

The Participation of Drinking Medicine Controller (PMO) in Supporting Politeness of Curement TB Paru Patients at Deli Serdang Regency

Tukiman¹, Surya Utama² and Abdul Jalil³

¹Departement Health Education and Behavioral Sciences, Faculty of Public Health, Universitas Sumatera Utara, Medan, Indonesia

²Departement Health Policy Administration, Faculty of Public Health, Universitas Sumatera Utara, Medan, Indonesia

³Departement Demography and Biostatistics, Faculty of Public Health, Universitas Sumatera Utara, Medan, Indonesia

Keywords: The PMO participation, TB Paru Curement.

Abstract: Indonesia has been at second position at TB cases of the world with incident and prevalences, mortality and TB co/infection rather making worries. Although there have been some programmes but the cases were still a lot, because the problems of TB were complex. The research at developing countries showed that peer support was the main factor to sustain the community based programme. The research design with qualitative approach to describe PMO participation to support the curation of TB patients until recovery. The amount of informant were 12 persons from 3 research locations: Puskesmas Bandar Khalipah area Percut Sei Tuan District, Puskesmas Dalu Sepuluh Tanjung Morawa District and Puskesmas Pancur Batu Pancur Batu District. Data were collected with depth interview using guiding interview. The research of research showed that PMO was so potential in giving support to patients at TB curation process as the suggestion of medical officer. The knowledges of their occupation as PMO, their knowledge of TB and its side effect were less. Suggested PMO was given education about TB and training matters about their job as PMO and understanding about TB and its side effect of the curation process.

1 INTRODUCTION

Based on Research of Basic Health year 2013, TB has covered all province in Indonesia. The prevalences of Indonesia populations that infected Tuberculosis (TB) year 2013 was 0,4%. At North Sumatera the prevalences of TB were 110.666 with rate 794/100.000 peoples, TB incident was 68.828 with rate 501/100.000 peoples and the death of TB was 5.714 with rate 41/100.000 peoples, Case Detection Rate, all 22.961 (33.3%). The amount of MDR-TB approximately 2% of TB (2620 cases) and 20% of TB cases with re-curement (42 cases), totally 2662 cases.

The findings of TB cases at Deli Serdang Regency from year 2012 showed the increase amount from 2012: 2448 cases, at year 2013: 2623 cases, year 2014: 2885 cases and year 2015 increased to 2991 cases, and until fourth three months of year 2016: 2806 cases. While the new cases (Incidence Rate) compared with all cases were rather high at year 2013 81%, year 2014 85%, year 2015 increased to 87,7% and had decreased year 2016 to 77,7%. The high score of Incident Rate (IR) was one of the caused why

Indonesia was still the top country of TB patients in the world. The new cases of TB that has no curement completely could infected to 10 or 15 persons. While, to get some curements needed the politeness because the patients have to face the long term of curement. It needed the good understanding about TB, facility, access to facilities and social supports. DOTS Programme was one of the strategy that was done by The Ministry of Health in order to curement TB in Indonesia. But, there were not all of healthy services units especially the private units have been done DOTS strategy. At Deli Serdang Regency, from 34 Puskesmas; all (100%) have been done DOTS strategy, so did the government hospital (100%) DOTS. The clinics that amount 213, only 27% have been done DOTS strategy, Doctors with private practical (DPM) 244 have not been done DOTS strategy, Lapas 3 (67%) have been done DOTS strategy. The supply of medicines and health facilities that could be reached of TB patients, must be supported by some supporting from social environment nearly the TB patients. With social supports, could decreased the economic expenses.

The social supporting to TB patients could get from family, teachers, parents and medical officer.

The research of Suharyo and Kismi Mubarakah 2015 about The Model of Developing Families at Home as Peer Support to Decreasing the Numbers of TB Paru Patients showed that the potentation of Peer Support was so big to support the curement process, the existing of structure and infrastructure, controlling meal time and gave strength motivation to tuberchlosis patients. They all done the difficult activities that the government health units could not reached that. So, the choosing of PMO that have good motivation and communication and have good empathy for good health, especially to tuberchlosis patients.

2 METHODS

The design of this research was descriptive study with qualitative approach to get the PMO participation of TB curement. This research was done at Deli Serdang Regency, including the high score of TB patients: Puskesmas Bandar Khalipah at Percut Sei Tuan District and the vice of TB middle cases: Puskesmas Dalu Sepuluh Tanjung Morawa District and Puskesmas Pancur Batu at Pancur Batu District. The Informan of this research was The Drinking Medicine Controller (PMO), with some reasons that they are the causes of curement successful of drinking medicine process; and the curement sustainably until recovered. They are the vey close family of TB patients and participated of giving some motivations to drink medicines sustainably minimal at 6 months. The qualitatives data were collected by depth interviews to PMO about PMO jobs, the knowledges about TB, reminding patients to make sustainable curement, the re-test of mucus, to push the patients done curements completely, accompany patents to puskesmas, facing constraints and the action against side-effect of medicines. The qualitative data that have been collected, made into transcript without made conclusions and doing analysis of contents.

3 RESEARCH RESULT AND DISCUSSIONS

3.1 Knowledge of Informan about the Jobs as a PMO

The knowledge aspects in this research was about the informan's knowledge about the tasks of an PMO, what kinds of the tasks or jobs that they must be done to accompany TB patients to drink their medicines and the information's sources of that tasks. There was the answeere of the informan, when they asked about the tasks of a PMO:

"Only reminding you to drink your medicine, Pak; and to ask him to drink his medicines, don't I?" (informan 3)

"Hmm, according time, the job are to reming patients drinking their medicines,prepare the tools and must say please drink the medicines regularly" (informan 9)

The information of a PMO more complete coming from 3 (three) informans below:

"The doctor only giving some advices as making mask at home and the distance between TB patients and another family group approximately 2 meters to avoid infections. The patient's tools must be seoarated from others. (informan 7) We are all called there, all closed family of TB patient and giving some advices. (7)

The medical staff of puskesmas said that, before the medicines were empty, never stop drinking medicine until 6 months (informan 9)

We come again the next day to puskesmas, to ask for medicines. But our mother must has test of her mucus to get her medicines. The medicines must be drank regularly, not interrupted,and keep her healthy. (informan6)

"The foods must be concerned" (informan 11)

The descriptions showed that an informan know his jobs to remind the patients to drink their medicines until recover and not to stop curement until 6 months, and check the mucus at laboratorium and keep healthy. The opinions of informans were so important for a PMO because at first month until second months, the TB patients felt the body was well and no needed to drink some medicines again, but the bacteries in their body were not dead yet. When the medicines stopped drinking, at several times the bacteries of TB were active again. When it was happened, the patients could not be cured by regular TB medicines TB category 1 (TB sensitive), but must be cured by TB Resisten Obat (RO). The TB RO

medicines of curement must more long term 18-24 months, the medicines were more with more side effects too and injected of 6 months one week 5 days, and the cost of curement was increased. Although until now the curement of TB RO still has the subsidiary from government coming from the foreign institutions. When the donation would be stopped, the expenses of government in health effort would be harder and heavier. The result showed that the informan knowed their jobs as PMO to remind patients wearing mask at home. This information came from doctors. But, in case that DOTS system has no masker preparation, so the doctor's advice could not be done. The way to avoid infections only keep the distance with patient. This way could be done if the patient's house was not full, but if the house was full, the way was impossible to be done. While the other informan said that the PMO must suggested to give the nutritious foods to make the more quick recovery. A problem that needing care was still PMO getting confused and not knowing about their jobs as follows:

"I don't know about PMO" (*informan 5*).

But if it was connected with Hapsari (2010), some PMO jobs were not done yet; the tasks of PMO for TB patients are: (a) Ready to give some advices at clinic (b) Doing some controls at drinking medicines' case (c.) Reminding patients to re-test thei mucus (d) Giving support to the patients to have regular curement until recover (e) Identifying low side-effects of medicines, and give some advices to patients of driking medicines (f) Recommending patients to see the doctor if the side-effect harder; and (g) Doing some visits to the patient's house.

3.2 The Informan Knowledge about TB Disease

The informan knowledge about TB disease, started from TB disease, TB causes, the symptoms of TB, the curement and term of curement and its prevention. The answers of informan:

"I don't know, but it takes 6 months to drink medicines until recover. The symptoms are coughs constantly....that's all" (*informan 4*)

"The symptoms were coughs. Then drinking medicine for 6 months, our father was TB patient, so we separated our dning tools." (*informan 11*)

"The causes of TB was *Diabetes Melitus (DM)*, our mother was a DM patient. Since that time, she got *TB paru* disease(*informan6*) "because of the dirt air and drinking ice (*informan 12*)

The understanding of informan about TB was still unright. There were some informans knowing about the causes of TB was DM, but it was wrong. The DM patients have more risk to get TB disease, but the DM was not the causes of TB. The informan knowledge about the causes of TB was an important concept that must be known because this knowledge would affected to control TB patient and affected them to make regular curement and avoid infection to peoples around them. Related with the TB infection through the air (the TB patient's mucus). When the TB patient coughs or spoiled, they sprayed some bacteries to the air. The bacteries still in the infected air until some hours and some days until the wind blowed it. The infection happened if someone inhaled the infected droplet contains of TBC bacteries and come to the alveoli.(Kemenkes, 2012). According to Widoyono the main symptoms of TB disease are cough with 2-3 weeks or more, with additional symptoms were cough with mucus, mucus with bloods, bloods cough, hard to breath, cheast pain, weaks, loss weight, relieving more than a month. (Widoyono, 2008). So did the TB infection through the air (from mucus of TBC patients). When the TB patients coughing, spoingl or even talking, they sprayed amounts of TBC bacteries to the air. The infections droplet could stay some hours to some days until they flow by the wind. The infection happened if someone inhaled the infected droplet and get into the alveoli (Kemenkes, 2012).

3.3 The Informan Knowledge about the Side Effect of TB Medicine

The knowledge aspect that would be showed in this research was about the informan knowledge of TB medicines side-effect that would be happened start from low side-effect, middle side-effect until hard side-effect. The informan answered:

"I don't know, but our father said that he want to spoil, and his stomach was hot when he take some medicines, he was getting headache and felt sleepy all day" (*informan 3*)

"So, the medical officer never told it to grandma or mother, but we think never. First, we did not suspicious. Our grandmother's urine was red too. There was one of the side-effect." (*informan 7*)

Based on this research, some informans only knew a little about the side-effect of TB medicines, with observed the side-effect of TB medicines. The research result as followed:

"never knew, never heard that." (*informan 1*)

"I don't know, but I know that he always coughing at home" (informan 2)

The informan unknowing about the side-effect of TB medicines caused the patients did not care about the symptoms after drinking medicines.

3.4 The Informan Actions to Remind Patients of Regular Curement

Some actions in this research were: the actions of informan to remind TB patients take regular curement and regularly drinking medicines; as followed:

"We always keep telling her, "mom, please drink the medicines regularly until recover. If interrupted, you must rewind it from the first time". "Our mother do not want like our father that has TB disease and infected our mother." (informan 6)

"Every morning, we remind him to drink his medicines. Sometimes, I take the medicines and gave it to him." (informan 5).

All informan said that they always reminding all TB patients to drink medicines and cured regularly, according to suggestion of medical officer. Some of medicines drink at morning time, some at night. Several patients rather difficult to drink it because the medicines were big and bitter. But, the informan always have some tricks to pursue them. So, they could be recovered from TB disease.

3.5 The Informan Actions of Reminding Mucus Re-check

The informan actions of reminding patients to re-check their mucus to puskesmas getting as followed:

"Just say "Mom, tomorrow we will check your mucus, the medical staff has told that when I take your medicines". I told her when I come from Puskesmas" (informan 6)

"When taking medicines, the medical office told that it was the time to check the mucus, and then would see the schedule." (informan 11)

This research showed that generally some informan reminding the TB patients to re-check the mucus after told by medical officer at puskesmas. Then the PMO dedication to TB patients are: 1) to insure the sustainability of curement 2) to avoid the patients from interrupted of drinking medicines and 3) to decrease probability of medicines immune.

3.6 The Informan Actions of Information to Accompany Patients to Puskesmas

The informan actions to accompany TB patients to Puskesmas for curement and getting medicines or re-check their mucus, the answers as followed:

"I accompanied him to go for curement and all kind of curement actions at Puskesmas" (informan 3)

"Taking some medicines and giving the mucus to Puskesmas. Grandmother was old, so I take her medicines and told to grandmother what the medical officer said and command. Grandma was more obey with the medical officer command than me." (informan 7)

"I accompanied him when curement and getting his medicines." (informan 11)

The speech showed that some informans were participated to TB patient's recovery. They accompany patients to curement process, taking their medicines, re-check of their mucus. The participation of PMO: Make sure that patients drinking medicines suitable with the rules until recover, accompany patients when visit to puskesmas, giving moral support to the patients, reminding patients to get regular and complete curement, identifying some side-effect symptoms of medicines and calling the medical services unit, giving some advices to the patients and their family about TB disease. (Novita, 2015).

But, there are some informans didn't accompany TB patients of their curement to puskesmas, some answers are: *"He take his medicines by himself, I keep our store. He can do it by himself" (informan 4)*

"No, I did not accompany him because he went to puskesmas before go to work. I keep his children at home." (informan 1)

Based on the answers, the conclusions are, some informans not spending their time fully to accompany TB patients to see the doctor or to go to puskesmas because of their own business, just like working, trading, etc. Although, the patients could get the medicines by themselves to get them.

3.7 The Informan Actions of Information to Push the Patients Curement until Recovery

The action of informan to push the patients curement until recovered and the way to give some motivations to TB patients for drinking some

medicines regularly to TB patients, and some constraints.

The answers are:

"We said that if you want to recover, please regularly drinking medicines and not being interrupted. If interrupted, you must be re-drink from first time. We always give some motivations and always reminding her to drink her medicines. After she drinks medicinies, she feels her body well and her cough constantly become missing and no blood again in her mucus." (informan 7)

"We always keep him to getting spirit and motivation. My father really want to recover so it was not so difficult to remind him of drinking medicines." (informan 9)

"I said that he don't some again, not going out at night and the medicines must drink regularly until recover."(informan 1)

All informans had given motivations to TB patients to drink their medicines until recover.

3.8 The PMO Constraints of Doing Their Jobs

The PMO constraints of doing thei jobs, are:

"He was stubborn and so introvert. It made me so hopeless." (informan 1)

"Our mother could not drink the medicines because they are so big in size" (informan 6)

Based on the answers of informan, some of TB patients not obey to drink medicines because they were so big in size. But as PMO officers, always have the way to solve it. They alwas controlling the patients to drink their medicines, taking their medicines, drinkingmedicines while eating bananas, and some other ways.

But, some TB patients slowly and friendly in drinking medicines so the PMO officer jobs were lighter, as follows:

"Nothing, he always cooperated to drink medicines" (informan 2)

"No constraint, always want to drink medicines." (informan 4)

"There was no difficult to drink medicines." (informan 5)

Not all of TB patients was difficult to drink medicines and make curement. Some of them always want to drink medicines and regularly has curement.

3.9 The Informan Action to Hard Side-effect of TB Patients Medicines

The informan actions to had side-effects of TB patients medicines and who will response of it. The answers are:

"First, my father did not tell us about his pain, but during some times, the sick was decrease and disappeared slowly" (informan 10)

"If he could not resisted his sickness, he accompany him to puskesmas, our family have participated to keep himself"(informan 5).

According to the answers, all informana gave almost the same, if side-effect happened, they will re-curement and the family have participated to the patients curement. All informan did not know about the side-effect of TB medicines. The ideal situation, PMO must knew it, so the curement would be run well. The family had been participated as PMO well. They helped to made the patients obey to drink their medicines. All TB patients were controlled by their family in drinking their medicines and helping them to recover. The Patients that have good PMO have probability to have regularly curement 5,23 times bigger than the patients that have bad PMO. It was significant. PMO is related with regular treatment of TB patients with DOTS strategy. (Juwita R.H, 2009). If we see the participation and potention of PMO based on this research findings showed that PMO was vey potential to TB patients recovery at Deli Serdang Regency. All PMO were nucleus family or close family, and they all really want the patients recover. Some supports are relted to drinking medicins regularly and check the mucus regularly. But there are still some PMO did not have enough knoeledge about TB, so they could not support the patients completely and unsustain. Needed some training to PMO, especially dropping information about TB deeply of causes, symptoms, curement, curement terms, side-effect of medicines and curement process and avoid infections. With the high obey, it could be easier to cure TB disease and could decrease the number of IR TB at Deli Serdang Regency.

ACKNOWLEDGEMENTS

Thanks to Public Devotion and Research Directorate Research Empowerment General Directorate and Research Development Ministry, Technology and Higher Education as the foundation of this research through DRPM Kemenristekdikti with the scheme of

Superior Basic Research Higher Education Fiscal
Year 2018 Number 1341/UN5.2.3.1/PPM/2018.

REFERENCES

- Hapsari JR (2010). Hubungan Kinerja Pengawas Minum Obat (PMO) dengan Keteraturan Berobat Pasien TB Paru Strategi DOTS di RSUD Dr. Moewardi Surakarta. Fakultas Kedokteran Universitas Andalas
- Kemkes RI. 2012. Riset Operasional Tuberkulosis di Indonesia. Jakarta: Kemkes RI.
- Nuraini E. Buku Pedoman Bagi PMO. Dinas Kesehatan Propinsi Jawa Tengah; 2003.
- Permatasari, Novita Putri. 2015. Hubungan Tingkat Pengetahuan Pengawas Menelan Obat dengan Keberhasilan Pengobatan Tuberculosis Di Wilayah Kerja Puskesmas Kartasura. Stikes Kusuma Husada Surakarta.
- Ramadhani, Artika. 2012. Pengaruh Pelaksanaan Pengawas Menelan Obat (PMO) Terhadap Konveksi BTA(+) Pada Pasien Tuberculosis Paru Di RSDK Tahun 2009/2010. Skripsi Undip Semarang.



SCITEPRESS
SCIENCE AND TECHNOLOGY PUBLICATIONS