, Legan and genitals of both women and men. As a result, the patient can't work optimally even lives depend on others so that burden on families, communities and countries (Dep.Kes RI, 2009).

Up to 2004 in Indonesia an estimated 6 million people are infected with filariasis and reported more than 8,000 of whom suffer from chronic filariasis, especially in rural areas. Riau Province consists of 10 districts and 2 municipalities, according to the results of Health Research Riau provincein 2011, the percentage of clinically detected symptoms of filariasis in ten districts and two municipalities.

Rokan Hilir Districtconsist sof 16 districts. According to data from the Department of Health Rokan Hilir in 2011, clinical filariasis detected with symptomsin 16 districts in 2011 were 3 people, in 2012 as many as 4 people and in 2013 an increasing number of people with filariasis as many as 10 people

The purposeof this study, **Factors Related To Filariasis Drug Compliance In Jaya Rokan Hilir Public Health Center Area In 2014?**

METHODS

His study uses aquantitative approach to analytic study with cross sectional study design. With cross sectional study design is research on several variables were observed at the same time. The goal is to determine the factors that influence drug use filariasis in the village of PasirPutih

The study population was all residents in the village of Pasir Putih take filariasis drugs amounted to 2,352 people. Sampling

using systematic random sampling with a total sample of 341 people.

RESULTS

His research was conductedon 10to 20 August 2014, the number of respondents as many as 341 people at White Sands Village Hall Jaya Puskesmas. The results of this study illustrated in the table below:

1. Table1 Relations with the demographic characteristics of drug use filariasis.

demographic characteristics	Filariasis drug use				Total		*P Value*
	Yes		No		N	%	
	N	%	N	%			
Close	75	48,4%	80	51,6	156	100	0,774
far	86	46,2%	100	53,8	185	100	

From Table 1 we can see that the demographic characteristics of respondents who have aclose and do not use drugs filariasis as many as 80 people (51.6%). Based onstatistical test there is no significant relation ship between demographic characteristics do a way with drug use filariasis in White Sand Village Hall Jaya Puskesmas working area Rokan Hilir 2014. This is evidenced by the P value = 0.774 < α =0.05, so Ho failed rejected.

2. Table 2: Relation ships Health Education (Health Promotion) With Drug use Filariasis

healthcare education	Filariasis drug use				Total		*P Value*
	Yes		No		N	%	
	N	%	N	%			
Yes	13	68,4	6	31,6	19	100	0,095
No	148	46,0	174	54,0	322	100	

From table 2 it can be seen that respondents who received health education (Health Promotion) but using filariasis drug that is only 6 (31.6%). Based on statistical test no significant correlation between health education witht he use of drugs filariasis in White Sand Village Hall Jaya Puskesmas Rokan Hilir 2014. This is evidenced by the P value = 0.095> α 0,05 so Ho fail rejected.

3. Table 4.8: Relation ship With the use of Health Workers Malaria Drugs

Health workers	Filariasis drug use				Total		*P Value*
	Yes		No		N	%	
	N	%	N	%			
Yes	22	64,7	12	35,3	34	100	0,049
No	139	45,3	168	54,7	307	100	

From table 4.8 it can be seen that respondents who received direct services from health workers to health but does not use drugs filariasis is 12 people (35.3%). Based on statistical test there isa significant correlation between health workers with drug use filariasis in White Sand Village Hall Jaya Puskesmas Rokan Hilir 2014. This is evidenced by the P value = 0,049 < α =0.05, so Ho rejected.

DISCUSSION

1. RelationshipDemographicCharacteristicsWithDrug UseFilariasis.

Based on bivariate analysis and statistical tests were performed demographic characteristics are close and do not use drugs filariasis as many as 80 people (51.6%). Among the demographic characteristics with filariasis drug use as many as 86 people (46.5%) are far more use filariasis drugs with p value = 0.774> α = 0.05. This means there is no significant relationship between demographic characteristics do away with

drug use filariasis in White Sand Village Hall Jaya Puskesmas Rokan Hilir 2014.

Results ofthis study are not in accord an cewith the theory put forward by Tomar & Kusmanto (2007) in his study mentioned that the distancefrom the implementation of human settlements and the difficulty of mass treatment to reach set tlements with public of ficials as sociated with drug taking behavior in filariasis. Filariasis drug distribution system efficiency is an under takings are considered to be able to achieve filariasis mass treatment cover age and behavior filariasis drug use is high. For it to consider filarias is drug distribution approach in accordance with local conditions which carry filariasis mass treatment.

Assuming the researchers, this is because the distanceis not a problem for people to consume drugs filariasis. Because the governmen thas appointedc adres coming from the local community who were then given counseling to distribute filariasis drugs. So the distances are not the reason for people not to use drugs filariasis. Based on the results of question nairesobtained their deployment at close range did not take the drug with a drug complaint reason fear nausea, vomiting, dizziness in stage I (one) will occur again in the treatment of stage II (two), so they refuse to use drugs filariasis.

2. Relationship Health Education (Health Promotion) With Drug Use Filariasis.

Based on bivariate analysis and statistical tests were performed between health education (Health Promotion) with filariasis drug use as many as 148 people (46.0%) with p value = 0.095> α = 0.05. This means there is no significant relationship between health education (Health Promotion) with the use of drugs filariasis in White Sand Village Hall Jaya Puskesmas RokanHilir 2014.

These results do not match those proposed by Notoatmodjo (2010), health promotion is not just the process of public awareness or the provision and improvement of public knowledge about health, but also with efforts to facilitate a change in behavior. This means that health promotion is health programs designed to bring about change (improvement), both within the community itself, as well as in the organization and its environment (physical environment, socio-cultural, political and so on).

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This happens because health promotion given by health personnel are not done on an ongoing basis, the promotion should be done by meeting with good people who take medicine or not taking the medication. Then society guided by doctors, midwives, nurses suggests anything experienced when taking medication filariasis. They were also asked to tell about what they do when experiencing dizziness, nausea (filariasis drug effects) after taking the medication filariasis. This opportunity can be used as a medium to vent opinions among the public, so that the problems are there to be found a solution. People who fear reaction / drug effects become less afraid and willing to take medication filariasis in the upcoming round. So that people's understanding of filariasis is not as expected by health workers, which creates large community fear the side effects of drug use filariasis.

3. Relationship Medicals With Drug Use Filariasis.

Based on bivariate analysis and statistical tests were conducted among health workers with filariasis drug use as many as 139 people (45.3%) are far more use filariasis drugs with p value = 0,049 <α = 0.05. This means there is a significant correlation between health workers who provide services directly to the

use of drugs filariasis in White Sand Village Hall Jaya Puskesmas RokanHilir 2014.

Results ofthis study confirmed the theory that health care workers berole models in the field of health. For those reasons, health workers should have theat titude and behavior in accord ance with the values of health. Similarly officials or other public figures. They are also a role model behavior, in cluding health behaviors. Therefore, they must have a positive attitude and behavior. Attitudes and behavior of health workers and other personnel off iceris driving or reinforcing healthy behaviors of society. To achieve this, the health care workers and other workers mustacquire special training on heal the ducation or heal the ducation and behavioral sciences (Notoatmodjo, 2010).

Doctors, midwives, nurses and other health workers do not lose their importance in creases filariasis drug use to treatment lived. Equipment to provide the information or the availability of drinking water to people willing to take the medicine filariasis did health workers, hospitality workers, as well as the application service system can effectively stimulate the community to participate infilariasis mass treatment programs. The success ofthis service not only prolonged not only be as atisfaction to the people, but can establish a good imagefor treatment.

Good service of all health workers can prevent people to discontinue treatment. Filariasis drug use can beimproved if health workers can work in relayandunited indealing with patients, because basic ally all the social responsibility in cumbent up oncadres. It helps a health worker in volvedin monitoring drug use filariasis so that the handleris becoming moreintensive in the hope that the desiredtreatment can be achieved. Other small things can have a major impact for patients that can be done by health professional stoimprovepatient compliance by providing sufficient additionalin formationabouta drug that has been given, for example, about the side effects felt that ultimately did not make the patients stopped the treatment.

CONCLUSION

Based on theresults ofthis study concluded that:

1. There is a significant relationship between demographic characteristics do away with drug use filariasis in White Sand Village Hall Jaya Puskesmas working area RokanHilir 2014. This is evidenced by the P Value = 0.774>0.05.
2. There is a significant relationship between health education with the use of drugs filariasis in White Sand Village Hall Wilaya Jaya Puskesmas Rokan Hilir 2014. This is evidenced by the P Value = 0.095> α = 0.05.
3. There is a significant relationship between health workers with drug use PSIR filariasis in the village of White Hall Jaya Puskesmas Rokan Hilir 2014. This is evidenced by the P Value = 0,049 <α = 0.05.

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