



RPCPE

ISSN 2613-943X (print)

Journal Homepage:
<https://jurnal.ugm.ac.id/rpcpe>

**Review of Primary Care Practice and Education
 (Kajian Praktik dan Pendidikan Layanan Primer)**

“Dokter Lubis Program”

Siti Marlina¹

¹ *Puskesmas Kasihan I Bantul - Community and Primary Health Care Center, Yogyakarta, Indonesia (National Model of Physician by 2017, The Best Physician Award by Ministry of Health Republic of Indonesia 2017)*

Corresponding Author:

Siti Marlina: *Puskesmas Kasihan 1, Jl. Bibis km 8, Bangunjiwo, Kasihan, Bantul, Prov. Daerah Istimewa Yogyakarta - 55184, Indonesia.*
 Email: sitimarlina78@gmail.com

To cite this article:

Marlina S. “Dokter lubis program”. *Rev Prim Care Prac and Educ.* 2018; 1(1): 6-9.

BACKGROUND

People with disabilities need to be identified from the group of community in general, especially children, because they require special assistance that aim to reduce their limitations and dependency due to the disorders, as well as to foster the independence of healthy life in the community¹. Disability problems in children with special needs are complex both in quantity and quality, considering the different types of disability that has its own complexity². Disability issues can be viewed from the internal and external side as follows:

- 1) Internal Problem
 - a. Disorders or damage to organs and physical and /or mental functions as a result of abnormalities and organ damage may cause various barriers in life of persons with disabilities.
 - b. Distractions, obstacles or difficulties in orientation, mobility, communication, activity, adjustment, social adjustment, confidence, learning disabilities, skills, and work.
- 2) External Problem
 - a. Low public understanding of disability problems.
 - b. Stigma (curse, fate), isolation and excessive protection.
 - c. Lack of family and community roles to the problem of disability and its treatment.
 - d. Lack of efforts to fulfill the rights of persons with disabilities in various aspects of life.
 - e. There are still many disabled persons living below the poverty line and the level of education is still very low.
 - f. There are still many families with disabilities who hide or cover their family members with disabilities.

As the population increases³ estimated number of children with special needs in Indonesia in 2015 is about 7-10% of the total number of children. The prevalence of children

with special needs at aged 29-59 months was 0.53%⁴, while the prevalence of children with special needs aged 5-17 years is 0.77%⁵.

A rapid survey was conducted in 2011 by the Ministry of Health of the Republic of Indonesia in six Special Needs Schools in 3 provinces namely West Java, Central Java and East Java. One of the result is there is limited health cadre in Special Needs Schools. Resources in both Special Needs Schools and surrounding community have not been fulfilled to handle those children with special needs.

A comprehensive approach is required in handling children with special needs that is to use a patient centered, family focused and community oriented approaches⁶. Support for children with special needs is not only focused on the children, but also on providing a conducive environment created by family and society. Guidance to improve the ability of parents / family and community awareness in dealing with children with special needs should be developed. The ability of families to properly accept and manage children with special needs is influenced by information obtained about the condition of the children, cooperation with relevance professionals, the presence of communication with other parents who have children with special needs, and whether there is support from group or community⁷. In a study conducted by Murray et al.⁸ found that serial meetings arranged for families and children with special needs resulted in increasing confidence of parents in decision making, access to resources, group affiliation, positive perceptions, mutual respect, experience as change agents, and increase in proper life and health services expectations⁸.

The Indonesian government via a program called Healthy Living Community Movement (*GERMAS*) emphasizes the principle of healthy life style for community, family and individual to create healthy nation⁹. In this regards, children with special needs should be assisted to achieve their better

condition of health through healthy lifestyle. Handling of children with special needs aims at emphasizing the potential of the children rather than focusing on their barriers, and also maintaining an optimistic attitude to be able to provide medical, psychological, and prevention services. The various conditions of children with special needs are not an excuse to avoid them, but rather generate awareness on respect to the diversity of individuals and give attention and services as ideal as they need. One effort developed to handle children with special needs is the ‘*Dokter Lubis*’ program (school children as peer educator for children with special needs) which includes promotive, preventive, curative and rehabilitative activities.

PURPOSE

The purpose of ‘*Dokter Lubis*’ program is to increase knowledge, skills, and independence of children with special needs in living in clean and healthy home and environment, as well as to increase knowledge and ability of parents / family and community member in handling children with special needs.

‘*Dokter Lubis*’ Program

a. What is ‘*Dokter Lubis*’ program?

‘*Dokter Lubis*’ are special needs children studying at Bangun Putra Kasihan Special Needs School, who are trained and nurtured as a health cadre in their school. ‘*Dokter Lubis*’ is selected from the school students. The ‘*Dokter Lubis*’ program also involves parents, teachers, communities and other relevance stake holders. The institution in charge of this program is Puskesmas Kasihan I Bantul (Community and Primary Health Center). However, it is anticipated that this program could be adapted to many other primary care centres.

b. ‘*Dokter Lubis*’ Activities

1. Training and coaching ‘*Dokter Lubis*’

The training is provided by Puskesmas Kasihan I Bantul. Training and coaching materials are handwashing with soap, personal hygiene, reproductive health, balanced nutrition, dental care, wound care, handling of fainting cases, environmental health, introduction of infectious diseases such as diarrhea, dengue fever, tuberculosis, respiratory disorders, the dangers of smoking, drugs, and violence in children. Various training methods are implemented such as face-to-face teaching, discussion, directly practice, and assignment students as *Jumantik* (mosquito larvae monitors). The training is conducted every month. Learning media used are posters, leaflets, videos, and props.

2. Parenting class for parents/ care givers

This activity is held once a month, by inviting all parents of students to the parenting class. The Puskesmas provides counseling and guidance on handling the health of children with special needs. Besides, self help groups are created among parents to support each other.

3. Health Services

Health care services are delivered once a month by the Puskesmas for special need students in the school. The services includes health and medical check up

and rehabilitation services for the students, as well as consultation for parents..

4. Community empowerment through Posyandu activities

Posyandu (Integrated Service Post) is a community based healthcare services conducted by cadres supervised by a Puskesmas. A *posyandu* for persons with disabilities held in communities using community empowerment approach. *Posyandu* in this program was conducted at Donotirto village, Kasihan, Bantul regency. Many people with disabilities under five years of age have not received treatment and many children with special needs are not in school, so accessibility to health services has not been met optimally. *Posyandu* could overcome these problems. Activities in *posyandu* are stimulating and monitoring of growth of children with special needs, parenting and self-help group by cadres who have been trained to be an advisor for family of children with special needs. In *Posyandu*, Puskesmas staffs also performe medical examination for disability people and their families. Various stakeholders are involved and strengthening the activities of *Posyandu* and ensuring special needs childrens get their rights for birth certificate, identity card, and health insurance.

c. Benefits of ‘*Dokter Lubis*’ program. There are many advantages of the program, as following:

1. Increase *Dokter Lubis*’s knowledge, independence, and ability to live in a clean and healthy environment.
2. Increase parents’ knowledge and ability to handle the health problems of children with special needs and openness to the condition of the child.
3. Increase access to basic health services in Special Needs School and in the community.
4. Increase awareness, willingness and ability of the community and across sectors in creating a friendly environment for children with special needs and their families.
5. The program of ‘*Dokter Lubis*’ has received attention from Ministry of Health Republic of Indonesia with thematic visit of mass media in 2015, so this program has been covered by about 25 national mass media.
6. The ‘*Dokter Lubis*’ program was chosen as one of the recognized innovations of the Jakarta State Administration Institute (*LAN*) and represented Bantul regency in the Innovation Exhibition at *LAN* Jakarta in August 2017, with the result that Bantul Regency got the *INAGARA* Award from *LAN*.

d. Evaluation

Evaluation was conducted on the ‘*Dokter Lubis*’ program on ‘*Dokter Lubis*’ training by interview and practice, the number of children with special needs who have access to health care services by Community Primary Health Center, parental participation rate in parenting lesson, stimulated child progress in *posyandu* inclusion monitored from *KMS /Kartu Menuju Sehat* (special card for health monitoring) in children with special needs.

e. Funding

The fund for this program is from Health Operational

Assistance for Community Primary Health Center.

REFERENCES

1. Ministry of Health, Republic of Indonesia. Guideline for caring children with special needs for health professionals. Jakarta: Directorate General of health Care Services, Children Health Care Services. 2010.
2. Diono A. Social rehabilitation program for difable and pradigm shifting of caring for difable. (Bulletin of Data Windows and Health Information) *Buletin Jendela Data dan Informasi Kesehatan*, semester II. 2014.
3. World Health Organization. World report on disability. Geneva: World Health Organization. 2011.
4. Ministry of Health, Republic of Indonesia. Basic health research (Riskesdas) 2013. Jakarta: Body of Research and Development of Ministry of Health. 2014.
5. National Statistic Body. Survey of national social economy (Susenas) 2012. Jakarta: national Statistic Body. 2012.
6. Laser Y. 1995. Resources for coping with stressors and crises. *Issues Spec Educ Rehabil.* 1995;10:17-28.
7. Kandel I, Merrick J. The child with a disability: Parental acceptance, management and coping. *The scientific World JOURNAL.* 2007;7:1799–1809.
8. Murray MM, Handyside LM, Straka LA, Arton-Titus TV. Parent empowerment: Connecting with preservice special education teachers. *School Community Journal.* 2013;23(1).
9. Ministry of Health, Republic of Indonesia. General Guideline of Healthy Indonesia with Family Medicine Approach. Jakarta: Ministry of Health. 2016.

DOCUMENTATION



Picture 1. ‘Dokter Lubis’ is providing wound care treatment



Picture 4. Home visit for one of the children with special needs (cerebral palsy) as one of the activities of *posyandu* inclusion



Picture 2. ‘Dokter Lubis’ Training



Picture 5. Stimulation of developing children with special needs in *posyandu* inclusion



Picture 3. ‘Dokter Lubis’ Bangun Putra Special Needs School, Kasihan, Bantul regency