

Factors Related to the Knowledge of Physical Disabilities, Individual Health Service and Public Health Service Practice of General Practitioners in Primary Health Care

Hari Peni Julianti¹, Angela BM Tulaar², Tirza Z Tamin², Tanti Ajoe Kesuma¹, Endang Ambarwati¹, Sri Wahyudati¹

¹Department of Physical Medicine and Rehabilitation, Faculty of Medicine, University of Diponegoro, Semarang, Indonesia

²Department of Physical Medicine and Rehabilitation, Faculty of Medicine, University of Indonesia, Jakarta, Indonesia
hari_peni@yahoo.com

Keywords: Primary Health Care General Practitioner, Knowledge, Practices, Disabilities

Abstract: The purpose of this study was to determine factors related to the level of knowledge about physical disabilities and the practice of individual health services (IHS) and public health services (PHS) for patient with physical disabilities of General Practitioner (GP) in Primary Health Care. The design of this study was cross sectional. Participants of this study were 23 Primary Health Care GP in Wonosobo District. Data were tested with chi-square, significance level <0.05. Most of the participants were women (65.20%); the average length of work was 7.48 years, 60.90% worked more than 5 years; 56.0% were civil servants, 34.80% were BLUD employees, 8.70% were temporary contract employees; 56.50% have a lack of knowledge; 69.60% lack in IHS practices and 95.70% lack in PHS practices. Gender (Prevalence Ratio (PR) = 3.43, 95% CI = 0.52-22.80, p = 0.19); length of work (PR = 0.20, 95% CI = 0.03-1.21, p = 0.07), employment status (PR = 0.63, 95% CI = 0.12-3.31, p = 0.58) not related to the level of knowledge about physical disabilities. Gender (PR = 4.67, 95% CI = 0.45-48.26, p = 0.17); length of work (PR = 0.80, 95% CI = 0.13-4.87, p = 0.81), employment status (PR = 2.50, 95% CI = 0.37-16.89, p = 0.34) not related to IHS and PHS practice. Level of knowledge (PR = 5.50, 95% CI = 0.78-38.69, p = 0.07) not related to IHS practice. Level of knowledge (PR = 1.11, 95% CI = 0.90-1.37, p = 0.24) not related to PHS practice. Most of Primary Health Care GP have a lack of knowledge about physical disabilities; lack in IHS and PHS practices.. There were no relationship between the level of knowledge and the practice of IHS and PHS.

1 INTRODUCTION

Disability is defined as an individual's limitation or loss of opportunities to participate in activities of daily living as a part of one's community, due to not only physical burden or psychological disorders, but also social barriers. It is also thought that having disabilities might possess a continuous relationship between an individual's physical handicap with their social environment. At certain times the individual becomes 'disabled', but in other situations, they are able to function as usual. Therefore, at times when physical and environmental barriers are removed, it cannot be said that a person is disabled, because at these certain times, they are able to carry out their functions. International Classification of

Functioning, Disability and Health categorize the four basic components in the concept of disability, namely impairment, activity and/or limited participation, individual characteristics, individuals factors, and environmental factors (Dempsey, 2006; WHO, 2015).

Indonesia has signed the Convention on the Rights of Persons with Disabilities (Kemenkes, 2014). The government is obliged to guarantee access to health services for people with disabilities including rehabilitation services in primary services or primary health center (Pusat Kesehatan Masyarakat – Puskesmas). Therefore, it is paramount for doctors at primary health center to have a knowledge about disability and the

capabilities to manage people with disabilities. Several measures are needed in order to manage with disabilities, both in individual health service (Upaya Kesehatan Perorangan - UKP) and public health service (Upaya Kesehatan Masyarakat - UKM). The purpose of this study is to determine factors related to primary health service doctors' knowledge about physical disabilities, the practice of individual health service (IHS) and community health service (PHS) for individuals with physical disabilities.

2 METHODS

This is an observational cross sectional study consisting of 23 doctors from primary health centers in Wonosobo District. The independent variable consisted of gender, duration of work, and employment status, while dependent variable of the study is the level of knowledge about physical disability, and practices in individual and public health efforts in physical disability. Questionnaire was used as a measuring instrument. The questionnaire was validated by three experts and was tested. Data obtained were subsequently tested using chi-square in order to determine p value and risk (prevalence ratio), with significance level of <0.05 .

3 RESULTS

Research subjects were dominantly female (65.20%). All subjects had medical education background, and no subjects with postgraduate or specialties degree. Mean of work duration is 7.48 years, with a minimum of 1 year, and a maximum 18 years. A percentage of 60, 90% has worked for more than 5 years. The employment status of the subjects consisted of 56.0% having the status of civil servants, 34,80% *Badan Layanan Umum Daerah* (BLUD) or regional public service agency employees, and 8.70% temporary contract employees. All subjects have never received any information about disability in medical school and no experience in attending seminars or courses related to disability.

Questionnaire of knowledge about physical disability is a questionnaire with open questions consisting of 5 questions about understanding, cases diagnosis, management, individual health service (IHS) and public health service (PHS) and referral to physical disabilities. Knowledge about physical

disability is stated as good if the research subjects get more or equal to 70 and are declared less if they get less than 70. The results showed that 56.50 % of research subjects had a lack of knowledge about physical disabilities. Questionnaire on the practice of IHS is a questionnaire with open questions consisting of 3 questions whether or not serving patients with physical disabilities, what cases are served and whether or not to make a referral. The questionnaire about the practice of PHS is a questionnaire with open questions consisting of 3 questions whether or not the practice of HIS, have been carried out on persons with physical disabilities, what cases are handled and referrals that have been made. The practice of individual health efforts and public health efforts are declared good if they score more or equal to 70 and declared less if they get less than 70. The results showed that 69.60% of research subjects had poor practice in HIS and 95.70% of research subjects had poor PHS practices.

Statistical analysis showed that the gender, duration of work and employment status of the subjects were not related to the level of knowledge about physical disabilities. The gender, duration of work, employment status was not related to practices in IHS. In addition, the gender, duration of work, employment status were not related to practices in PHS. Statistical analysis also showed there was no relationship between the level of knowledge with IHS and PHS practices. The relationship between gender, length of work, employment status with the level of knowledge and practice of IHS and PHS, level of knowledge and HIS, PHS practice are detailed in table 1.

4 DISCUSSIONS

This research shows that 56.50% subjects lack knowledge about Physical Disability. Knowledge about physical disability consisting of 5 questions about understanding, cases diagnosis, management of individual health service (IHS) and public health service (PHS) and referral is stated as good if the research subjects get more or equal to 70 and are declared less if they get less than 70 (Notoatmodjo, 2012). Subjects lacking knowledge about disability was unable to define the definition of physical disability, cases diagnosis, management of HIS, PHS and referral. Subjects who have knowledge about physical disabilities are lacking is caused by the inadequate information about physical disabilities during medical school, having never attended

training or seminars about physical disabilities. Subjects with favourable knowledge about physical disability were able to define disability in terms of definition, diagnosis and referral. This subject received information about physical disability superficially from the health department and online media.

Table 1: Relationship between subjects gender, duration of work, and employment status with level of knowledge about physical disability and practice of IHS and PHS, level of knowledge and HIS, PHS practice.

No	Variable	RP 95% Confidence Interval	P value
1	Gender - Level of knowledge	3.43 (0.52-22.80)	0.19
	Duration of work - Level of knowledge	0.20 (0.03-1.21)	0.07
	Employment status - Level of knowledge	0.63 (0.12-3.31)	0.58
2	Gender – HIS practice	4.67 (0.45-48.26)	0.17
	Duration of work - IHS practice	0.80 (0.13-4.87)	0.81
	Employment status - IHS practices	2.50 (0.37-16.89)	0.34
3	Gender – PHS Practices	1.07 (0.94-1.23)	0.46
	Duration of work - PHS practice	1.08 (0.93-1.25)	0.41
	Employment status - PHS practices	1.08 (0.93-1.27)	0.37
4	Level of knowledge - IHS practice	5.50 (0.78-38.69)	0.07
5	Level of knowledge - PHS practices	1.11 (0.90-1.37)	0.24

It is found that subjects who lacks in IHS and PHS practice were 69.60% and 95.70% respectively. Most subjects lacks ability to practice IHS as a result of not having patients with disability. Subjects with favourable ability in IHS practice was caused by having patients with physical disability patients and are able to make diagnoses, management such as treatment of bed ulcers and make referrals. Most of the research subjects lack practice in PHS for people with physical disabilities as a result of no experience in PHS for people with

physical disabilities. A considerably small number of subjects with favourable PHS practices were found to be experienced delivering general health promotion and counselling, not specifically for patients with physical disabilities.

An individual's knowledge and behavior is influenced by predisposing factors namely gender, age, level of education, economic status, experience; enforcing factors such as peer exposure; enabling actors namely legal aspects and access (Green, 1984; Notoatmodjo 2012). The results of this study are that gender, duration of work, and employment status is not related to the level of knowledge about physical disability and practise in IHS and PHS to individuals with disabilities. There was no relationship between the level of knowledge and the practice of IHS and PHS. Most subjects lack adequate information about physical disabilities and were inexperienced in IHS and especially PHS for individuals with physical disabilities. Therefore this study shows that gender, duration of work and employment status were not the factors correlated with a clinician's knowledge and practise in IHS and PHS. The results of Aulagnier M, et all study show that 8.2% of the GP reported discomfort in treating people with physical disability (Aulagnier, 2005). General practitioner reported less experience with the disabled patients and no medical training about disabilities (Aulagnier, 2005).

5 CONCLUSIONS

It was determined that 56.50% of Public Health Center (*Puskemas*) doctors lack knowledge about physical disabilities; with 69.60% and 95.70% lack individual health services and public health service practice respectively. There were no factors related to the level of knowledge about physical disability, and practices in individual health and public health service. There was no relationship between the level of knowledge and the practice of IHS and PHS. Training on physical disability is needed by *Puskemas* doctors to increase knowledge and practice both in the IHS and PHS.

REFERENCES

- Aulagnier M, Verger P, Ravaud JF, Souville M, Lussault PY, Garnier JP, Paraponaris A. 2005. General practitioners' attitudes towards patients with disabilities: The need for training and support. *Journal Disability and Rehabilitation*.

- Dempsey, Nankervis K. 2006. Community disability services: an evidence-based approach to practice. Sydney: UNSW Press.
- Notoatmodjo. 2012. Metode Penelitian Kesehatan. Jakarta: Rineka Cipta.
- Pusat Data dan Informasi Kementerian Kesehatan RI. Situasi Penyandang Disabilitas. Jakarta:Kementerian Kesehatan RI, 2014.
- WHO. 2015. WHO Global Disability Action Plan 2014-2021 Better Health For All People With Disability. WHO.

