Kalthrocin® merupakan antibiotika pilihan yang ideal untuk menganalgasi infeksi-infeksi saluran napas bagian atas, ataupun kulit dan jaringan lunak karena stafilokokus aureus & streptokokus beta hemolitikus, yang resisten terhadap golongan antibiotik yang umum digunakan (golongan penisilin & tetrasiklin) pada anak-anak

- Kalthrocin®: aman bagi anak-anak karena rasa strawberry atau orange yang enak dan enak digermari.
- Sensitivitas Stafilokokus aureus dan Streptokokus beta hemolitikus terhadap beberapa antibiotik.
- Makanan yang dapat digunakan pada anak-anak yang mengkonsumsi Kalthrocin®: bukan hanya sekedar Enitromisin saja

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The Knowledge of Parents of Children With Diarrhea on Oralit at the Department of Child Health, Dr. Pirngadi General Hospital Medan

by

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Abstract

At Dr. Pirngadi General Hospital Medan 285 parents of children with diarrhea had been interviewed about their knowledge on oralit.

Only 57.7% of the parents know and use oralit, 12.2% have known but never used, 13.7% have only heard while 20.4% never heard of oralit.

The main source of information were doctors (63.9%), next come radio and television (7.9%) and than newspaper or magazine (1.8%). The main supplier or distributor was the dispensary (86.9%).

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Introduction

Patients with diarrhea can be prevented from dying if community participatory programs are active and well facilitated so that mother of the patients can rehydrate their children at home (Suharyono, 1978; Rohde and Northrup 1977).

In the 3rd Program of 5 years planning one of the aim of the Indonesian rehydration program is to reduce the mortality rate of diarrhea.

Since the first National Seminar of rehydration in Jakarta, efforts have been done to spread out the information of oral rehydration method, through television, radio/broadcasting, magazine, newspaper etc.

There were still a lot of problems in supplying, distributing and marketing this particular drug to the public (Susilo Surachman, 1978).

The aim of this report is to assessed the knowledge of parents on oralit at the Department of Child Health Dr. Pirmadi General Hospital Medan.

Material and Methods

Since October 1st, 1981 until December 30th, 1981 all parents from in and out patients with the complaint diarrhea were given a questionnaire to assess their knowledge on oralit. The questionnaire contained inquires on:

1. The educational level of the parents
2. The knowledge of oralit whether:
   - Knowing and using it
   - Knowing but never using
   - Ever heard
   - Never heard
3. Source of information
4. The place where oralit was obtained
5. Weather oralit is kept at home or not.

Results

From October 1st, 1981 until December 30th, 1981, 285 parents had been interviewed. In table 1 we can see the knowledge of parents on oralit.

<table>
<thead>
<tr>
<th>Parent's knowledge</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have known and used</td>
<td>153</td>
<td>55.7</td>
</tr>
<tr>
<td>Have known</td>
<td>35</td>
<td>12.2</td>
</tr>
<tr>
<td>Have heard</td>
<td>39</td>
<td>13.7</td>
</tr>
<tr>
<td>Never heard</td>
<td>58</td>
<td>20.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>285</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 2 showed the percentage of knowledge on oralit n each educational level.

<table>
<thead>
<tr>
<th>Educational level</th>
<th>Have known and used</th>
<th>Have known</th>
<th>Have heard</th>
<th>Never heard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total %</td>
<td>Total %</td>
<td>Total %</td>
<td>Total %</td>
</tr>
<tr>
<td>Elementary School</td>
<td>42 48.8</td>
<td>9 10.5</td>
<td>7 8.1</td>
<td>28 32.6</td>
</tr>
<tr>
<td>Intermediate School</td>
<td>42 54.5</td>
<td>10 12.1</td>
<td>11 14.3</td>
<td>14 18.1</td>
</tr>
<tr>
<td>High school</td>
<td>60 56.6</td>
<td>13 12.3</td>
<td>18 17</td>
<td>15 14.1</td>
</tr>
<tr>
<td>University</td>
<td>9 56.2</td>
<td>3 18.8</td>
<td>3 18.8</td>
<td>1 6.2</td>
</tr>
</tbody>
</table>

From 285 parents interviewed 227 (79.7%) had known and heard of oralit but only 153 (53.7%) made use of it. The remaining 58 (20.3%) never heard of oralit.

The main source of information were doctors (63.9%) while newspapers and magazines (1.8%) had a minor role.

Dispensaries (86.9%) were places where people can obtained oralit easily.

From table 6 we can see that the main reason (44.3%) why the parents of childrens with diarrhea never had ready stock at home was the easily availability of oralit itself.

<table>
<thead>
<tr>
<th>Source of information</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>145</td>
<td>63.9</td>
</tr>
<tr>
<td>Friend/neighbour</td>
<td>38</td>
<td>16.7</td>
</tr>
<tr>
<td>Nurse</td>
<td>22</td>
<td>9.7</td>
</tr>
<tr>
<td>Radio/television</td>
<td>18</td>
<td>7.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>227</td>
<td>100.0</td>
</tr>
</tbody>
</table>
nurses) before they came to the hospital to be treated as inpatients or outpatients, it appeared that 49% of the doctors and 50% of nurses did not give oralit beforehand (see table 7).

Table 8 we can see that 41.8% of parents had good experience with oralit.

**Discussion**

This study, showed that 53.7% of the parents who were interviewed had ever used oralit and those who had ever heard or known about it counted to 25.9%.

Brotowasisto et al. (1978) found in a survey, that they had done in village on 1036 mothers of which 85% had an educational level below 6 years, that 37% among them ever heard about oralit and 30% know the good effects of it.

Mustansid et al. (1981) in a survey in rural and sub urban areas of Sukoharjo and Wonogiri reported that 94% never heard of oralit.

Widagdo et al. (1981) who did a survey in the city of Palembang reported that half of the population knew oralit and that one forth of this population ever heard and used it.

Ahmad et al. (1981) found in their survey in the village of Cinunuk that 69.3% never heard of oralit and only 11.3% knew it very well.

If we compare our data on the percentage of parents knowledge about oralit with the data of others as mentioned above it is clearly that our finding is much more higher, which is infact very low because the survey was done in the urban.
The main source of information about oralit came from doctors (63.9%). It was proved that mass media, such as radio, television, newspaper, magazine, has still a minor role in promoting oralit.

Paramedics too did not have any significant role yet in passing the information of oralit. It is strongly recommended to look for other efforts to make oralit more popular.

The promotion of oralit will be more successful if village leaders, teacher, youths and women's organization participate in the program.

But any how we must be aware that till this moment there is no joint program yet between governmental department and other organization and the producers of oralit and lack of communicative, informative and educative means for the public (Sunoto et al., 1981). It seems that the distribution and supplying of oralit is not yet widely spread because oralit is obtained mostly from drug stores (86.9%).

This citation is not surprising for the city of Medan because drug stores are plenty in the city itself. We should bear in mind for a more widespread and better supply and distribution of oralit with cheaper price. From the 53.7% of parents who had ever used it, it appeared that only 45.7% of them had administrated oralit to their children at home before they took the child to the hospital.

From this fact we can draw a conclusion that though many parents knew and used oralit but they are still doubtful about its benefit. More efforts should be done in the city to pass the information about the benefit of oralit.

From table 7 it can be seen that from 128 patients who look for medical help (doctors or paramedics) before they were brought to the hospital to be treated as in or out patients only 51% get oralit from the doctors and 41% from the paramedics.

Why are only so few medical staff prescribing oralit to their patients? All medical staff already know about the benefit of oralit as a remedy against dehydration but they are not using it in the daily practice.

We must face the fact that the medical staff can not refuse the demands of the people who have "injection fever" or "capsul fever" but any how it is still our duty to educate the medical potentials to change their mind of improper treatment and treat the patient with oral drugs which effectivity against diarrhea has been proved (Rohde, 1979).

Conclusion

1. The knowledge of parents of children with diarrhea about oralit at the Dr. Pirmadi Hospital Medan is still below expectation.
2. The supply and distribution of oralit is not yet evenly spread.
3. Mass media as a communicative means has still a minor role in giving information about oralit.
4. Medical experts should participate more in administrating oralit to public.

REFERENCES