

Epidemiology of treatment seeking behavior in Lilirilau Sub District Soppeng Regency South Sulawesi

Buchari Lapau, author

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Abstrak

ABSTRACT

The main purpose of the study was to determine which characteristics and factors affect the pattern of treatment-seeking behavior in the sub district. The achievement of this objective was intended to add knowledge of treatment-seeking behavior to existing knowledge on both behavioral epidemiology and health services research as well as to provide useful information to formulate interventions in extending treatment services from the Lilirilau Sub district Health Center to the whole sub district.

In early 1982, the data were collected from a representative sample of 1347 households with 472 sick household members. The data were analyzed using univariate, bivariate and discriminant analysis.

The main results of the study are: The decision maker who preferred the sick person to be treated at home was more likely to choose home treatment than to seek treatment, to seek treatment from traditional healers than modern health services, and from paramedical personnel than the health center. Those who knew about the medications needed for a sickness were more likely to conduct self-treatment than choose no treatment. Most of those living more than 3 km from the health center were more likely to choose the polyclinic and health promoter in the village concerned than the sub district health center.

Most of those from families with lower wealth and with occupations in the FHLN (farmers, housewives, laborers and no job) category were more likely to seek treatment from traditional healers than modern health services, and to seek treatment from paramedical personnel than at the health center when compared with those from families with higher wealth and with occupations in the GEMS (government employees, businessmen, merchants and skilled workers) category. The decision makers for under-fives were more likely to seek treatment from traditional healers than modern health services. Most of those with occupations in the FHLN category and who were uneducated were more likely to seek treatment at the polyclinic and health promoter in the village concerned than at the health center. The household head was most often the decision maker for sick persons of all ages, while the housewife had a more important role in making decisions for children under-five than older children.

The preference to be treated at home that was associated with knowledge about the medication needed and may be related to the habits of the community, while that associated with the age of the sick person may be related to the beliefs in the community. In line with these habits and beliefs, the sick persons undertake home treatment or seek treatment from paramedical personnel and traditional healers. Thus, the health center should undertake interventions to make self-treatment safe and effective. In addition, the health center should consider and implement alternative interventions so that both paramedical personnel and traditional

healers extend treatment services safely and effectively. This intervention should be directed especially toward the target population: those with occupations in the FHLN category in the community, and household heads and housewives at the household level.