ABSTRACT

DEVELOPMENT OF MODEL OF SURVEILLANCE EPIDEMIOLOGY FOR YAWS IN THE RURAL OF LOLIBU, SUBDISTRICT OF LAKUDO DISTRICT OF BUTON, SOUTH EAST SULAWESI PROVINCE.

Jasmurni

Report from Yaws Control Program Activities, District of Buton, in its three months active case finding and follow up in the consecutive month, revealed a surprising number of cases far above those in Reporting and Recording (RR) of Health Centre. From 168 cases found in a single survey in one Rural (Lolibu), only four of them reported in RR. This shows the iceberg phenomenon of 97.62% unreported cases. The figure also well reflects the problems encountered by the surveillance epidemiology on yaws.

Based on this problem, the study is aimed to find out the weaknesses of existing and ongoing surveillance epidemiological system of yaws, and propose an extended model of surveillance and epidemiology for yaws that can fit applied in the Rural of Lolibu.

The study is explorative survey to uncover the feelings and experiences of those case parents, rural officers, teachers, health aids, and Health Centre personnel, including those decision makers in District and Subdistrict level, on Yaws.

Sample drawn randomly from those five strata. The number of respondents is 85 consists of 46 case parents, 5 rural officers, 10 teachers, 3 health aids, and 11 Health Centre personnel, including 10 decision makers in nominal focus group discussion techniques (NFGDT)

Interview result, reveals that the ongoing surveillance epidemiology of yaws does not reflect the real condition of the disease in the community. The study also shows the lack of community participation. About 65% of cases were found in school but the teachers did not report the cases to Health Centre. Almost all respondents revealed that they want health personnel to find the cases in their residents. People also believe that the patients should not visit the Health Centre, but instead consult the magician and let the disease grows for three months. This of course include the most critical incubation and contagious period of the disease. (Dept. of Health, RI, 1999)

These informations shows that the existing model of surveillance epidemiology for yaws can not reveal the real situation of in the field. Therefore, this study proposes to develop a new extended model of surveillance epidemiology on yaws for the Rural of Lolibu.

The shortage of this study might involve lack of literature to support surveillance epidemiological extended model design, and bias in interpreting question for respondent and understanding response from respondents for the interviewer.