

Hubungan tingkat aktivitas kader puskesmas dengan cakupan pengobatan massal filariasis di Kota Depok = Health cadres activity level and its relationship with filariasis mass drug administration coverage in Depok

Fathimah Sulistyowati, author

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Abstrak

Program Eliminasi Filariasis termasuk dalam Rencana Strategis Kementerian Kesehatan RI 2010-2014 dengan satuan lokasi berupa Kabupaten/Kota. Penelitian ini bertujuan untuk mengetahui hubungan tingkat aktivitas Kader Puskesmas dalam Program Eliminasi Filariasis dengan cakupan pengobatan massal Filariasis di Kota Depok.

Penelitian menggunakan desain cross sectional, dengan sampel penelitian berupa seluruh Kader Puskesmas di Kelurahan Sukmajaya dan Tirtajaya. Variabel tingkat aktivitas diukur dengan kuesioner, sedangkan data cakupan pengobatan massal Filariasis diperoleh secara sekunder dari Dinas Kesehatan Kota Depok.

Hasil penelitian menunjukkan tidak ditemukan perbedaan yang bermakna antara tingkat aktivitas Kader di Kelurahan Sukmajaya dan Tirtajaya dengan cakupan pengobatan massal Filariasis ($p=0,56$).

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Filariasis elimination has become one of the health priorities embodied in Indonesia as manifested in the national program of infectious disease eradication. Filariasis Elimination Program is included in the Ministry of Health Strategic Plan 2010-2014, with District/City Health Department as its program executors. This study is aimed to determine the relationship of the health cadres in the community health centers specifically in the Filariasis Elimination Program with filariasis Mass Drug Administration (MDA) coverage in Depok.

The study uses cross-sectional design, with a sample of the entire health cadres in Sukmajaya and Tirtajaya village (total sampling method). The levels of activity variable measured by a questionnaire, while the data of Filariasis MDA coverage obtained secondary from Depok City Health Department.

The results showed that in general there were no significant relationship between the level of activity of health cadres in Sukmajaya and Tirtajaya village with filariasis MDA coverage, with a significance value of 0.56. Nonetheless specifically significant difference regarding several points of activities, which are steps in diagnosis, health promotion, detect and report of new cases, participate in MDA execution, and educate chronic patients and their families for treatment and how to do self-care.