

## Description of Sanitation Clinic Implementation in Primary Health Care Services in Bukittinggi

Vini Jamarin<sup>1</sup>, Rosfita Rasyid<sup>2</sup>, Selfi Renita Rusjdi<sup>3</sup>

### Abstrak

Sanitasi yang buruk dapat menjadi media transmisi agen penyakit berbasis lingkungan. Salah satu program puskesmas yang menelaah penyakit berbasis lingkungan adalah klinik sanitasi. Bukittinggi sudah menjalankan klinik sanitasi sejak tahun 2009. Tujuan penelitian ini adalah untuk mengetahui gambaran pelaksanaan program klinik sanitasi puskesmas di Kota Bukittinggi. Penelitian ini menggunakan metode deskriptif. Sampel diambil seluruhnya (*total sampling*), yaitu tujuh puskesmas di Bukittinggi dari September sampai Oktober 2013. Berdasarkan hasil kuesioner, dari tujuh puskesmas, seluruh petugas telah memiliki pendidikan yang baik, dua petugas telah mendapatkan pelatihan klinik sanitasi, satu puskesmas memiliki ruangan khusus klinik sanitasi, enam puskesmas memiliki poster dan leaflet, tiga puskesmas memiliki dana khusus, dan enam puskesmas memiliki seluruh buku pedoman. Berdasarkan data sekunder, jumlah penyakit berbasis lingkungan bervariasi dan fluktuatif dan jumlah klien yang datang masih sedikit dan jauh dari harapan. Penelitian ini menilai empat kegiatan klinik sanitasi, yaitu kunjungan ke rumah warga, kerjasama lintas program, kerjasama lintas sektor, dan evaluasi. Jumlah kunjungan ke rumah warga masih kurang dari harapan, kerjasama lintas program klinik sanitasi sudah berjalan di seluruh puskesmas, kerjasama lintas sektor sudah berjalan hampir di seluruh puskesmas, dan evaluasi sudah berjalan dengan jangka waktu yang bervariasi. Seluruh klinik sanitasi puskesmas kota Bukittinggi dinilai baik dengan nilai bervariasi antara 50-100%.

**Kata kunci:** klinik sanitasi, puskesmas

### Abstract

Poor sanitation could be the transmission media for environment-based diseases' agents. The program of Primary Health Care Service (PHCS) which deals with environment-based disease is sanitation clinic. This program has been running in Bukittinggi since 2009. The objective of this study was to see how this program has been going on in PHCS in Bukittinggi. This descriptive study used total sampling, in which all seven PHCS in Bukittinggi are included. This research was done from September to October 2013. Based on questionnaire result, all sanitarians are well-educated, but only two of them had sanitation clinic training. Only one PHCS has a special room, six has posters and leaflets, two allocates special budget for sanitation clinic, and six has all kind of manual books. Based on secondary data, the accumulation of environment-based disease's cases in all PHCS is variative and fluctuative and the accumulation of clients come to sanitation clinic is still below the expectation. House-visiting activity has not met the expectation yet, while trans-program activity has been running well, trans-sector activity has been running well in almost all PHCS, and evaluation has been running in a variative frequency. All sanitation clinic graded good in implementing sanitation clinic, within the range of 50-100%.

**Keywords:** sanitation clinic, primary health care service

**Affiliasi penulis:** 1. Pendidikan Dokter FK UNAND (Fakultas Kedokteran Universitas Andalas Padang), 2. Bagian Ilmu Kesehatan Masyarakat FK UNAND, 3. Bagian Parasitologi FK UNAND

**Korespondensi:** Vinni Jamarin, e-mail: vinijamarin@gmail.com, Telp: +628990227595

### INTRODUCTION

Poor sanitation could be the transmission and growth media for environment-based diseases' agents. The diseases included in environment-based disease are Upper Respiratory Tract Infection (URI), diarrhea,

malaria, dengue haemorrhagic fever, tuberculosis, worm infestation and scabies.<sup>1</sup>

Bukittinggi is a town surrounded by three mountains. This city is located 780-960 m above the sea level with rainfall rate about 136,4 mm/year. The topography of this city tends to be the major risk factor for the people to get URI. From the data of department of health Bukittinggi 2009 and 2012, URI cases had a significant raise. URI infection has always got the first place of top ten disease in Bukittinggi. Beside URI, diarrhea and scabies cases also had a significant number.<sup>2,3</sup>

The environment-based disease related to poor sanitation and environment problem. Thus, if the eradication of these diseases only using curative and rehabilitative approach, the result will not be significant. The eradication should also has promotive and preventive approach, which is through life style and habit changing.<sup>4</sup>

Primary health care service pays attention not only in curative and rehabilitative approach, but also in promotive and preventive. Primary health care service has a program dealing environment problem and environment-based disease, which is called sanitation clinic.<sup>4</sup>

Sanitation clinic has been running in Bukittinggi since 2009. On the contrary, three environment-based diseases out of top ten diseases in Bukittinggi still gnawed the people, and even, two of them, URI and diarrhea amount had a significant raise.<sup>2,3</sup>

Sanitation clinic implementation could be observed from ten aspects: sanitarian, facility, budget, manual book, referral environment-based disease, client number, house-visitting activities, trans-program and trans-sector activity, and evaluation. By observing sanitation clinic implementation, sanitation clinic could evaluate and be better in reducing environment-based diseases.

## METHODS

This descriptive study with survey method was done in Bukittinggi from September to October 2013. This study used total sampling, in which all seven primary health care services in Bukittinggi, with

inclusion criteria of sanitation clinic availability and exclusion criteria of assistant primary health care service.

### *Informant and Object*

The questionnaire was filled by one sanitarian of each primary health care service, which was seven informants. The questionnaire surveyed all seven objects of sanitation clinic: sanitarian, facility, budget, manual book, trans-program and trans-sector activity, and evaluation.

### *Data collection procedure*

Primary data including the survey of sanitarian, facility, budget, manual book, trans-program and trans-sector activity, and evaluation of sanitation clinic was collected within the questionnaire by sanitation of each primary health care service. Secondary data including referral environment-based disease, client number, and house-visitting activities of sanitation clinic was collected within the available data in each primary health care service.

### *Variable measurement*

Sanitarian, facility, budget, manual book, trans-program and trans-sector activity. Evaluation variables scored within the range of 1 for present, and 0 for absent. The measurement used nominal scale.

Referral environment-based disease, client number and house-visiting activity variables displayed in frequency distributive table and observed if the data was increasing or decreasing in the last 3 years. Referral environment-based disease scored 1 if the data was decreasing, and scored 0 if the data was increasing. Client number and house-visiting activity scored 1 if the data was increasing and scored 0 if the data was decreasing. The measurement used nominal scale.

Sanitation clinic implementation was measured from the questionnaire result whereas all data in nominal scale was totted up. The implementation graded good if the percentage above 50%.

### *Data analysis*

Data analyzed descriptively within each variable. The recapitulation of data in nominal scale classified within 0 and 1, then summed up and percentaged.

## RESULT

The recapitulation of data presented in the Table 1.

**Table 1.** Recapitulation of primary and secondary data of each PHCS's sanitation clinic.

No.	Variable	PHCS						
		A	B	C	D	E	F	G
1	Sanitarian	1	1	1	1	1	1	1
2	Facility	1	0	1	1	1	1	1
3	Budget	0	0	0	1	0	1	1
4	Manual books	1	0	1	1	1	1	1
5	Rreferral environment-based disease	0	1	1	1	.*	1	1
6	Clients	1	0	0	0	.*	1	0
7	House-visiting activity	1	0	1	0	.*	1	0
8	Trans-program	1	1	1	1	1	1	1
9	Trans-sector	1	1	1	1	1	1	0
10	Evaluation	1	1	1	1	1	1	1
	Total scores	10	10	10	10	7	10	10
	Grade	8	5	8	9	6	10	7
	Percentage	80%	50%	80%	90%	85%	100%	70%

Apposition. PHCS: Primary Health Care Service; A. GulaiBancah; B. Mandiingin; C. Nilam Sari; D. TigoBaleh; E. Mandiingin Plus; F. GugukPanjang; G. Prasimah Ahmad; \*data is unavailable (PHCS operated since 2011)

## DISCUSSION

All sanitarians are well-educated, within the degree of Environmental Health Diploma and Bachelor of Public Health. 2 out of 7 sanitarians had sanitation clinic training. Compared to the research done in Pandeglang, the result was the same: all sanitarians are well-educated and 3 out of 6 sanitarians had sanitation clinic training.<sup>5</sup>

Based on the facility, among 7 primary health care services, only one has a special room for sanitation clinic and one other doesn't have poster. The result was similar to the research done in Pandeglang, 1 out of 6 primary health care services has a special room, 2 has posters and leaflets, and 1 has leaflets.<sup>5</sup>

Sanitation clinic should has an adequate budget. Among 7 primary health care services, 3 allocates special budget. In Dumai with the similar research, 8 out of 9 primary health care services allocate special budget.<sup>6</sup>

Every program should follow an integrated direction in some manual books. There are 4 manual books produced by ministry of health for the sake of sanitation clinic: implementation manual book, technical direction, standard operational procedure, and counseling manual book. All seven primary health care services have 4 books, but 1 only has 3. On the contrary, in Dumai all primary health care services have manual books, but one has copied book. But, the research only surveyed 2 manual books: implementation manual book and technical direction.<sup>6</sup>

Trans-program activity has been done in all primary health care services. The activity generally associated with several programs: health promotion, nutrition, surveillance, epidemiology, and transmitted-disease eradication. Compared to the research done in Dumai, all the 9 primary health care services have done trans-program activity.<sup>6</sup>

Trans-sector activity was done in 6 primary health care services. The activity generally associated with subdistrict, village chief, cadre, and schools. This result is similar to the one done in Dumai: all primary health care services have done trans-sector activity.<sup>6</sup>

Evaluation through sanitation clinic was done by department of health in Bukittinggi frequently. The evaluation was done in variative frequency: per month, three months and six months.

The amount of environment-based diseases referred to sanitation clinic in Bukittinggi is variative in each primary health care service. The popular case was URI, diarrhea, and scabies. The diseases probably caused by the main environment problems in Bukittinggi: minimum house ventilation, close and dense residence, and poor sanitation habit.

The accumulation of clients come to sanitation clinic from 2010 to 2012 in all primary health care services is still below the expectation. This might becaused by lack of socialization and promotion of the program itself. Thus, existence of this program to people around hasn't met the expectation yet.

House-visiting activity is still under the expectation. According to all sanitarians, the probable causes are lack of employee and the over burdens for this program.

## CONCLUSION

All sanitation clinic in primary health care services in Bukittinggi has been graded good in implementing sanitation clinic, within the range of 50-100%.

## REFERENCES

1. Achmadi UF. Dasar-dasar penyakit berbasis lingkungan. Edisi ke-1. Jakarta: Raja Grafindo Persada; 2011.
2. Dinas Kesehatan Kota Bukittinggi. Data 10 penyakit terbanyak di Bukittinggi 2009. Bukittinggi: Dinas Kesehatan Kota Bukittinggi; 2009.
3. Dinas Kesehatan Kota Bukittinggi. Profil kesehatan kota Bukittinggi 2009. Bukittinggi: Dinas Kesehatan Kota Bukittinggi; 2009.
4. Depkes RI. Panduan teknis klinik sanitasi untuk puskesmas. Jakarta: Depkes RI; 2003.
5. Iskandar D. Evaluasi pelaksanaan klinik sanitasi pada beberapa puskesmas di Kabupaten Pandeglang Tahun 2004 (thesis). Jakarta: Indonesia; 2004.
6. Suriani. Analisa Tingkat Keberhasilan Program Klinik Sanitasi di Seluruh Puskesmas di Kota Dumai Tahun 2009 (skripsi). Medan: Universitas Sumatera Utara; 2009.