

Sarana, tenaga dan tatalaksana program P2TB paru di puskesmas dan hubungannya dengan cakupan program P2TB paru di wilayah kotamadya Jakarta Barat tahun 1993/1994 = Facilities, personnel and program administration of P2TB paru in primary health care (puskesmas) and its association with coverage of P2TB pulmonary program in West Jakarta municipal area, October 1993 - September 1994

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Abstrak

ABSTRACT

Pulmonary TB in Jakarta, especially in West Jakarta Municipal area, still was a major health problem. Prevalence of people with positive AFB (acid-fast bacilli) in 1993 is 4.25 per-thousand people (examined with fluorescence microscope) and estimated for all ages is 2.83 per-thousand people. On the other hand coverage of new case finding were only 0.37 per-thousand people.

Design of this study is cross sectional and the objective is to study the association between independent variable which are laboratory component, program management component, drug component and population of Puskesmas area with dependent variable which is coverage of P2TB Program of Puskesmas.

Location of this research is West Jakarta Municipal and the study population is puskesmas. Number of sample is 16 Puskesmas consist of 8-sub district Puskesmas and 8 Puskesmas Kelurahan. They were chosen from 30 Puskesmas, which conducted P2TB Program in West Jakarta. Dependent variable is P2TB Pulmonary monthly report made by every Puskesmas from October 1993 to September 1994. Independent variable picked up in October 1994 with questioner, interview, and on the spot observation. Respondent are laboratory technician, P2TB Pulmonary Program field personnel, Head of Puskesmas Kelurahan and P2P Coordinator of sub district Puskesmas.

Statistic analysis used the non-parametric method, which is stage test from Charles Spearman to learn the significance of association between dependent and independent variable. The data from sub district Puskesmas and Puskesmas Kelurahan is analyze separately.

The result show that the variables which have significant association with case finding coverage are capability of laboratory technician (p= 0.01-0.005), Laboratory record and report (p= 0.02-0.05), capability of sub district Puskesmas P2TB Program field personnel (p= 0.02-0.05), capability of Puskesmas Kelurahan P2TB Pulmonary Program field personnel (p= 0.02-0.05), capability of sub district Puskesmas P2P coordinator (p= 0.02-0.05), Head of Puskesmas Kelurahan capability (p= 0.02-0.05), P2TB Pulmonary Program implementation by Puskesmas Kelurahan (p= 0.02-0.05), P2TB Pulmonary Program implementation by sub district Puskesmas (p= 0.02-0.05), reporting and recording of P2TB Pulmonary Program in sub district Puskesmas (p= 0.01-0.005), reporting and recording of P2TB Pulmonary Program in

Puskesmas Kelurahan ($p= 0.02-0.05$), ratio between population and number of Puskesmas in sub district ($p= 0.02-0.05$). Association between independent variable with therapy coverage were not analyzed because some Puskesmas giving drug not according the P2TB Pulmonary Program.

The conclusion is that the high Puskesmas staff capability, good patient service, well manage of P2TB Pulmonary Program administration and reporting, also lesser population ratio in every Puskesmas will increase the coverage of P2TB Pulmonary Program in Puskesmas.