



Report

" What I learned in BKKM "

In Fakultas Kedokteran Universitas Airlangga



7th April 2014 ~ 2nd April 2014

Maho Sugimoto

Kobe University Faculty of Medicine 6th grade

Contents

1. What is different from my country

- Program of training in rural area.....3
- About PHBS.....3
- Health Care for Children.....4
- Contribution to the community.....4

2. Impressions

- Impression about lecturers.....5
- Impression about my team.....5
- Impression about Puskesmas.....6
- Impression about people in rural area.....6

1. What is different from my country

• Program of training in rural area

I am interested in this program itself. In Japan, there is no program to work in rural area before graduation, and we learned less about public health centers in Japan, we call them "Hokenjo". After graduation from university, there is a training program in rural area, but the work place is not in Hokenjo but in some hospitals. So we have no chance to work in "Hokenjo", and also we don't learn about it so much in university, thus actually I have little knowledge about it. So this program is new good experience to learn public health care for me.

Hokenjo does the health check-up for pregnant women, children and old people, controls the infectious diseases or food poisoning, and maintains the sanitation of the community, so what they do seems to be the same as Puskesmas. But in Japan sanitational condition is already in high level and infectious disease is not severe problem in rural area, so what they do is different from what Puskesmas does.

I think this program is good to educate medical students. That is because all medical students can work as doctors in Puskesmas, that is, they do history taking, do medical examinations and give prescription to the patient all by themselves. At first I was very surprised at this. That's why in Japan, we cannot do anything to patients, just looking, because doing something to the patient is not allowed by medical law for 5th grade students. So the training in university hospital during 5th grade is only looking, so it is boring. I became 6th grade in this April, so I was allowed to do a few things to patients, but skills that we can do are still limited. Also some patients don't want to be treated by students and sometimes they complain and refuse. But in Puskesmas, the patient trusts the medical student and never complains or refuses. This is the most important difference between Japan and Indonesia, I think.

• About PHBS

From the lectures, I learned that there are some people who believe not medicine but spirit. In Japan I have never seen any people like that, so I was very surprised. In history taking in Japan, we never ask health belief. So when some teacher asked me patient's health belief, I can't understand what it meant at first.

Also from the lectures, I learned that some people in Indonesia don't know what behavior makes them suffer from diseases and what behavior contributes to health development. Then I learned PHBS. It is very easy to understand for all people from young children to elderly people, and easy to

do in daily life. The most important merit is that this indicator needs no money.

Once I suggested the staffs should use mask more often in Puskesmas, the teacher said that there is a problem about cost. I suggested, because throughout the work in Puskesmas I felt medical staffs in Indonesia should care more about standard precaution. But thanks to the teacher's comment, I understand the matter of medical cost in Indonesia.

• Health Care for Children

Throughout the lecture and working in Puskesmas, I learned much about health care of children in Indonesia. I have learned pediatrics in Kobe University, but there is much difference between what I learned in Japan and that in Indonesia. In Japan, we learned less about Infection than in Indonesia. Of course, there are some infectious disease in Japan, but that theme is not so much emphasized in medical education, just only a part of pediatrics. But in Indonesia there are more infectious diseases than in Japan, and sometimes the distance is so far to go to high level hospitals, so I heard that sometimes "time" kills children. I understand that's why there is a special system like MTBS. In Japan there is no special system like that. This lists is very educational for me, because it is easy to judge the children's condition comprehensively.

In one day, I went to Posyandu and see what it is. I saw not only vaccination or health consultation about their children, but also good relationships among the community. In Japan some people have never talked with neighbors. And there is no system like RT or Kadre. I felt that this system contributes to the good relationships in the community.

• Contribution to the community

People in Japan are eager to learn about their health. So they have some knowledge about diseases. I think almost all Japanese know the common disease like DM, hypertention, hyperlipidemia and so on. And because of their knowledge they want more high quality therapy to the hospital and doctors. I think that's why they refuse to be cured by students. People study by watching news or TV programs for health promotion, or reading newspaper. And all children are educated by schools.

In Sidoarjo I was very surprised because there are many people who don't know TBC paru. In Japan almost all people know tuberculosis because many people died with tuberculosis in the past time in Japan.

In this program, students not only work in Puskesmas but also do health development programs with communities. I felt interested in the way of

solving problems. We don't just educate people but discuss about the problem with communities, so that means, people in communities can join the health development more actively, not passively. I learned what is "with communities". It is wonderful that medical students contribute to community health, and all of my friends seem to feel sense of accomplishment.

2. Impressions

• Impression about lecturers

From 7 April to 11 April, I got many lectures about public health BKKM. But I didn't know there were many lectures in this week at first, because secretary in FK UNAIR inform me that my training schedule start from 13 April. My flight schedule had already reserved by Kobe University before this information from secretary, so I asked secretary whether there were any lectures from 7 April to 11 April or not, but the answer is "Unfortunately, there is no schedule...". So...I almost went to trip to Jakarta in that week!! Next time, you should inform foreign students that there are some pre-lectures before the program starts.

By the way, thanks to pre-lectures in English in that week, I could learn many important things about community medicine in Indonesia. If there is no lecture like that, it is difficult to understand the public health and community medicine in Indonesia, the role of Puskesmas, or the aim of this training program. Also I got lectures after the BKKM program with Indonesian students started, but the lecturers spoke all in Bahasa Indonesia. So it's hard to know what the lecturers were saying. I think foreign students who study in BKKM had better got pre-lectures before the BKKM program will start.

In the pre-lecture in English, powerpoint in English did the important role for me, because it is easier to understand than a lecture with no powerpoint. We both are not native speakers in English, so we sometimes pronounce differently from the true pronunciation, and it makes trouble in verbal communication. Thus power point is necessary to educate us.

By the way, thank you for giving me pre-lectures in English. I think it takes time to translate a Powerpoint into an English version.

• Impression about my team

They are all kind to me. If I asked them what people said, they were always happy to translate them into English. So I could learn many things

easily in rural area. For example, in outpatient room in Puskesmas, of course, they take the patient's history in Bahasa Indonesia, and also the conversations are all in Bahasa Indonesia. Sometimes medical staffs in Puskesmas cannot speak English. They are busy doing history taking, making diagnose and giving them prescription, nevertheless, before next patient coming, they always gave me the summary of the patient. And it's not only in outpatient room, but also when visiting the house of patient or during the workshop.

The life in rural area is a little hard for me at first, because I had to live with no shower, no air conditioner and live with mosquitos, ticks, cockroach. I have Atopic dry skin and allergic to dust or ticks, so my skin had been always itchy, and also I had felt some stress to get along until I became familiar with my team members. But after I got accustomed to life in rural area, I enjoyed living there, going to the restaurant at lunch, eating Indonesian foods, studying community medicine and so on.

Thanks to the life with Indonesian students, I learned more Bahasa Indonesia than other 3 friends from Japan. And I found that Indonesian people have different habits from Japanese people, for example Japanese people usually take a bath once in a day at night, but Indonesian people usually take a bath not only once a day and the bath time is in the morning and in the afternoon. And eating style and sleeping style are also different from me.

In rural area, my friends helped me everywhere and in every time, so I am very thankful to them. In the near future I want to meet them again, and also I want them to come to Japan and know Japanese culture or habits.

• Impression about Puskesmas

I already wrote my impression about Puskesmas in the above, so I will write my impression about staffs in Puskesmas.

Almost all medical staffs in Puskesmas couldn't speak English, so I wasn't able to communicate with them so much. We couldn't communicate with each other by using languages, but we could sometimes talk by using gestures. And I felt that they welcomed me very much, so I could enjoy studying in Puskesmas. On the last day in Puskesmas, they wanted to take pictures with me eagerly. I thought that it is rare case for exchange students to come to this community.

• Impression about people in rural area

In Desa Singkalan, there were many animals like cats, chickens, birds, ducks and so on. I liked watching them and it reminded me of the old days

in Japan. In front of our home, a car that sold cheap sweets came frequently, and it also reminded me of them. At night, some neighbors came and gave us some sweets. I felt the people in rural area related each other very strongly.

In the TB educational Program, I shook hands with many people in Sidoarjo, and they welcomed me very much. So I liked to go to some events in the community every times.

I thought, in the rural area in Indonesia, people have what people in Japan lost. They lived slowly and peacefully, and it made my heart warm. I like the city because there are air conditioner, malls and delicious restaurants. But I also like the countryside because there is warmth, peace and slow life. In rural area in Japan, almost all young people want to go to the city and some village have a problem of depopulation. I think there are same problems in Indonesia, so I hope this good relationships in the countryside in Indonesia to protect in the coming generation.