

Effect of Sexually Transmitted Disease Services in Type B Hospitals on Patient Self-Treatment

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Abstract

Background: Self-treatment is still a problem in disease treatment (Rakhmawati and Anggraini, 2010). This is supported by the large availability of drugs that are sold over the counter (Hadi, et. Al., 2010). However, there is not much research data regarding self-treatment by patients with sexually transmitted diseases (STD) and its relationship to hospital services. This study aimed to examine the effect of sexually transmitted disease ambulatory unit's services at Type B Hospital on patient's self-treatment. **Methods :** The study was an analytic cross-sectional study. A total of 60 patients had their disease checked at the Sexually Transmitted Infectious Diseases Unit at the Dermatology and Venereology Department of the Regional General Hospital Dr. Soetomo Surabaya were selected consecutively and were interviewed about their experience with STD ambulatory services at type B hospitals and self-treatment. Simple and multiple logistic regression analyses were performed to prove the effect of the services on self-treatment at a significance level of 0.05. **Results :** Self-treatment was performed by 71.7% of the respondents. The distance to STD services of type B hospital that more than 8 km increased self-treatment ($p = 0.042$ OR = 4.043 95% CI = 1.050 - 15.568), while age ($p = 0.063$), gender ($p = 0.126$), treatment staff ($p = 0.197$), satisfaction ($p = 0.298$), type of disease ($p = 0.967$), duration of illness ($p = 0.201$) had no effect on self-treatment. **Conclusions :** Sexually transmitted disease services in type B hospitals did not affect the patient's self-treatment behavior, but the distance of more than 8 km to the service increased patient's self-treatment. STD services need to be expanded in such a way that the distance to the service is less than 8 kilometers.

Keywords : distance; self-treatment; sexually transmitted disease poly services; type B hospital.

Introduction

Self-treatment is a self-treatment of healing a disease without any assistance from medical personnel. Some people when they are sick and do not recover after two days of self-medication are consulting a doctor (76.3%), while people who continue to take the same medicine are 8.2% (Rakhmawati & Anggraini, 2010). Sexually Transmitted Diseases (STDs) or also commonly called Sexually Transmitted Infections (STIs) are infectious diseases caused by bacteria, viruses, fungi, protozoa, or ectoparasites and these types of diseases include syphilis, gonorrhoea, chlamydia infection, trichomoniasis, hepatitis B, herpes simplex, HIV, and human papillomavirus (HPV). Transmission occurs because there is sexual intercourse with a partner who has been infected, by having sex through intercourse, oral, and anus. This disease is sometimes called a venereal disease, but in this case the signs are not only in the genital area but also in the visual organs, mouth, gastrointestinal tract, liver, brain and other parts of the body. (Hidayat, 2014). Now, a patient wherever he is, will try to overcome problems that are considered simple and common on his own, this is done because it is considered more practical and cheaper in cost. This research has been conducted in various countries (Europe, Asia, and America). In America, it was stated that 59% of patients said that they were more concerned about their health when self-medicated, 73% felt better when taking care of themselves than going to a doctor's office, and 10% felt better going to this health service later after self-medication (DAD POM, 2004).

Self-treatment of STIs can cause antimicrobial resistance to their pathogens in various parts of the world and cause inexpensive treatment regimens to no longer be effective or efficacious, although some types of sexually transmitted infections have effective drugs, for example, the bacteria that cause chlamydia, gonorrhea and syphilis infections. and a single parasitic STI (trichomoniasis) is generally curable with an effective single-dose antibiotic regimen (WHO, 2016). In previous studies conducted in Bandung and Jakarta, a study conducted at the STD clinic in Jakarta showed an 8% prevalence of Penicillin-producing *Neisseria gonorrhea* (PPNG), 19% among CSWs in Surabaya, PPNG rate was 13.5%. So that the high rate of plasmid-mediated resistance to tetracycline and penicillin can be attributed to the inappropriate use of antibiotics, uncontrolled drug sales, especially for self-medication by female sex workers who use tetracycline or penicillin to prevent STDs and other diseases (IEVEN et al., 2003) . Resistance can lead to delayed healing, while some sexually transmitted infections increase the risk

of HIV transmission three times greater, for example in syphilis and herpes simplex virus. In the case of maternal pregnancies, more than 900,000 women worldwide are infected with syphilis which causes approximately 350,000 cases of stillbirth, one of them in 2012. Not only syphilis, but almost all sexually transmitted infections can result in neonatal death, low birth weight and prematurity, sepsis, pneumonia, neonatal conjunctivitis, and birth defects. In HPV infection there are 528,000 cases of cervical cancer and 266,000 deaths each year due to cervical cancer, STIs such as gonorrhea and chlamydia are the main causes of pelvic inflammatory disease (PID) and infertility in women (WHO, 2016).

From the data obtained by WHO 2016, quite a lot of sexually transmitted diseases occur, but for Indonesia, the data related to sufferers who have contracted sexually transmitted diseases is very small, only a few of these diseases have been recorded, such as HIV, AIDS, and syphilis. At this time, it is still questionable why patients with It is very easy to find HIV and AIDS, but the incidence of other sexually transmitted diseases is very difficult to find. Is it because there are drugs for sexually transmitted diseases that are sold freely, or for sufferers of this infection the reproductive health services are not provided with good service so that patients who have it choose to treat it themselves. Therefore, I conducted this research to find out the effect of the services of health workers at the Sexually Transmitted Diseases Polyclinic at Type B Hospital on patient self-treatment.

Study Methods

This study was a cross-sectional analytic study with the study population being all patients suffering from sexually transmitted diseases at the Genital Dermatology Clinic of RSUD Dr. Soetomo Surabaya, which uses type B hospital services.

The sampling technique used in this study was Consecutive Sampling, namely all subjects were interviewed with selection criteria which included the variable Satisfaction to services, self-treatment of sexually transmitted disease patients, age, sex, distance to service center, ease of transportation, suitability service opening hours with patient time, Waiting time services which will then be included in the study until the number of subjects is met.

Instrument

The instrument used was a questionnaire that had previously been tested the validity and reliability, the questionnaire contains related data age, gender, place of residence, and occupation and were asked which questions related to reasons for using type B health services or choosing treatment with self-medication.

The data obtained is done cleaning, editing, coding, and tabulation. After that the data was tested with the appropriate statistical test to determine the effect services for health workers in the Gender Polyclinic in a type B hospital for self-treatment of patients.

Certificate of Health Research Ethics Commission Dr. Soetomo Surabaya No. 1806/KEPK/I/2020 subjects explained the objectives, benefits, losses with minimal risk, research procedures, carried out voluntarily. Subject identity anonymity, stored in a locked cupboard, key kept by researcher, data destroyed after five years of storage.

Findings

Data collection was carried out by giving questionnaires to patients visiting the Sexually Transmitted Diseases Polyclinic at RSUD Dr. Soetomo Surabaya. The data obtained was taken based on the deep inclusion criteria In this study, patients with sexually transmitted diseases who had use the services of poly sexually transmitted diseases in hospitals type B in September 2017 – September 2019 and aged over 20 years old.

I. Frequency Distribution of Respondent Characteristics of Sexually Transmitted Diseases Polyclinic Services at Type B Hospitals.

Characteristics	Frequency	Percentage
Age		
- Less than 34 years	35	58.3
- Same and over 34 years	25	41.7
Gender		
- Man	26	43.3
- Woman	34	56.7
Cost		
- Not covered by insurance	40	66.7
- Covered by insurance	20	33.3
Mileage		
- Less than 8 km	37	61.7
- Equal to or greater than 8 km	23	38.3
Easy of Transportation		

- Easy to get	36	60.0
- Not too easy to get	24	40.0

II. Patient Perceptions and Patient Satisfaction with Poli Services Sexually Transmitted Diseases in Type B Hospitals

Perception of Service	Frequency	Percentage
Service waiting time		
- Less than 45 minutes	31	51,7
- Same and more than 45 minutes	29	48,3
Officer Treatment		
- Never differentiated	10	16,7
- Rarely to often differentiates the patient	50	83,3
Officer Friendliness		
- Not good	58	96,7
- Good	2	3,3
Complete Service Facilities		
- Incomplete	15	25,0
- Complete	45	75,0
Compliance with service opening hours		
- Not accordance with	1	1,7
- Little accordance	7	11,7
- Quite appropriate	29	48,3
- In accordance	23	38,3

III. Patient Satisfaction with Sexually Transmitted Diseases Polyclinic Services at Type B Hospitals

Characteristics	Frequency	Percentage
Satisfaction		
- Not Satisfaction	21	66.7
- Satisfied	39	33.3

IV. Types of sexually transmitted diseases

Nature of Disease	Frequency	Percentage
Cause type of disease		
- Bacterial	14	23.3
- Non Bacterial	46	76.7

V. Long Exposure to Disease

Duration of Exposure	Frequency	Percentage
Duration of Exposure		
New	20	33.3
Long	40	66.7

VI. Frequency Distribution of Self-Treatment Carried Out by Sexually Transmitted Diseases Polyclinic Patients at Type B Hospitals

Category	Amount	Percentage
Never do	17	28.3

Kategori	Jumlah	Presentase
ambeven, antibiotic	1	1,7
Amoxicilin	9	15,0
amoxicilin, hidro cortison	1	1,7
amoxicilin, propolis	1	1,7
amoxicilin, pembersih vagina	1	1,7
Antibiotik	11	18,3
antibiotik paracetamol	1	1,7
antibiotik, acyclovir	1	1,7
antibiotik, canestein	1	1,7
antibiotik, propolis	1	1,7
antibiotik, salep	1	1,7
antibiotik, thiampenicol	1	1,7
Ibuprofen	1	1,7
jamu rape	1	1,7
Mefinal	1	1,7
Metronidazole	1	1,7
Obatflagyl	1	1,7
obatnyeri, salep	1	1,7
sabun pembersih vagina	2	3,3
salep, bedak gatal	1	1,7
salep, paracetamol	1	1,7
super tetra	1	1,7
Tidak pernah	18	30,0
vitamin, terconazole	1	1,7
Total	60	100.0
Ever to often do	43	71.7
Total	60	100.0

VII. Distribution of Types of Drugs Consumed in Self-Treatment

VIII. Results Bivariate analysis

Category	B	Df	Sig.	Exp (B)	95% C.I for Exp (B)	
					Lower	Upper
Age	0,647	1	0,223	0,524	0,185	1,481

Category	B	Df	Sig.	Exp (B)	95% C.I for Exp (B)	
					Lower	Upper
ease of transportation	21,373	1	1,000	1914636876	0,000	.

Category	B	Df	Sig.	Exp (B)	95% C.I for Exp (B)	
					Lower	Upper
Gender	1,076	1	0,046	2.933	1,018	8,448

Category	B	Df	Sig.	Exp (B)	95% C.I for Exp (B)	
					Lower	Upper
Waiting time	0,125	1	0,809	0,882	0,320	2,435

Category	B	Df	Sig.	Exp (B)	95% C.I for Exp (B)	
					Lower	Upper
Cost	-	1	0,715	0,818	0,270	2,308

Category	B	Df	Sig.	Exp (B)	95% C.I for Exp (B)	
					Lower	Upper
Officer treatment	-1,466	1	0,081	0,231	0,045	1,197

Category	B	Df	Sig.	Exp (B)	95% C.I for Exp (B)	
					Lower	Upper
Complete Service Facilities	21,101	1	1,000	1459140234	0,000	.

Kategori	B	Df	Sig.	Exp (B)	95% C.I for Exp (B)	
					Lower	Upper
Duration of exposure	0,719	1	0,204	0,487	0,161	1,476

Category	B	Df	Sig.	Exp (B)	95% C.I for Exp (B)	
					Lower	Upper
Compliance with service opening hours	21,373	1	1,000	1914636876	0,000	.

Category	B	Df	Sig.	Exp (B)	95% C.I for Exp (B)	
					Lower	Upper
Mileage	0,791	1	0,149	2,206	0,753	6,459

Category	B	Df	Sig.	Exp (B)	95% C.I for Exp (B)	
					Lower	Upper
Satisfaction	0,853	1	0,201	2,348	0,634	8,695

Category	B	Df	Sig.	Exp (B)	95% C.I for Exp (B)	
					Lower	Upper
Friendliness of officers	-0,296	1	0,756	0,744	0,115	4,805

Category	B	Df	Sig.	Exp (B)	95% C.I for Exp (B)	
					Lower	Upper
Type of Disease	0,939	1	0,138	2,558	0,740	8,846

IX. Results Multivariate analysis

The results of multiple logistic analysis were carried out on the candidate variables that meet the requirements, namely variables with less significance (p value). of 0.25 on bivariate analysis. In this case the selected variables are age, gender, mileage, treatment of officers, satisfaction, illness, length of illness.

Category	B	Df	Sig.	Exp (B)	95% C.I for Exp (B)	
					Lower	Upper
Age	-1,257	1	0,063	0,284	0,076	1,069
Gender	1,034	1	0,126	2,812	0,748	10,568
Mileage	1,397	1	0,042	4,043	1,050	15,568
Officer treatment	-1,335	1	0,197	0,263	0,035	1,998
Satisfaction	0,902	1	0,298	2,465	0,451	13,455
Type of Disease	0,031	1	0,967	1,032	0,235	4,531
Duration of exposure	-0,896	1	0,201	0,408	0,103	1,611

Conclusion

Based on research conducted on the effect of satisfaction on poly sexually transmitted disease services in type B hospitals towards self-treatment patient it can be concluded that:

1. Most have a good perception of polycommunicable disease services sexual intercourse in Type B Hospital, most of them are satisfied with poly services sexually transmitted diseases in type B hospitals
2. Most patients with sexually transmitted diseases are in type B hospitals do self-medication
3. Service does not affect the patient's self-treatment behavior but distance travel to the Sexually Transmitted Diseases Polyclinic for more than 8 km to a type B hospital improve self-medication

Suggestion

Based on research conducted on the effect of satisfaction on poly sexually transmitted disease services in type B hospitals towards self-treatment patients, given some suggestions for further research as follows:

1. The Sexually Transmitted Diseases Polyclinic needs to be added to its services at the Hospital other types such that the distance traveled service patient it is less than 8km
2. Future research in order to be able to consider the patient's reasons for do self-medication
3. Further research in order to be able to examine other influencing factors self-treatment behavior of patients in sexually transmitted disease poly services

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