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# FACTORS RELATED TO THE IMPLEMENTATION OF INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS WITH DIARRHEA ON THE PUBLIC HEALTH CENTER OF EAST ACEH

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## ABSTRACT

**Introduction**: Globally every year there are around 2 billion cases of diarrhea with a mortality rate of 1, 5 million per year. In developing countries, children under 3 years of age experience an average of 3 episodes of diarrhea per year. Each episode will cause a loss of nutrients needed to grow, so diarrhea is a major cause of malnutrition in children. **The purpose of study** this was to determine the factors that influence the implementation of integrated management of childhood illness (IMCI) with diarrhea. **This research method** is descriptive correlation with cross sectional study design. The population in this study were all nurses and midwives at one of the public health centers of East Aceh with a sample of 35 people. **The results** in this study are that there is a relationship between facilities and infrastructure (P Value 0.000), there is a relationship between funds (*P Value* 0.603) and there is no relationship between human resources (P value 0.505). with the application of integrated management of childhood illness (IMCI) with diarrhea. **Suggest** to policy makers related to health to fulfill all the facilities and infrastructure needed in the implementation of integrated management of childhood illness.

**KEYWORDS**: Application IMCI, diarrhea

## 1. INTRODUCTION

Some studies have revealed that women developed certain style or strategies when they use language. [1] discovered that women tend to implement a supportive or facilitative role in conversation. From [2], they found that women are considered as more expressive, tentative, and polite in conversation. In addition, women also attempt to create closer bond with others when having conversation by initiating the talk which relate about the topics or issue that they often face as a group [3, 4]. Female students were reported by [5] as the group who generally improve their language competence through note-taking, dictation test and dialogue reciting.

As women have been considered to develop certain style in language use, it then became the interests of some researchers to discover if such condition also applicable in women's writing. As it can be

predicted, some studies found clear results that women also have special style or pattern in their writing [6, 7]. Some studies also revealed that women are better in composing a written text [8,9] and in presenting argument in writing which is supported by a study from [10] who found that women have the ability to deliver better organized arguments. In another study related to argumentative feedback, [11] have found that female students constructed higher-quality argumentative feedback. Based on the fact that women are proven to use particular pattern in writing, and they are also proven in some studies to be the group that can produce better text and argument, this paper purposes to analyze in detail the flow of ideas in female students' argumentative essay and how they try to make their essay coherent.

All this time, efforts to reduce child mortality have been carried out by emphasizing primary prevention through promotive and preventive efforts while also utilizing secondary prevention efforts including curative and rehabilitative efforts in outpatient units. The approach to the treatment program for sick toddlers in developing countries including Indonesia is to use separate intervention programs for each disease. Such treatment will cause the problem of missing out on opportunities and dropping out of treatment in patients suffering from diseases other than the disease that is complained of with the same or almost the same symptoms (Adisasmito W. (2007)[1].

To overcome the weakness of the intervention method, in 1994 the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) developed a package that combines services for sick toddlers by combining these separate interventions into a single package called Integrated Management of Childhood Ilness (IMCI). IMCI which was developed by WHO in African countries and India has succeeded in providing skills to health workers serving in basic health services. These skills include, among others, how to classify diseases, assess nutritional status, perform treatment correctly, carry out the referral process quickly and correctly and can also reduce costs in health services (Depkes RI, 2008) [2].

In 1997 IMCI began to be developed in Indonesia under the name Integrated Management of Childhood Illness (at Indonesian is MTBS), which is a comprehensive program in dealing with sick toddlers who come to basic health services. The IMCI program handles sick toddlers using an algorithm. This program can classify diseases quickly, detect all diseases suffered by toddlers, make quick referrals if needed, assess nutritional status and provide immunizations to toddlers who need it. In addition, mothers of toddlers are also given guidance on the procedures for administering medication to their toddlers at home, giving advice on what food to give to toddlers and telling them when to return or immediately return for follow-up services. IMCI is a comprehensive package that includes preventive, promotive, curative, and rehabilitative aspects (Depkes RI, 2008) [2].

In implementing IMCI activities in public health center quality management is needed and is supported by a managerial system and is supported by the involvement of all management elements. Human resources (HR) is one of the most important resources in every field of activity. With sufficient human resources both in quantity and quality, it is hoped that the processes carried out will run well and

produce good outputs as well. In addition, the implementation of IMCI activities in public health center must be supported by facilities and infrastructure as well as funds. The intended facilities and infrastructure aim to obtain excellent service, while the funds are intended to ensure that all IMCI activities run (Wibowo, 2008). One of the implementations of IMCI in Indonesia is in the case of toddler with diarrhea.

According to data from the World Health Organization (WHO) in 2009, diarrhea is the second leading cause of death in children under 5 years. Globally, every year there are about 2 billion cases of diarrhea with 1.5 million deaths per year. In developing countries, children under 3 years of age experience an average of 3 episodes of diarrhea per year. Each episode of diarrhea will cause a loss of nutrients that children need to grow, so diarrhea is the main cause of malnutrition in children (WHO, 2009).

Based on a report from a public health center in East Aceh, the number of children under five in Indonesia is 411 consisting of 204 boys and 207 girls. The recapitulation of diarrhea patients' outpatients aged 0-5 years at the Children's Polyclinic, one of the public health center in East Aceh, in January amounted to 43 toddlers, while in February there were 45 toddlers. In the survey initial, which was conducted on 12 mothers of children under five with diarrheal disease, 9 mothers (75%) did not make repeat visits because according to their opinion, when diarrhea subsided, it meant that their child had recovered. This is certainly very concerning; mothers of toddlers should make repeat visits for further examination and get counseling from health workers so that diarrheal disease does not recur.

## RESEARCH METHOD

type of research is descriptive correlation with design cross sectional. The population in this study were all nurses and midwives at one of the public health center in East Aceh, amounting to 35 people. The sampling method used is total sampling. Analysis of univariate and bivariate data using statistical tests chis-quare

## RESULTS

**Table 1**

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**Distribution Frequency Application of Integrated Management of Childhood Illness (IMCI) with Diarrhea in Public Health Center of East Aceh**

| No. | Implementation of IMCI with Diarrhea | f | % |
|---|---|---|---|
| | Integrated Management of Childhood Illness | | |
| 1 | Applied | 18 | 51.4 |
| 2 | Not Applied | 17 | 48.6 |
| | Total | 35 | 100 |
| | Human Resources | | |
| 1 | Good | 17 | 48.6 |
| 2 | Poor | 18 | 51.4 |
| | Total | 35 | 100 |
| | Facilities and Infrastructure | | |
| 1 | Available | 20 | 57.1 |
| 2 | Not Available | 15 | 42.9 |
| | Total | 35 | 100 |
| | Funds | | |
| 1 | Yes | 4 | 11.4 |
| 2 | None | 31 | 88.6 |
| | **Total** | 35 | 100 |

Table 1 shows that there are still 48.6% of respondents who do not implement IMCI with Diarrhea, 51.4 % of respondents stated that human resources were still not good, 42.9% of respondents stated that facilities and infrastructure at the service area were not available and 88.6% of respondents also stated that sufficient funds were not available for the implementation of IMCI diarrhea.

**Table 2**

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**Relationship of Human Resources, Facilities and Infrastructure and Funds with the Implementation of Integrated Management of Childhood Illness (IMCI) with Diarrhea at Public Health Center of East Aceh**

| No | Human Resources | Implementation of IMCI Diarrhea | | | | Total | | P Value |
|---|---|---|---|---|---|---|---|---|
| | | Applied | | Not Applied | | | | |
| | | f | % | f | % | f | % | |
| | Human Resources | | | | | | | |
| 1 | Good | 10 | 58 ,8 | 7 | 41.2 | 17 | 100 | 0,505 |
| 2 | Poor | 8 | 44.4 | 10 | 55.6 | 18 | 100 | |
| | Facilities and Infrastructure | | | | | | | |
| 1 | Available | 18 | 90.0 | 2 | 10.0 | 20 | 100 | 0.000 |
| 2 | Not Available | 0 | 0.0 | 15 | 100.0 | 15 | 100 | |
| | Funds | | | | | | | |
| 1 | Yes | 3 | 75.0 | 1 | 25.0 | 4 | 100 | 0.603 |
| 2 | None | 15 | 48.4 | 16 | 51.6 | 31 | 100 | |

Based on table 2 it can be seen that there is no relationship between human resources (P Value 0.505), there is a relationship between facilities and infrastructure (P Value 0.000) and there is no relationship between funds and the implementation of IMCI diarrhea (P Value 0.603) in public health center of east Aceh.

## DISCUSSION

According to the Indonesian Ministry of Health (2011), a good implementation of IMCI Diarrhea can help implement minimum service standards (MSS) in districts, including 100% of diarrhea sufferers and Case Fatality Rate (CFR) diarrhea < 1/10,000. In the guidebook for the implementation of IMCI in health centers, disease classification is an effort to improve the accuracy of diagnosis using the results of examination of symptoms, signs, tests and making diagnostic criteria. Identification of action

is making a decision by nurses in dealing with diarrhea (Depkes RI, 2008). In its implementation in public health center, a public health center management program is needed which consists of planning, implementation, monitoring and evaluation led by the head of the public health center (Wibowo, 2008).

According to Hanafiah (2008), the government has made various efforts to improve the quality and coverage of IMCI at public health center, but the service coverage tends to vary in each region. In this case, the Indonesian Ministry of Health seeks a comprehensive IMCI service strategy. In this effort it leads to improving the quality of human resources, improving service management and evaluating the IMCI coverage including supervision carried out by public health center and health offices.

To maintain service quality and improve skills, health workers are trained in IMCI standardization by studying basic and core materials that provide clinical knowledge and skills in IMCI. The competencies expected in the training are that health workers can carry out case management processes for handling sick toddlers in basic health care facilities, such as public health center, sub-health centers, maternity huts, clinics, medical centers or through home visits, by referring to the IMCI chart book (Depkes RI, 2008).

Service integration that is practiced in IMCI shows a compact and flexible team work guided by a guidebook or IMCI form is a health care system (Rafless Bencoolen, 2011). According to Zainuri (2013), to improve the implementation of IMCI, the Health Office needs to make IMCI service standards as well as implementation instructions and technical instructions. A special team was formed to handle the implementation of IMCI at the district level starting from training, supervision, to evaluation. According to Wibowo (2008), the greater the funds spent to improve a program, the more effective the results will be, if the funds are not sufficient for the implementation of a program, the program will only run slowly and the results will not be effective. According to Hidayat (2008), health costs are the amount of funds that must be provided to organize and or utilize various health efforts needed by individuals, families, groups and communities.

According to Budioro,B (2002), one of the success factors of a program is the availability of sufficient human resources, both in terms of quantity and quality. HR is the main asset of an organization that is the planner and active actor of every organizational activity. Human resources who are less capable, less capable and unskilled, will result in work not being able to be completed optimally quickly and on time. The fact is that there is no direct order from the Head of the public health center to enforce and implement the IMCI program for diarrhea under the age of five, so that some health workers at the public health center still use conventional methods in dealing with toddlers with diarrhea.
According to Wibowo (2008), there must be equipment that can be used to implement and support the smooth running of a program. Facilities must exist in every public health center and must be in good condition to assist officers in carrying out their activities. Several things that must be considered in implementing IMCI for diarrhea are the preparation of facilities in the form of preparation of drugs, tools, IMCI forms and maternal advice cards (KNI). According to the Indonesian Ministry of Health

(2008), the use of complete forms and fillings will determine the success of the implementation of the case management process in order to comprehensively handle sick toddlers and young infants in basic health care facilities.

One other thing that is very vital in the implementation of IMCI diarrhea is financial support. According to Hidayat (2008), health costs are the amount of funds that must be provided to organize and or utilize various health efforts needed by individuals, families, groups and communities. The fact is that there are no funds available from the Government to implement diarrhea IMCI activities, so for its implementation, operational funds or routine funds are used. It may be possible to fulfill the need for the procurement of forms, but for the problem of repairing facilities and infrastructure for the Integrated Management of Childhood Illness (IMCI) requires large funds, such as repairing and rejuvenating damaged medical devices.

According to Budioro, B (2002), limited funding sources can also hinder the implementation of a policy. Therefore, with minimal or even non-existent funds, the officers cannot carry out their duties optimally in dealing with sick toddlers using the IMCI method in their public health center area.

This is in accordance with the results of research by Djoko Mardijanto and Mubasysyir Hasan Basri (2005), who stated that there were no special funds to support the implementation of IMCI. The average puskesmas still expects assistance for facilities and infrastructure from the district and even provincial levels. According to Muninjaya (2004), operational funds directed to support the implementation of program activities by each program implementing staff. The allocation is used for the cost of visits to the field, maintenance, and purchase of supporting equipment for routine program activities and so on.

In the implementation of treating children with diarrhea, the use of manuals in the form of chart books is a guideline used by health workers to provide action and treatment for sick children. The chart book also contains guidelines for health workers to integrate separate guidelines for each disease into a more comprehensive and efficient process for treating sick children. In the implementation of the IMCI case management process, the use of complete forms and fillings will determine the success of implementing the case management process in order to comprehensively handle sick toddlers and young infants in basic health care facilities (Depkes RI, 2008).

## CONCLUSIONS AND SUGGESTIONS

Based on the research that has been done, it can be concluded that there is no relationship between human resources (P Value 0.505), there is a relationship between facilities and infrastructure (P Value 0.000) and there is no relationship between funds and the implementation of IMCI diarrhea (P Value). 0.603) at public health center. For this reason, it is recommended that health workers need to be given

training on IMCI on an ongoing basis. In addition, sufficient funds, facilities and infrastructure must be provided to support its performance in each health center.

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