

SPECIAL ARTICLE

Teaching of National Programme of Health Development
to Undergraduates *

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Introduction

The practice of community medicine is the delivery of comprehensive health care by a health team trained in curative and preventive medicine to a defined population based on their needs and economy.

For some time it has been realized that the integration of curative and preventive services is a well recognized national need. Only such a unification could effectively deliver comprehensive health care to the family which is the ultimate recipient of community care. The success in the application of the health care depends mainly on the training and attitude of the future doctors who are willing to work in the rural areas. It is therefore the responsibility of the medical school to train community orien-

ted doctors, and such a training requires the provision of community projects in which students of the Medical School can participate.

Background

The population of Indonesia is 120 million, 80% of which live in rural areas with low socio-economic level. It is therefore logical that the majority of the doctors should have to work in rural areas. This means that we have to produce doctors who are familiar with and orientated to the problems of rural areas.

The state of health in Indonesia can be assessed at a glance when we realize that the average infant mortality rate is 80 per 1000 births, the maternal mortality rate 7 per 1000 births, the pre-school age mortality rate 46 per 1000 of population. The birth rate is still high, i.e. 48 per

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1000 of population whereas the death rate is 22 per 1000 of population, resulting in an annual growth rate of approximately 2.6%.

At present it is estimated that there are about 6000 physicians practising in Indonesia. Of these, more than 2000 are located in Jakarta, the 5-million populated capital.

There are 11 government and 15 privately supported medical schools in Indonesia.

Since 1971 the 5th year medical students participate in community medicine projects for 5 weeks by home visits under the simultaneous supervision of lecturers from the Departments of Preventive Medicine, Nutrition, Obstetric and Gynecologic, and Pediatrics. This is being done at Utan Kayu, a suburban area about 2 miles from the medical school. In addition to home visits in this area, family clinics are also being held at Utan Kayu where students also have to participate. At these clinics they take part in immunization programmes, health discussions and in conducting antenatal and postnatal care, family planning propaganda and implementation, also in running well-baby clinics.

There is another more rural project located at about 40 miles from Jakarta, the so called Krawang community health project which was established only in 1972. The area covered by this project is 429, 338 acre is typically rural and has a population of 1,003,856 people (registered

6th September 1972). The purpose of this project is the provision of field training to medical students, training of the students in research and provision of health care services particularly to people of rural areas, which are quite different from urban surroundings. The main health care services in the project consist of maternal and child welfare. These services are delivered at clinics and in the field by home visits.

The clinic is a multipurpose one, in that antenatal and postnatal mothers, preschool and referred school children are taken care at the same session.

The students in the sixth and last year of their medical study participate in the health care programme of the project. This consists of carrying out socio-economic survey, observing methods of improving environmental sanitation next to attending the above mentioned family clinics.

It is realized, however, that no community health project which is geared primarily to the training of medical students can be effective before the students have some previous experience in a peripheral health unit (a small rural general hospital with a dispensary and a maternity ward).

Objectives

The objectives in a course of Community Medicine for medical students should include the following:

- 1) To know the demography, socio-economic and cultural pattern of

the population the students are working with.

- 2) To know the pattern of morbidity and mortality in the area.
- 3) To know epidemiological and statistical methods.
- 4) To know the administration of a small rural general hospital.
- 5) To acquire knowledge, attitude and skill to be able to treat diseases commonly met within a rural area, e.g. parasitic infestations, malnutrition, anemias, common respiratory and gastrointestinal disorders and common skin, eye and ear disorders. This is especially important as he has to learn to treat diseases and manage disorders with resources and facilities very limited in a rural area.
- 6) To recognize the early symptoms and signs of disease that require referral to a bigger provincial hospital, e.g. tetanus, meningitis, acute abdomen, antepartum hemorrhage, shock etc.
- 7) To be able to deliver personal health services. These include care of the pregnant mother, family planning, care of the infant, preschool and school child.
- 8) He should learn the ways and methods to obtain the necessary help and cooperation of the local bodies and voluntary organizations for the welfare of the community.
- 9) He should know to work in harmony with the paramedical per-

sonnel so that by team-work the maximum benefits will be derived.

- 10) He should be able to conduct immunization programmes against commonly prevalent communicable diseases.
- 11) To recognize and identify communicable diseases, treat the first patients properly and take adequate preventive measures.
- 12) To be able to participate in the activities of specialized campaigns against diseases like malaria, filariasis, tuberculosis, leprosy, ankylostomiasis etc.
- 13) To know the principles and practice of environmental sanitation, e.g. proper disposal of refuse and sewage, good housing, provision of wholesome food and water.
- 14) To know the contents, principles and methods of imparting health education to the people of the area.

Present curriculum of the Department of Public Health and Preventive Medicine

Community medicine is introduced as early as in the 2nd year class of the medical school. The subjects lectured are:

1. Ecology
2. People and the culture
3. Principles of medical statistics
4. Demography
5. Biostatistics
6. Principles of Preventive Medicine

7. Introduction to Public Health, Social Medicine and Community Medicine.

In the 3rd year, community health problems are discussed.

In the 4th year, social aspects of diseases in the family are discussed.

In the 5th year, the students in groups are practicing community health care using the family as the smallest unit.

For the 6th year, each students must be able to solve community health problems by himself. During the clerkship the students determine and diagnose the problems and needs of the community, develop plans for programmes to meet the needs, implement programmes using all available local community resources. Finally he has to deliver a report which is discussed with the lecturers at the end of the clerkship.

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