



Evaluation Of Environmental Health Services Policies In Tuberculosis Control At The Pauh Public Health Center Padang City

Kalasta Ayunda Putri¹, Mursid Raharjo², Nurjazuli³

¹Students of the Masters in Environmental Health Diponegoro University, Semarang, Indonesia

Email: kalastaayundap@gmail.com

^{2,3}Magister of Environmental Health, Faculty of Public Health, Diponegoro University, Semarang, Indonesia

Article details:

Received: 13th June 2021

Accepted: 22th June 2021

Published: 30th June 2021



Abstract

Pauh Health Center had the highest cases of 243 cases. One of the factors causing the high rate of environmental-based disease may be due to poor environmental health service in controlling tuberculosis at the Pauh Health Center. This study uses a qualitative method with a descriptive design carried out by in-depth interviews. The informants in this study consisted of 4 people. The results showed that Environmental Health Service Policies in Tuberculosis Control At The

Pauh Public Health Center consisted of counseling, inspection and intervention. Besides that the holders of tuberculosis control programs determine policies based on each program without synergizing with other programs. This case makes the policy in environmental health service not yet achieved in controlling tuberculosis at the Pauh Health Center. The conclusion of this study is that policies in environmental health service in controlling tuberculosis in the Pauh Health Center have not been achieved with integrity across programs and across sectors and also based on guidelines so that cases are increasing. As a suggestion, Pauh Health Center should carry out policies with environmental health service to control tuberculosis in accordance with the guidelines of the Minister of Health Regulation no. 13 of 2015 concerning the Implementation of Environmental Health Services at Public Health Centers, and Regulation of the Minister of Health of the Republic of Indonesia No. 67 of 2016 concerning Tuberculosis Management 2017.

Keywords: Environmental health services, tuberculosis disease control

To cite this article :

Kalasta Ayunda Putri, Mursid Raharjo, N. (2021). Evaluation Of Environmental Health Services Policies In Tuberculosis Control At The Pauh Public Health Center Padang City. *International Journal of Health, Education and Social (IJHES)*, 4(5), 56–63.



Introduction

The incidence rate of all types of TB cases and positive new cases TB BTA is 131 per 100,000 population according to the Health Office in West Sumatra Province. TB cases in the city of Padang have increased from the previous year, in 2017 there were 1,557 cases, increasing to 2,029 cases in 2018. The discovery of tuberculosis cases is carried out through screening of patients with suspected tuberculosis who seek treatment at health facilities (Dinas Kesehatan Provinsi Sumatera Barat, 2018).

Based on data from the Padang City Health Office in 2019, tuberculosis cases spread in the Padang City Health Center were in 3 Padang City Health Centers, Pauh Health Center and Andalas Health Center with 243 cases, Koto Tengah Health Center 56 cases. With the increasing number of new cases, the possibility of non-adherence to TB treatment also increases. Lack of patient knowledge and information as well as coordination of personnel in charge of the pulmonary TB program are the causes of non-adherence problems in the treatment phase (Dinas Kesehatan Kota, 2019).

Public health efforts and one's health efforts are a form of health service activity that includes planning, implementation, evaluation, recording, and reporting that will be set forth in a system (Kementerian Kesehatan Republik Indonesia, 2016). One of the services carried out at the Puskesmas is one of the sanitation clinics. The sanitation clinic is a vehicle to overcome environmental health problems (Sugiharto & Oktami, 2018). The main activity in the sanitation clinic is according to Permenkes No. 13/2015, counseling, inspection and intervention.

To support the national policy of health development, it can be done by improving health services in order to achieve the highest level of health. This is in accordance with the



Indonesian Ministry of Health's programs, including conducting a Healthy Indonesia Program with a family approach based on the life cycle, Sustainable Development Goals (SDG's), and the dynamics of health problems faced by the community (Badan Pusat Statistik, 2014).

The implementation of environmental health service for TB control at the Pauh Health Center has not been carried out optimally. This is due to the non-implementation of policies in environmental health services in TB control in accordance with the guidelines of the Minister of Health Regulation no. 13 of 2015 concerning the Implementation of Environmental Health Services at Public Health Centers, and Regulation of the Minister of Health of the Republic of Indonesia No. 67 of 2016 concerning Tuberculosis Management 2017. Therefore, an evaluation of environmental health service policies can be carried out against TB disease at the Pauh Health Center, Padang City.

Methods

The method used in this research is qualitative with a descriptive study design. The research was conducted at Pauh Public Health Center, Padang City. The sampling technique was purposively by informants with a number of samples including 1 head of the puskesmas, 1 sanitarian officer, 1 TB program holder, and community leaders (LPM Kecamatan/LPM Kelurahan/ Cadre/Patients/Clients) as informants and carried out by means of independent interviews using an interview guide. Secondary data collection was obtained from the annual report and profile of the Pauh Health Center.

Results

1. Counseling

Counseling is not only carried out by the TB program, counseling is also carried out by



sanitarians. The implementation of counseling starts from the patient/client registering after that counseling is carried out with doctors and doctors conduct interviews. If the old patient/client with a history of TB disease can be directly directed to the TB program room and if the patient/client is new and it is known that the patient/client's diagnosis leads to TB, the doctor will refer the patient/client to the TB program room and sanitation clinic for counseling. this implementation is not carried out properly. After the interview with the TB program holder, the patient/client was not referred to the sanitation clinic room because the program holder and the doctor in the BP room did not perform according to the SOP. So that the data on TB patients/clients is incomplete at the sanitarian or does not match the data on the TB program.

2. Inspection

The inspection is carried out based on the counseling data. However, in reality the data obtained are not synchronized between TB and sanitarian programs. So the sanitarian only conducts inspections according to the counseling data on sanitation clinic activities. In examining patients with TB programs, they coordinate with doctors. Meanwhile, sanitarians carry out individual inspections due to the lack of coordination between the TB program and doctors.

3. Intervention

Intervention activities have been carried out with integrity between programs. Each program coordinates the intervention, including providing counseling about TB disease control education. According to informants, counseling is always carried out at the time of examination and giving drugs to suspects, by giving messages such as encouraging them to keep taking regular treatment by reminding them of the dangers of TB disease.



In addition to counseling carried out at the puskesmas, counseling is carried out by meeting patients directly in the field, as well as cadres and patients who have dropped out. The provision of counseling is carried out in one direction from the officer to the patient so that they do not know that the counseling is giving results with a change in behavior or not.

Discussion

The implementation of counseling activities can be started with the patient registering, conducting an examination, if the patient has a diagnosis of TB disease, they will be directed to the TB room. The TB program holder conducts consultations by establishing a diagnosis, determining the classification and type of TB03 patient. In counseling, decision making is the responsibility of the patient. Counseling is done to achieve the goal of solving problems. Counseling is carried out only to focus on health problems faced by patients. The implementation of counseling must be in accordance with standard operating procedures, therefore program holders must use a counseling guide consisting of a list of questions in order to provide follow-up advice in accordance with the patient's problems (Kesehatan, 2015).

Inspections are carried out based on counseling and/or health surveillance results showing a tendency to develop or expand disease or illness events due to environmental risk factors, environmental health workers make an appointment to carry out environmental health inspections. Implementation of inspections as far as possible to include cross-program and cross-sector in the health center. Cross programs play a role in synergizing and collaborating so that promotive, preventive, curative efforts can be integrated, assisting in counseling and reporting risk factors for TB disease during mini-workshops to be known and followed up (Kesehatan, 2015).



The implementation of the intervention must consider the level of risk based on the results of the inspection. In implementing interventions, program holders must coordinate with the government, local governments and the community/private sector. Communication, information and education (IEC) can be carried out in stages so that the general public knows first, then becomes aware, and implements it individually and collectively (Kesehatan, 2015).

One of the intervention activities is health promotion. Health promotion in TB control can be directed at increasing correct and comprehensive knowledge regarding transmission prevention, treatment, clean and healthy lifestyle (PHBS). This is done so that there will be changes in the attitudes and behavior of the TB program targets and also help eliminate stigma and discrimination by the community and health workers towards TB patients (Kemenkes, 2017).

Conclusion and Recommendations

Based on the results in this study, the environmental health service policy on TB disease control at Puskesmas Pauh has not been achieved. The implementation of environmental health services for TB disease control at the Pauh Health Center is not coordinated with integrity across programs and across sectors, resulting in an increase in TB cases at Puskesmas Pauh because it is not in accordance with the Regulation of the Minister of Health no. 13 of 2015 concerning the Implementation of Environmental Health Services at Public Health Centers, Regulation of the Minister of Health of the Republic of Indonesia Number 44 of 2016 concerning Guidelines for Management of Health Centers, and Regulation of the Minister of Health of the Republic of Indonesia No. 67 of 2016 concerning TBC Management 2017.



Therefore, it is expected that environmental health services policies should be carried out on TB disease control and that Puskesmas can implement environmental health services for pulmonary TB disease control in accordance with predetermined policies and standard procedures. Then carry out inter-program and cross-sector integrity and carry out counseling, inspection and intervention in tuberculosis patients

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**The International Journal of Health, Education and
Social (IJHES)**

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International Journal of Health, Education and Social (IJHES)