ANALYSIS OF FILARIASIS CASES IN PAYA LAOT VILLAGE, SETIA BAKTI SUBDISTRICT

Lensoni[1*], Mushaithir[2]
[1]Public Health Study Program, Universitas Abulyatama, Aceh Besar
[2]Faculty of Health Sciences, Universitas Abulyatama, Aceh Besar
E-mail: [1)] soni@abulyatama.ac.id

Abstract

Filariasis is a chronic infectious disease caused by filarial worms and transmitted by Mansonia, Anopheles, Culex, Armigeres mosquitoes. One of the Filariasis endemic areas is in Paya Laot Village, Setia Bakti Regency, therefore all residents in Paya Laot Village are required to take Filariasis prevention drugs. The purpose of this study was to analyze the implementation of the elephantiasis control program in Setia Bakti district. This research is descriptive research, data collection is done by in-depth interviews. The results showed that the implementation of the elephantiasis control program was optimal because all the main tasks in the program had been carried out and achieved the set targets, but for vector control there was no special supervision and there were still many people who were afraid to take elephantiasis prevention drugs because they could cause side effects. The elephantiasis control program is carried out from 2019 to 2023, the coverage of drug administration achieved in Paya Laot Village, Setia Bakti Regency is 89% of the target number who took the drug and 83% who took the drug from the population in 2019, 90% of the target number who took the drug and 82% who took the drug from the population in 2023. Based on the results of the study, it is hoped that the Health Office of the loyal bakti Regency will supervise vector control and socialization to people who are still afraid to take elephantiasis prevention drugs.

Keywords: *Elephantiasis, Medication Overview, Prevention of Wewaria*

1. INTRODUCTION

Elephantiasis (Lymphatic Filariasis), hereafter referred to as filariasis, is a chronic infectious disease caused by filarial worms that attack the lymph nodes (WHO, 2012). Indonesia is an endemic area of various infectious diseases, especially diseases caused by parasites, one of which is filariasis (Bulu & Weraman, 2021; Jumiati et al., 2020). In 2010, there were 11,969 chronic cases, while in 2014 there was an increase of 14,932 cases (Santoso, 2015). The distribution of filariasis cases is almost evenly distributed throughout all provinces in Indonesia (Amelia, 2014; Muhammad, 2019), even in some provinces there are areas that have high endemic levels (Sutanto et al., 2014). NAD Province is one of the provinces that has high filariasis cases (Astri & Melati, 2016).

Data from the Setia Bakti District Health Office in 2023 showed that there were 233 people suffering from chronic elephantiasis spread across several sub-districts. In general, the distribution of elephantiasis sufferers is highest in Setia Bakti district (Irianto, 2013). The central government has launched the Elephantiasis Elimination Month (Belkaga) which is held once a year for five consecutive years every October (Santoso, 2015). This program is the basis for breaking the chain of transmission by giving mass

drug prevention (MDA) of filariasis to people living in filariasis endemic areas (Depkes RI, 2002).

The elephantiasis elimination program has been implemented in Setia Bakti district. Since 2019, all communities in Setia Bakti district that are categorized as elephantiasis endemic areas have implemented a mass drug program to prevent filariasis, which is taken once a year for five consecutive years and has been going on for five years (Santoso, 2015). To see the extent of success in the implementation of mass drug administration for the prevention of filariasis, the researcher is interested in conducting a study on what percentage of people who take medicine and who do not take filariasis prevention drugs, what are the causes of people not taking filariasis prevention drugs, what is the follow-up to the effects caused after taking filariasis prevention drugs.

2. RESEARCH METHODS

The type of research used is descriptive with a cross sectional design. All people in Paya Laot Village, Setia Bakti sub-district. The sample in this study were all people in the Setia Bakti Wewaria sub-district using the Slovin formula, the sample size was 391. The sampling technique in this study was stratified. The data obtained was processed and presented in graphical form and described.

An overview is a description of the administration of preventive medicine for elephantiasis in the Puskesmas area. Filariasis is a disease that occurs in the area of Puskesmas Pante Kuyun Setia Bakti Subdistrict. Characteristics are data on patients who have been given preventive drugs and obtained from the filariasis register book in the working area of Puskesmas Pante Kuyun Setia Bakti Subdistrict. Based on the inclusion characteristics of the population who can read and the population who live >5 years in the working area of Puskesmas Pante Kuyun, Setia Bakti Subdistrict. Prevalence of taking medication is the number of people who take filariasis prevention drugs in the working area of the Pante Kuyun Community Health Center, Setia Bakti Subdistrict. The cause of filaria/elephantiasis cases in the community in the Welamosa Health Centre Working Area is because they do not take medicine. The follow-up is for health workers to provide treatment to people in the Pante Kuyun Health Centre working area who experience post-medication effects to prevent filariasis.

3. RESULTS AND DISCUSSION

3.1. Research Result

3.1.1. Percentage Taking Medication and Not Taking Medication

The filaria/elephantiasis elimination program is a national program to eradicate elephantiasis in all parts of Indonesia where every citizen aged 2 - 70 years old who lives in an elephantiasis endemic area must take mass elephantiasis prevention drugs once a year for 5 consecutive years except for those who are sick, children under 2 years old, pregnant women or nursing mothers.

Mass drug distribution was carried out in the Pante Kuyun Health Center area by gathering all residents at the Village Hall and then distributing elephantiasis prevention drugs consisting of Diethylcarbamazine citrate (DEC) and albendazole. In the implementation, some people took the medicine but some did not take the medicine. Data

on people who took the medicine and those who did not take the medicine are shown in diagram 1 below.

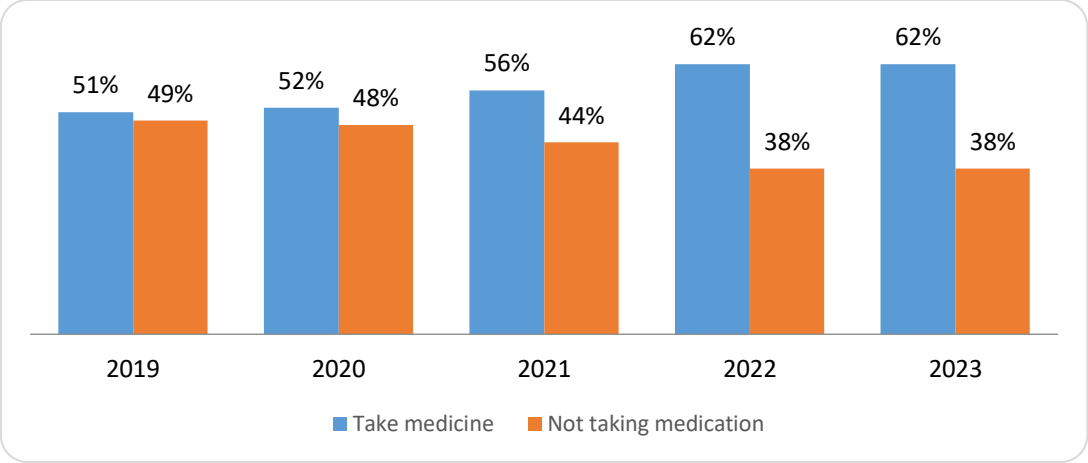

Figure 1. Percentage of Taking Medicine and Not Taking Medicine 2019-2023

The data in diagram 1 shows that the percentage of people who took mass medication for the prevention of elephantiasis in 2019 was 51%, in 2020 it was 52%, in 2021 it was 56%, in 2022 and 2023 each was 62%. The data in diagram 1 illustrates that community members in Paya Laot Village who do not take mass prevention of elephantiasis medication are still very high and have not reached the target of taking medication both launched by the local government and the national level, which is at least 85%.

3.1.2. Reasons Why People Don't Take Masal Medicine for Elephantiasis Prevention

The data in diagram 1 above illustrates that the number of people in the working area of the Pante Kuyun Health Center who do not take mass prevention drugs for elephantiasis is still very high (ranging from 38%-49%). The results of interviews with community members in 7 villages with elephantiasis illustrate that in general, community members who do not take medicine are also found in residents who get medicine and residents who do not get medicine. Data on the reasons for not taking medication are shown in Figure 2 below.

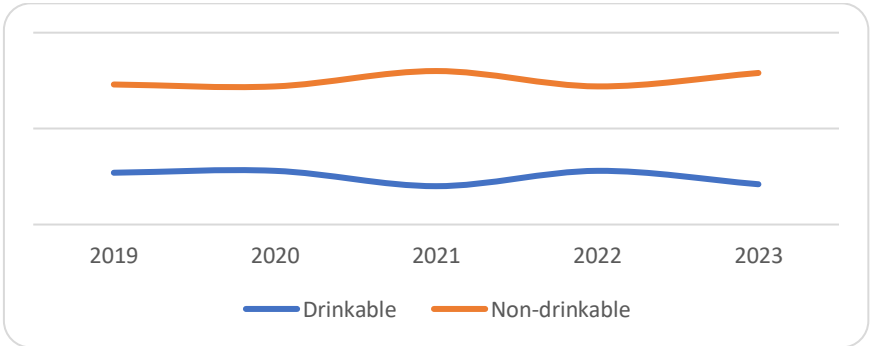

Figure 2. Percentage of reasons why people do not take medicine.

3.1.3. Reasons for People Who Received Medicine But Did Not Take It

People in the Pante Kuyun Community Health Center area who received mass prevention drugs for elephantiasis but did not take them were still found in the range of 20% - 28%. The results of interviews with people who received preventive drugs but did not take them were generally due to fear of side effects and lack of willingness to drink, as illustrated in Figure 3.

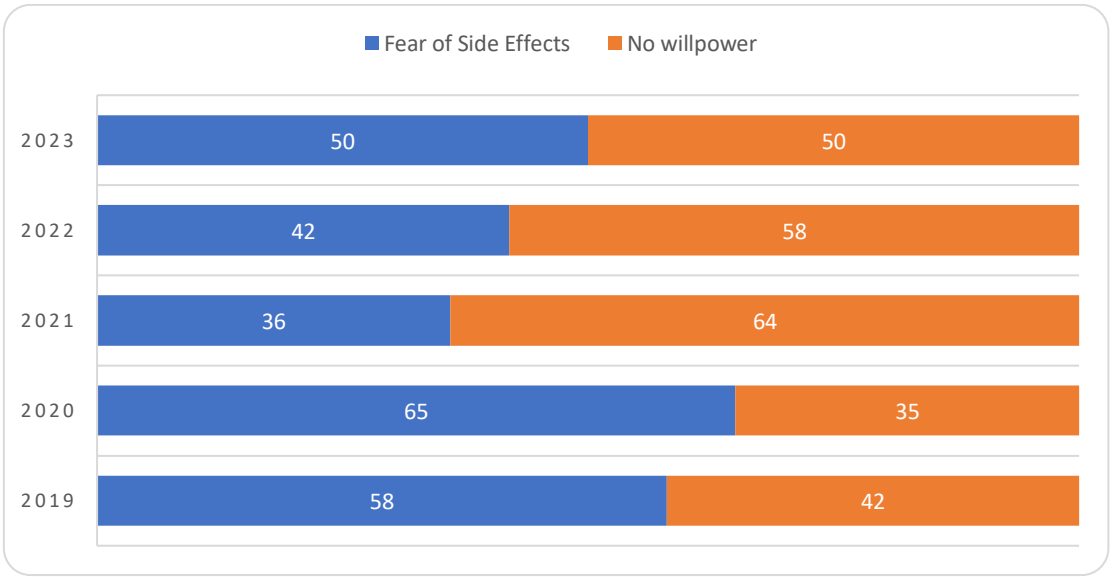

Figure 3. Percentage of Reasons For Getting Medicine But Not Taking It

The data in diagram 3 shows that in 2019 and 2023 residents who received medicine but did not take it were more due to fear of side effects that arose, namely 2019 by 58%, 2012 65% compared to low willingness of residents with a percentage of 2019 by 42%, 2020 by 35%, The opposite happened in 2021 and 2022 where residents who received medicine but did not take it were more due to lack of willingness with a percentage in 2021 of 64%, 2022 of 58%, compared to fear of side effects with a percentage in 2021 of 36%, 2022 of 42%, while the data for 2023 shows that residents who received medicine and did not take it because of fear of side effects and lack of willingness were equally many at 50%.

3.1.4. Reasons Why People Did Not Receive Mass Medication for Mass Prevention of Elephantiasis

Community members in the Pante Kuyun Health Center area of Setia Bakti Subdistrict who do not take medicine because they do not get medicine are still very high. Many factors cause people not to take medicine, for example, they are undergoing education outside the area where they live, people with high mobility, because of health factors that require them not to take elephantiasis prevention drugs and so on.

The results of interviews with communities in the welamosa puskesmas area mapped several dominant reasons that people who did not get medicine because they consciously did not want to go to the drug distribution place to take medicine had a higher

percentage, namely in 2019 by 92%, 2020 by 93%, 2021 by 92%, 2022 by 93%, 2023 by 91%, Other factors are exceptions such as not yet of age in 2019 by 3%, 2020 by 2%, 2021 and 2023 by 1%, 2021 0%, pregnant women in 2019 and 2020 by 1%, 2021 by 2%, 2022 0%, 2023 by 3%, nursing mothers in 2019, 2020, 2021, 2023 by 2%, 2022 by 3%, while sick in 2019, 2020 by 2%, 2021, 2023 by 3%, 2022 by 4%.

The high number of community members who do not take elephantiasis prevention drugs shows that public awareness in efforts to prevent elephantiasis is still very low, as well as advocacy from the government to increase public awareness to prevent elephantiasis transmission is not going well.

3.1.5. Follow-up on the Effects After the Community Took Mass Medication for Elephantiasis

Community members in the Pante Kuyun Health Center area who take mass prevention drugs for elephantiasis generally have side effects such as nausea and vomiting, fever, headache, heartburn, allergies, decreased appetite, weakness, drowsiness but most do not feel any adverse effects after taking the medicine. The results of community interviews in the Pante Kuyun Health Center area shows that people who experienced side effects 20%, nausea vomiting 13%, drowsiness8%, weakness 6%, allergies 5%, decreased appetite 3%, heartburn 2%. These side effects in general did not have any follow-up from post-treatment handling officers because doctors and health workers after completing the distribution of drugs immediately returned to the main Puskesmas in Paya Laot Village.

4. CONCLUSION

The number of people with corrected elephantiasis in Wewaria sub-district is 67 people. The percentage of people taking mass drugs to prevent elephantiasis in 2019 is 51%, in 2020 it is 52%, in 2021 it is 56%, in 2022 and 2023 each is 62%. The highest percentage of reasons why people do not take medicine is due to not getting medicine compared to getting medicine but not taking it. People who get medicine but do not take it are afraid of the side effects that arise / are felt and because of the low willingness of residents. People who do not receive medicine are more likely to not want to go to the drug distribution center to collect the medicine. Based on the results of the study, it is expected that there is a good document at the Puskesmas level. Improve the advocacy system to the community to increase awareness of taking mass prevention drugs for elephantiasis.

REFERENCES

Amelia, R. (2014). Analisis faktor risiko kejadian penyakit filariasis. *Unnes Journal of Public Health*, *3*(1).

Astri, J. N., & Melati, R. M. (2016). Perilaku Masyarakat Terhadap Upaya Pencegahan Filariasis di Aceh Besar. *Jurnal Ilmiah Mahasiswa Fakultas Keperawatan*, *1*(1), 1–6.

Bulu, M., & Weraman, P. (2021). Faktor yang Berhubungan dengan Kejadian Filariasis

di Desa Denduka Kecamatan Wewewa Selatan Kabupaten Sumba Barat Daya. *Media Kesehatan Masyarakat*, *3*(1), 81–89.

Depkes RI. (2002). *Pedoman Pemberantasan Filariasis. Direktorat Jendral PPMPL Direktorat P2B2 Subdit Filariasis dan Schistosomiasis, Jakarta*.

Irianto, K. (2013). *Parasitologi Medis. Cetakan I. 260-291. Bandung: Alfa Beta*.

Jumiati, J., Kalsum, U., & Ilham, I. (2020). Analisis Faktor Risiko Lingkungan Terhadap Kejadian Filariasis di Kabupaten Tanjung Jabung Timur. *Jurnal Pembangunan Berkelanjutan*, *3*(2), 13–19.

Muhammad, I. (2019). Analisis Kualitatif Perilaku Masyarakat Terhadap Pencegahan Penyakit Filariasis di Desa Matang Pelawi. *Health Care: Jurnal Kesehatan*, *8*(2), 8–22.

Santoso. (2015). *Filariasis Di Indonesia : Strategi Dan Tantangan POPM Filariasis Menuju Eliminasi Tahun 2020*. Lembaga Penerbit Badan Penelitian dan Pengembangan Kesehatan. Kementerian Kesehatan RI.

Sutanto, I., Ismid, I. S., Sjarifuddin, P. K., & Sungkar, S. (2014). *Parasitologi Kedokteran* (4th ed.). Jakarta: Fakultas Kedokteran Universitas Indonesia.

WHO. (2012). *Transmission assessment surveys in the Global Programme to Eliminate Lymphatic Filariasis: WHO position statement*. World Health Organization.

Copyrights