

Relationship Of Characteristics With Mother's Actions In The Prevention Of Malaria In The Working Area Of The Hutabalang Puskesmas In 2020- A Cross-Sectional Study Of Tertiary Puskesmas In Sibolga

Syarul Khairiaty¹, Ayu Musda² Tetti Sianturi³

¹²³Lunture Midewife, Sekolah Tinggi Ilmu Kesehatan Nauli Husada, Jl. Kader Manik No. 2, Sibolga, Sumatera Utara, Indonesia

ARTICLE INFO

Keywords:

Age, education, knowledge, attitudes and malaria prevention measures

ABSTRACT

Malaria is an infectious disease that is a major public health problem in the world, including Indonesia. This study aims to determine the relationship between characteristics and maternal actions in preventing malaria in the Hutabalang Health Center Work Area. The research design used is descriptive analytic research. Total sampling is 60 respondents. The measuring instrument used is a research questionnaire. Data processing by editing, coding and tabulating. Data analysis using Chi Square Test. The results showed that there was an effect of age, knowledge and attitude on the mother's actions in preventing malaria. There is no influence of education and work on the mother's actions in preventing malaria. Suggestions for respondents to dig up more information about malaria prevention from various sources such as the internet, books and health workers.

E-mail:

aprianishb@yahoo.co.id

Copyright © 2022 Science Midwifery.

1. Introduction

Malaria is an infectious disease that is a major public health problem in the world, including Indonesia. Malaria is a global concern because high malaria cases can have a broad impact on the quality of life and the economy and even threaten the safety of human life. The spread of malaria in the world is very wide, covering more than 100 countries with tropical and subtropical climates (Erdinal, 2006). According to the World Health Organization (WHO) in 2010, malaria attacked 108 countries and islands in the world in 2008. The world population at risk of malaria is almost half of the world's population, especially low-income countries.

Based on WHO data (2010), there were as many as 247 million cases of malaria worldwide and caused more than 1 million deaths in 2008. Most cases and deaths of malaria were found in Africa and several countries in Asia, Latin America, the Middle East and Europe. Every 45 seconds a child in Africa dies from malaria.

Malaria is one of the infectious diseases whose efforts to control and reduce cases are an international commitment in the Millennium Development Goals (MDGs) (Depkes RI, 2008). The target internationally agreed by 189 countries is to control malaria and begin to reduce the number of malaria cases by 2015 with an indicator of malaria prevalence per 1,000 population. Malaria disease can also have a significant economic impact. Malaria can consume around 40% of the public health budget and reduce by 1.3% Gross Domestic Product (GDP), especially in countries with high transmission rates (WHO, 2010).

Indonesia is also one of the countries that are still at risk of malaria. Malaria endemic areas are 73.6% of the total area in Indonesia. Malaria endemic districts in Indonesia in 2007 were 396 districts out of 495 districts. The Indonesian population living in areas at risk of contracting malaria is around 45%. The number of malaria cases in 2006 was 2 million cases and in 2007 decreased to 1,774,845 cases (Depkes RI, 2008).

According to the calculations of experts based on the theory of health economics, with the number of malaria cases mentioned above, it can cause huge economic losses of around 3 trillion rupiahs more. These losses greatly affect regional income (Depkes RI, 2008). Malaria often causes Extraordinary Events (KLB) in Indonesia. In 2006 malaria outbreaks occurred in several areas in Indonesia. Some outbreaks are caused by environmental changes due to natural disasters, population migration and development that is not environmentally sound so that the potential breeding places for malaria mosquitoes are increasingly widespread (Harijanto, 2010). through the loss of work productivity, the loss of household opportunities to finance education and the high burden of health costs. In the long term, it will have the effect of decreasing the quality of Human Resources (HR) of the Indonesian people (Trihono, 2009).

Based on the results of the Basic Health Research of the Republic of Indonesia (Riskesmas RI) in 2007, it is known that malaria is spread evenly in all age groups. The prevalence of clinical malaria in rural areas is two times greater than the prevalence in urban areas. The prevalence of clinical malaria also tends to be high in people with low education, groups of farmers, fishermen, laborers and groups with low levels of household expenditure per capita (Ministry of Health RI, 2007). The national prevalence of malaria based on the results of Riskesmas RI (2007) is 2.85 %. North Sumatra Province is one of 15 provinces with malaria prevalence above the national prevalence. Based on data obtained from the North Sumatra Health Service (Dinkes Sumut) in 2008, several malaria-endemic districts in North Sumatra include: South Tapanuli District, Mandailing Natal District, Asahan District, Labuhan Batu, Nias and Karo District. In March 1992 in Batang Angkola District, South Tapanuli, an extraordinary event was reported because 38 malaria cases died within 1 week of 3000 malaria cases, meaning that the malaria mortality rate was 1.27% (Dinkes Prop. North Sumatra, 2008). In addition, the treatment program for clinical malaria sufferers also has not shown satisfactory results, this can be seen from the cure rate for malaria sufferers is still low (45.7%). The problem faced by malaria program managers, especially field officers, is the low community participation in the implementation of malaria control activities, even though most of these programs really need community participation to be able to carry out properly.

The most effective prevention of malaria is to involve community participation through behavioral changes related to malaria eradication. Human behavior is essentially all the activities of humans themselves in the face of stimuli both from the surrounding environment and from desires that arise from what they feel is appropriate to do. The level of knowledge about prevention, modes of transmission and efforts to treat something against the disease, greatly influences the subsequent behavior towards the occurrence of malaria manifestations.

Dasril (2005) states that there is a relationship between community behavior and the incidence of malaria. Houses with ventilation that do not use screens have a 5.2 times risk of contracting malaria compared to houses that are ventilated with screens. Furthermore, it is known that people who do not use mosquito repellent (repellent) have a 3.2 times risk of contracting malaria compared to people who use it when they leave the house at night.

The importance of participation in health development is not solely due to the inability of the government in development efforts, but it is realized that the community has the right and potential to recognize and solve the health problems it faces, considering that most health problems are caused by the behavior of the community itself (Ndiye, et al. 2001).

Based on initial data obtained from the Hutabalang Health Center who suffered from malaria in the last 6 months, from January to June there were as many as 30 people suffering from malaria. Based on the data that has been described above, the authors try to conduct research on the relationship between characteristics and maternal actions in preventing malaria in the Hutabalang Health Center Work Area.

2. Method

2.1 Research Design

This type of research is analytical using a cross sectional design to determine the relationship between characteristics and maternal actions in preventing malaria in the Hutabalang Health Center Work Area in 2018.

2.2 Population and Sample

The population in this study were housewives who resided in the Work Area of the Hutabalang Health Center, namely Jago Jago LingkunganI Village, amounting to 60 people. The sampling technique was carried out by total sampling or total population, that is, the entire population was used as the research sample. The sample in this study were housewives who lived in the village of Jago-Jago Environment I which was the work area of the Hutabalang Health Center in June as many as 60 people.

2.3 Analisis Tehniques

The purpose of this analysis is to explain the relationship between the independent variables (age, education, occupation, income, knowledge, attitudes) which are strongly suspected to have a significant relationship with the dependent variable (action), using the formula.

3 Results and Discussion

a. Effect of age on maternal actions in preventing malaria

The results showed that there was an effect of age on the mother's actions in preventing malaria in the Hutabalang Health Center Work Area, Central Tapanuli Regency in 2018 where the results of the statistical test carried out found that the calculated X^2 was 13,576 greater than the X^2 table of 12,592. Dalimunthe's (2008) research also shows that the percentage of respondents who are young and old does not differ in their participation in malaria prevention programs. This shows that age is not a variable that affects community participation. Statistically also showed no significant effect. According to Dasril (2005), that most of the malaria sufferers are residents in the productive group, so it is necessary to carry out intensive countermeasures as part of health development, especially increasing health levels in the productive age group.

b. Influence of education on mother's actions in malaria prevention

The results showed that there was no effect of age on maternal actions in preventing malaria in the Work Area of the Hutabalang Health Center, Central Tapanuli Regency in 2018, where the results of statistical tests carried out found that the X count was 8,580 which was greater than the X^2 table of 15,507. Different research results were obtained from Montung et al., (2011), that there was a relationship between education and community action in preventing DHF (p value 0.039 and OR 1.544), and there was a relationship between gender and community actions in preventing DHF (p value 0.001 and OR of 2.263). Notoatmodjo (2007), argues that a high level of education will increase respondents' knowledge about the importance of health around the house. The lower a person's education level, the lower his mindset in dealing with the home environment and feeling reluctant to get information about malaria. However, good education does not always have an impact on good actions.

c. Influence of work on mother's actions in malaria prevention

The results showed that there was no effect of work on mother's actions in preventing malaria in the Hutabalang Health Center Work Area, Central Tapanuli Regency in 2018 where the results of statistical tests carried out found that the calculated X^2 was 7.063 greater than the X^2 table of 12.592. Similar results were also obtained from Montung et al., (2011), that there is no relationship between employment status and community actions on the prevention of DHF (p value 0.315 and OR 1.221). People who work or who do not work generally it is important to maintain the health of individuals and families to stay healthy. able to live in a schat and less feel able to carry out activities according to the work they have. In such conditions, their concern for programs developed or implemented by the government in their neighborhood is no better than those of the community who do not work.

d. The influence of knowledge on maternal actions in malaria prevention

The results showed that there was an effect of knowledge on mother's actions in preventing malaria in the Hutabalang Health Center Work Area, Central Tapanuli Regency in 2018 where the results of the statistical test carried out found that the calculated X^2 was 7.063 greater than the X^2 table of 12.592. The results of Dalimunthe's (2008) research also show that public knowledge about malaria affects community participation in malaria prevention programs. The low level of knowledge of respondents can also be seen from the condition of the respondent's environment that is not cleaned properly. From the results of the study, it was found that the majority of respondents live in areas with bad environmental conditions, so the risk of malaria is high.

e. The influence of attitudes towards mother's actions in preventing malaria

The results showed that there was an influence of attitudes towards maternal actions in preventing malaria in the Hutabalang Health Center Work Area, Central Tapanuli Regency in 2018 where the results of statistical tests carried out found that the calculated X^2 was 7.063 greater than the X^2 table of 12.592. Similar results were also obtained from Montung et al., (2008), that there was a relationship between attitudes and community actions in preventing DHF (p value 0.011 and OR 3.093), and attitudes had the greatest influence on community actions in preventing DHF compared to the other variables. other. Kotler (2000), explains that attitude is the result of the process of forming one's perception. Mangkunegara in Arendita (2002), argues that perception is a process of giving meaning or meaning to the environment. Ajzen (1994), argues that attitudes grow because of a tendency to respond favorably or not to a certain object, person, institution, or event.

4 Conclusion

There is an effect of age on mother's actions in preventing malaria in the Work Area of the Hutabalang Health Center, Central Tapanuli Regency in 2018. There is no effect of age on the mother's actions in preventing malaria in the Hutabalang Health Center Work Area, Central Tapanuli Regency in 2018. There is no effect of education on the mother's actions. in the prevention of malaria in the Work Area of the Hutabalang Health Center, Central Tapanuli Regency in 2018. There is an influence of knowledge on the mother's actions in preventing malaria in the Hutabalang Health Center Work Area of Central Tapanuli Regency in 2018. There is an influence of attitude towards the mother's actions in preventing malaria in the Work Area of the Public Health Center Hutabalang, Central Tapanuli Regency in 2018.

References

- Anies. 2005. Manajemen Berbasis Lingkungan (Solusi Mencegah dan Menanggulangi Penyakit Menular). PT. Elex Media Komputindo. Jakarta.
- Arikunto, S., 2006. Prosedur Penelitian Suatu Pendekatan Praktik. Penerbit PT. Rineka Cipta, Jakarta.
- Barodji dan Suwasono, H. 2001. Keberadaan Sapi dan Kerbau di Daerah Pedesaan dan Pengaruhnya Terhadap Vektor Malaria. Balai Penelitian Vektor dan Reservoir Penyakit, Salatiga.
- Budarja, 1, 2001. Kajian terhadap Lingkungan dan Perilaku Agraris dan Non Agraris di Kecamatan Kupang Timur Kabupaten Kupang Propinsi Nusa Tenggara Timur, Tesis Pascasarjana, Universitas Gadjah Mada, Yogyakarta.
- Dalimunthe Lerman, 2008. Faktor-Faktor yang Mempengaruhi Partisipasi Masyarakat dalam Program Pengelolaan Pencegahan Penyakit Malaria di Kecamatan Siabu Kabupaten Mandailing Natal. Tesis Sekolah Pascasarjana Universitas Sumatera Utara Medan.
- Damar, T.B. 1990. Penempatan kandang ternak (sapi dan kerbau) dan Pengaruhnya pada kepadatan vektor malaria An. aconitus di dalam rumah. SPVP. Laporan Tahunan April 1986-1990, Salatiga.
- Dasril, 2005. Model Pengendalian Penyakit Malaria Melalui Pendekatan Epidemiologi di Kecamatan Sei Kepayang Kabupaten Asahan; Thesis Pascasarjana Universitas Sumatera Utara, Medan
- Depkes RI, 2001. Profil Pemberantasan Penyakit Menular dan Penyehatan Lingkungan Pemukiman, Jakarta.
- Riset Kesehatan Dasar Republik Indonesia 2007, Jakarta. 2008. Profil Kesehatan Republik Indonesia 2008, Jakarta.
- Erdinal, dkk, 2006. Faktor-Faktor yang Berhubungan dengan Kejadian Malaria di Kecamatan Kampar Kiri Tengah, Kabupaten Kampar, 2005/2006. Makara Kesehatan, Edisi Desember 2006, Volume 10, Nomor 2.
- Gandahusada, S. 2006. Parasitologi Kedokteran. Fakultas Kedokteran Universitas Indonesia, Jakarta, 2006.
- Gunarsa S., 1991. Psikologi Praktis. Anak, Remaja dan Keluarga. Jakarta: Gunung Agung
- Hariyanto P.N. 2000. Malaria, Epidemiologi, Patogenesis, Manifestasi Klinis dan Penanganan. EGC, Jakarta.
- Malaria dari Molekuler ke Klinis. 2010. Penerbit Buku Kedokteran EGC, Jakarta.
- Kotler, Philip. 2000. Marketing Manajemen: Analysis, Planning, implementation, and Control 9th Edition, Prentice Hall International, Int, New Jersey