



## Implementation of MASS Drug Prevention Program Grant (POMP) Filariasis in Pekalongan

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### Abstract

Coverage of Pekalongan City filariasis medicine after the implementation of the five-year program POMP Filariasis is still less than 65% and the Mf rate is still > 1% so that it is still declared as a filariasis endemic area. This study aims to analyze the factors that influence the implementation of the Filariasis MDA program held in Pekalongan City. This research is a type of qualitative research by analyzing the content or discussion content. Determination of informants using the snowball sampling technique. The results of this study indicate that the Input component: Infrastructure facilities in the POMP program have been provided by the Health Office but are still not adequate; Human resources, especially from health workers, are still lacking, funding is still considered inadequate. Process Component: Implementation of socialization is still not optimal because of the lack of budget funds for socialization; Output component: Low public knowledge about the program has an impact on the lack of compliance with medication and lack of public awareness to live clean and healthy lives. Pekalongan City Health Center is expected to increase of socialization to the community regarding Filariasis MDA programs through various types of media, such as television, radio, and banner installation.

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## INTRODUCTION

Filariasis is a systemic infection caused by adult filarial worms that live in the human lymph nodes and blood transmitted by mosquitoes. This disease is chronic and if not treated will cause lifelong disabilities such as enlargement of the legs, arms, legs, testicles and other body parts (Akhsin, 2011).

Data from the WHO (World Health Organization) in 2018, 14 302 cases of filariasis attack / 100,000 people in 73 countries are at risk of filariasis. Filariasis cases attacking 632 million (57%) of people living in Southeast Asia (9 countries endemic) and 410 million (37%) of people living in Africa (35 countries endemic). While the rest (6%) suffered by people living in the Americas region (4 endemic countries), Eastern Mediterranean (3 endemic countries) and the Western Pacific region (22 endemic countries) (Infodatin, 2018).

Filariasis cases in Indonesia in 2018 was reported as many as 29 provinces and 239 districts / cities endemic filariasis, it is estimated that as many as 102 279 739 people living in the district / city are at risk of infection endemic filariasis (Kemenkes RI, 2018).

Filariasis cases in Central Java in 2018 there were 9 filariasis endemic areas, one of which Pekalongan by the number totaled 46 cases. (Central Java health office from 2010 to 2018). Central Java Province elimination program has been implemented through two pillars of activities, namely, Bulk Drug Prevention (POPM) filariasis to the entire population in endemic districts filariasis and treatment of clinical cases of filariasis in order to prevent and reduce disability (Kemenkes RI, 2018).

Pekalongan has implemented POPM filariasis program during the first period of 5 years. Based on data from the Central Java Provincial Health Office the number of cases of filariasis in Central Java province in 2015 cumulative cases as much as 1.7 per 100,000

inhabitants spread in 34 districts / cities, and there are nine districts / cities endemic filariasis the city of Pekalongan, Pekalongan District, Brebes, Wonosobo, Semarang, Grobogan, Blora, Pati and Demak. Pekalongan was the region with the highest number of cases of filariasis is the incidence rate of 0.3 per 100,000 population.

POMP program includes the mapping of endemicity of filariasis filariasis, mass treatment in endemic areas and the treatment of patients with filariasis in all areas. Mass treatment carried out in endemic areas with numbers  $\geq 1\%$  Mf rate, covering all districts / cities. The goal of treatment is to cut bulk by lowering Mf filariasis transmission rate to  $<1\%$  and lower average density microfilaria (Kemenkes RI, 2018).

Achievement Elimination of Filariasis is need for sufficient understanding and thorough about the problems Filariasis and risk factors that affect it, because of low knowledge about filariasis will hamper the filariasis elimination as well as influencing public attitudes in favor of the program, a positive attitude in supporting the activities of filariasis can affect behavior will do, so that implementation Filariasis POMP program can run well and the objectives of the program can be successful (Taviv, 2014).

Based on research (Ipa, 2017) states that in addition to the clerk Prevention and Community Empowerment (P2M) clinic, a cadre of highly influential in the coverage of drinking bulk drug prevention of filariasis because cadres were on the field at all times be able to motivate the public to better understand the benefits POMP so willing to take medication.

Preliminary studies were conducted on officer Communicable Diseases and Environmental Health (P2PL) in the Health Service Pekalongan obtained the data that the number of microfilariae in Pekalongan are still above 1% and coverage to take medicine is still below 65% of the population, as well as

cumulatively until May 2017 showed a 1.3 per 100,000 population suffering from filariasis and 0.1 of patients including chronic cases spread over 14 villages.

**METHOD**

This study is a qualitative research by analyzing the content or the content of the discussion. Informants in this study was the clerk Research and Public Servant (P2M) puskesmas as program implementers POMP Filariasis, Officer Personnel Assistant Elimination (TPE) as aiding the implementation of the program POMP Filariasis, Officer P2PL Health Department as the party that houses the program POMP Filariasis, and society as the party who feel the impact of the program POMP filariasis in Pekalongan. Determination of informants using snowball sampling technique. Presentation of data in this study are presented in the form of qualitative descriptive. The depiction and helped interpret the images, matrices, and charts based formulation of the problem.

**RESULTS AND DISCUSSION**

**Characteristics of Respondents**

**Table 1.** Characteristics of respondents by age, education and work history

No.	characteristics	f	%
1	Age		
	20-35 years	5	45
	> 35 years	6	55
		11	100
2	-Junior High School	3	27
	-Senior High School	3	27
	-College	1	10
	-Colleg + Profession	4	36
		11	100
3	-Housewife	2	18
	-Trader	2	18
	-Teacher	2	18
	-Civil Servant	5	46
		11	100%

The results of this research obtained through the document where that document research, observation and in-depth interviews conducted by the researchers of the 11 (eleven) key informants and informant triangulation.

**Circumstances filariasis in Pekalongan**

Pekalongan has done POMP Filariasis since 2011. Based on data from the Central Java Health Agency invention largest case in Pekalongan: 125 cases. City / County declared endemic filariasis should immediately implement activities POMP filariasis by breaking the chain of transmission by means of POMP Filariasis for all residents of the City / County except children younger than 2 years old, pregnant women, people who are severely ill, people with chronic filariasis in infants with acute attack and marasmus / kwashiorkor can be delayed treatment.

PHC selected for this study are South Pekalongan health center with the type of settlement villages and rice fields, the health center with the type pemukimanya Hamlet dense settlement and rob inundation area and health center with the type Kramatsari densely populated, rice fields and tidal inundation area. The third is a health center health center which is still classified as endemic areas of filariasis.

**POMP Filariasis Program Implementation On the Component Input (Input)**

Inputs include component in the analysis relating to the implementation of the supporting factors of filariasis in Pekalongan POMP program such as government regulation, Human Resources, funding and infrastructure.

a. Government regulation

Based on the results of interviews with informants, the researchers concluded that the implementation of the Filariasis POMP program in Pekalongan City had been carried out with reference to the Permenkes and Perda of Pekalongan city. The implementation of this program is carried out by health workers by involving cadres in the implementation. The

statement was obtained based on a statement from the first informant, that:

"There is a Permenkes and Perda regulation on filariasis, the program is carried out accordingly"

The statement is supported by the statement given by the third informant, stating that:

"The program refers to the regulations in the Permenkes and Perda"

The program implementation has been carried out with reference to Permenkes no. 29 of 2014 and the Regional Regulation of Pekalongan City concerning infectious diseases. This is in line with the public policy theory of Nuharjadmo (2008), namely that policy implementation is a bridge that connects policy with the expected policy outcomes.

#### b. Human Resources

Based on the results of interviews with informants, the researchers concluded that the information provided by the Health Office to the implementing officers was still lacking in the knowledge of the implementing officers. The statement was obtained based on a statement from the first informant, that:

"There was a meeting before the implementation, but I regretted that there were no socialization for all cadres, only partially"

The statement is supported by a statement given by the sixth informant, that:

"There are people who socialize once a year, only some of them come along, sometimes there are friends who are confused to overcome the obstacles at the time of the distribution of drugs"

Success in implementing health programs requires effective strategies and good knowledge, so that human resources can make decisions, and implement programs well. Sedarmayanti (2015) states that human resources are labor or employees in an organization that have an important role in achieving success, to achieve the success of a program that requires quality human resources.

Agustin (2008) states that successful implementation of culture depends on the ability to utilize available resources, namely the extent to which resources can be accommodated and optimized according to the demands of existing needs. Pekalongan in the Filariasis POMP program included cadres in the implementation.

Pekalongan City Health Office has tried to improve the quality of human resources in this case P2M Puskesmas officers and TPE / Cadre Officers by conducting socialization annually to refresh the knowledge of the officers so that they can carry out their duties to the fullest.

Each cadre does not have the same opportunity to get health education about filariasis from health workers so that the cadre's knowledge and understanding of the Filariasis MDA program is not the same, this results in the cadre being unable to carry out MDA activities to the fullest. In the implementation of drug distribution cadres were not accompanied by health workers, with the lack of health education obtained, the delivery to the public regarding the MDA program was not optimal. Based on the results of the interview with triangulation, it was stated that cadres only gave drugs and suggested taking medicine without giving clear information about the drugs being distributed. This is one of the reasons why people do not want to take filariasis medicine. The community did not know about the drug, so they did not take the medicine.

#### c. Program Funding

Based on the results of interviews with informants, the researchers concluded that funding for the Filariasis MDA program was only sourced from APBD funds. The statement was obtained based on a statement from the second informant, that: "APBD 2 from the Health Office, there are no other funds from the health center" The statement is supported by a statement given by the third informant, that:

"This POMP has funds from APBD 2, yes?"

Funding for the Filariasis MDA Program in Pekalongan uses APBD funds 2. The funds are used for socialization funds to the community through the installation of banners, consumption of information on TPE officers and transport officers as a form of motivation for cadres. But there are some funds for the implementation of the activities that were eliminated, namely funds for socializing the community with ambulances and radios and there were no more cadres refreshing funds. According to Lakwan's research (2018) which states that counseling and meeting cadres play an important role in the performance of cadres.

d. Facilities and Infrastructure

Based on the results of interviews with the informant, the researcher concluded that the facilities and infrastructure of the filariasis program had been provided by the Provincial Health Office and Regional Health Service such as drugs, drug etiquette, leaflets, community data forms and medicine powder paper, but for the provision of several infrastructure facilities limited. The statement was obtained based on the statement from the first informant, that:

"There are already from the health office, but the leaflets are just a little, so there are also banners from the Dinkes at the Health Center and the Kelurahan"

The statement is supported by a statement given by the fourth informant, that:

"For infrastructure facilities for leaflets, etiquette, medicines, plastics are provided by the Health Office, while for leaflets there are only a few because the budget is limited"

This resulted in TPE officers experiencing obstacles in the implementation of the POMP. TPE officers used leaflets to help them explain to the people they visited when distributing drugs, when the leaflets ran out, they did not have the tools to help them explain to the residents so that many residents did not understand / understand the explanation of the TPE Officers which eventually resulted in a lack of knowledge residents.

Infrastructure facilities are very closely related to supporting the success of a program.

In line with the research results of Fridayanti (2017) which states that health promotion using leaflets can increase public knowledge. The lack of infrastructure can affect the performance of the officers in carrying out their duties on the Filariasis MDA program. As stated by Juniardi (2015) in his research stating that infrastructure facilities that have not been adequate will result in activities not running optimally

**Implementation of Filariasis POMP Program to Process Components**

Based on interviews with informants researchers concluded that Pekalongan has conducted socialization to the community but needs to be scaled back because it actually has not been thorough. The statement was obtained based on the statement of the second informant, that:

"There socialization Rw then, no dissemination to the general public, there's just a banner in health centers and urban villages "

The statement was supported by a statement given by a third informant, that:

"Sosialisasi in RW level've done, ever socialize around with ambulances and broadcast it over the radio but now it does not exist, no funds:

Dissemination is still not maximized resulting in a lack of public knowledge about filariasis. Sri Swan (2015) revealed that the health education information an effect on a person's behavior. Kurniawati (2015) states that people who have a good knowledge will behave in the utilization of a larger program than in people who have low knowledge. In line with Sri Suwan study (2015) revealed that with a good knowledge and a positive attitude after profit registered a health education information affects the person's behavior.

POMP program filariasis in Pekalongan have been doing cross-sector cooperation with community and religious leaders, religious leaders, but there are still supportive. The statement was obtained based on the statement of the first informant, that:

"Cooperation across sectors is already docked, religious leaders support the district once but the fact is at the lower level there is not support"

The statement was supported by the statement given by the second informant, that:

"Same village, RW, toma, and toga, in law when socializing, we beg its support to help convince people, but yes there is not support"

Cross-sector cooperation is very influential in the implementation of a program of health programs are no exception. In line with the research Yamanis (2010) which states that the community leaders and religious leaders play an important role on the attitudes and behavior in an environment.

The distribution of the drug gradually at each community health centers and community health centers carried out by officers and cadres. In the implementation of cadres who distribute drugs only because of the availability of human resources limited health personnel. The statement was obtained based on the statement of the first informant, that:

"We distribute it simultaneously but each of these clinics were not the same, we just involve cadres, cadres of the divide, we are evaluating"

The statement was supported by the statement given by the second informant, that:

"The exercise yaa, that around only cadres due to limited human resources, only puskesmas officers monitoring the subsequent cadre"

The implementation of the Filariasis POMP Program in Pekalongan has been carried out for 7 years. Pekalongan City implemented the Filariasis MDA program from 2011-2015, after being carried out for 5 years, the program was declared still unsuccessful and was repeated again in 2017-2018. In accordance with Permenkes number 9 of 2014 Article 14 (1) Filariasis POMP implementation must be continued for 2 (two) years if based on the survey results evaluation of filariasis transmission indicates transmission still occurs and / or coverage of treatment does not meet the minimum 65% of the target

population. The targets in the Filariasis MDA program are all residents in Pekalongan aged 2 years to 70 years.

The distribution of the drug carried out with the help of cadres, cadres who distribute medicine and health clinic personnel who evaluated a week after its implementation. Reason health center officers not involved in the distribution of drugs is due to limited human resources, limited health clinic officer and has the task of diverse programs. This is justified by the officers TPE / cadre as triangulation in this study stated that the distribution of filarial drugs they went to the houses one by one without accompanied polyclinic. Constraints in the distribution of filarial drugs in Pekalongan are still many people who are not willing to take medication due to lack of knowledge of citizens about the POMP program Filariasis,

#### **POMP Filariasis Program Implementation On the Component Results (Output)**

Component Output is expected in the program POMP Filariasis is scope to take medication > 65% by improving the public's knowledge about filariasis and raising public awareness of particular health program POMP filariasis so that people know and want to take medicine Filariasis and determine the cause of the transmission of filariasis so that people can more care for the environment.

Based on interviews with informants researchers concluded that people's awareness regarding the POMP program Filariasis is still lacking, there are still many people who are not supportive. The statement was obtained based on the statement of the first informant, that:

"People have not moved themselves to take medicine ... if there is awareness of environmental cleanliness, there is a program that is clean but there are those that do not work".

The statement is supported by a statement given by the second informant, that:

"Some of them supported, some said that they did not get sick, they told them to take medicine ... the people understood the cause

because of mosquitoes, but they did not care about the environment"

Public knowledge about the Filariasis POMP program is still lacking, so there are still many people who do not support the program by taking filaria medicine. The lack of public knowledge about the Filariasis POMP program also resulted in many assumptions on the community regarding filaria drugs so that the drug was not taken and the community did not know the cause of transmission of filariasis.

In line with the research Rusanti (2015) which states the reason people do not want to take medication filariasis is afraid of filarial drug side effects, feeling sick so do not take medicine filaria, due to forgetfulness, laziness, because it has not received the drug and feel there is no point. Under these conditions need to be improved re-socialization in various media community about Filariasis POMP program as well as with the approach of community leaders, religious leaders, as well as individual approaches to the public so that people can better understand the benefits of the program. Involving the Mayor, religious leaders, community leaders in the dissemination can be done to reassure the public about this Filariasis POMP program. In line with the study of Mary (2016) expressed the support of the central government, the cooperation with the mass media,

## CONCLUSION

Component Input: facilities and infrastructure in this POMP program been provided by the Department of Health but still memadahi as tools of socialization is still minimal; Human resources, especially from health workers are still lacking, a lack of improvement of the quality of human resources, especially officers TPE / Kader; Funds are considered still inadequate for their activities that are not carried out due to lack of funds.

Component Process: Implementation sosialisasi community about POMP program filariasis in Pekalongan is still not maximized

because of lack of budget funding for socialization; Pekalongan city has been working with community leaders and religious leaders, but the religious leaders there are not supportive, resulting in people are still reluctant to take medication. Polyclinic for drug distribution in assisted by a cadre, the lack of human resources from health personnel so that cadres in the implementation of the drug division is not accompanied health workers.

Component outputs: Low public knowledge about the program have an impact on the lack of medication adherence and lack of public awareness for clean and healthy living.

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