

FAMILY BEHAVIOR IN MALARIA PREVENTION IN BARUS SUBDISTRICT, CENTRAL TAPANULI REGENCY IN 2021

Augustianny Situmeang¹, Tinawati Nainggolan², Putri Silitonga³

^{1,2,3}S1 Public Health, STIKes Nauli Husada Sibolga, Diploma, Nauli Husada College of Health Sciences, Jl. Kader Manik No.2, Sibolga, 22533, North Sumatra, Indonesia

ARTICLE INFO

Keywords:

Behavior,
Family,
Malaria Prevention.

ABSTRACT

Malaria is a life-threatening disease and has caused many deaths that are naturally transmitted through the bite of an infective anopheles betika mosquito. In 2016 North Sumatra Province was included in the 5th position with the number of cases of 3,807 cases/year while Central Tapanuli Regency occupied the 5th position of all regencies/cities in North Sumatra with a total of 314 cases. Malaria cases that have not been eliminated have resulted in a large number of cases that still occur every year. The living environment and habits of the surrounding community are important factors in the incidence of malaria in Central Tapanuli. This study aims to identify family behavior in malaria prevention in Barus District, Central Tapanuli Regency. The research design used was quantitative with a descriptive approach where the sample in this study was 97 families. The research instrument uses a questionnaire and then the data is processed using a computer system.

E-mail:

golantina17@gmail.com

Copyright © 2022 Science Midwifery.

1. Introduction

Globally, the area of malaria spread is vast, between 60° in the north and 40° in the south, covering more than 100 countries with tropical and sub-tropical climates and as many as 107 countries that were malaria endemic in 2004. The population at risk of malaria is children under 5 years of age while the number of people affected by malaria amounts to 300 to 500 million which results in a high mortality rate of 1.5 to 2.7 million deaths, especially in sub-Saharan Africa (Lukman, 2018).

North Sumatra Province which consists of coastal areas, lowlands, and plateaus as well as the Bukit Barisan mountains that extend to the south and have a tropical climate make this area a potential in the development of malaria. Based on the number of malaria cases, North Sumatra Province in 2016 was included in the 5th position with the number of cases of 3,807 sufferers/year after the provinces of Papua, NTT, West Papua, and Maluku (Lukman, 2018).

Central Tapanuli occupies the 5th position out of all regencies/cities in North Sumatra with a total of 314 cases per year 2016 after Asahan Regency, Mandailing Natal, Batubara, Nias, followed by Gunung Sitoli Regency, Langkat, North Nias, South Nias, Labuhan Batu, Padang Lawas Utara, Padang Lawas, West Nias, North Tapanuli, Deli serdang, and 0 cases in other regencies/cities in North Sumatra (Lukman, 2018).

The family is an important aspect of parenting. The level of health of the individual will be related to the level of health of the family. The family is the smallest unit of society, contributing to the effort to achieve optimal public health. The family is also known as the social system because it consists of individuals who regularly participate and interact with each other, which is manifested in the existence of interdependence and relationships for the achievement of the goal of joint expenditure. The family has a significant relationship with the quality of life in the development, prevention and improvement of health problems of the family members themselves. Health problems in the family are interrelated and affect each other between family members, which ultimately affects the surrounding community. So that the family is in a strategic position to be part

of the health service unit (Winarti, 2018).

2. Research Methods

2.1 Research Type and Design

The research design used in this study was quantitative with a descriptive approach in which researchers identified family behavior in malaria prevention in Barus District, Central Tapanuli Regency.

2.2 Research Place and Time

This research was conducted in Barus District, Central Tapanuli Regency, North Sumatra Province. This research was carried out starting in October 2020 starting from the submission of the research title.

2.3 Analysis Techniques

The process of processing research data is to turn data into information. In the process of processing research data, several stages are carried out, starting with editing, namely the researcher re-examines the correctness of the data, namely by first checking the questionnaire submitted by the respondent. Coding is a researcher who gives a code in the form of numerical numbers on data that matches the category that the researcher has set. The provision of this code is very important, especially because of the data processing that researchers do using computer statistics software. Data entry is for researchers to enter data entry, namely entering research data which the researcher then displays in the frequency distribution table. And finally the researcher will do data analysis to get it in the form of tabulation, by entering the entire data then processed using SPSS statistically descriptive which is used to report results in the form of frequency distributions and percentages (%).

3. Result And Discussion

TABLE 1
FREQUENCY DISTRIBUTION AND PERCENTAGE OF FAMILY KNOWLEDGE IN BARUS DISTRICT, CENTRAL TAPANULI REGENCY

Characteristics	Frekuensi (f)	Percentase (%)
Well	59	60,8
Enough	37	38,1
Bed	1	1,1

In the data table 1, it was found that almost half of families in Barus District had good behavior in malaria prevention, namely 47 families (48.5%) because they had entered the category of good, positive, and good in 3 behaviors that had been determined, followed by families who were included in the sufficient, positive, good category, namely 33 families (34.0%), good, positive, enough 12 families (12.4%), enough, positive enough 4 families (4.1%), and 1 family falls into the category of less, positive, good (1.0%).

Family knowledge in Barus, Central Tapanuli Regency about malaria prevention got good results, namely 59 families (60.8%), moderate results were 37 families (38.1%), results were less than 1 family (1.1%). This shows that although almost half of the respondents who are only high school graduates (SMA) respondents still have good knowledge related to malaria.

The attitude of families in Barus, Central Tapanuli Regency, has obtained overall positive results, namely 97 families (100%). This shows that the family has had a positive attitude in malaria prevention behaviors that will later be applied in malaria prevention measures. This is also in line with Shaqiena's research (2019) saying that good knowledge will support the formation of a positive attitude towards malaria events so that a positive attitude will also encourage efforts to prevent malaria so as not to harm themselves and those around them.

In the research of Noerjoedianto (2017) the attitude of the community in the prevention of malaria is still classified as poor as much as 67.6% this is due to the public's assumption that malaria is a harmless disease so that a bad attitude arises to prevent malaria. The actions of families in Barus, Central Tapanuli Regency in malaria prevention have obtained good results, namely 82

Midwifery Science

journal homepage: www.midwifery.iocspublisher.org

families (84.5%) and sufficient results as many as 15 families (15.5%). This shows that the majority of families have taken good actions in malaria prevention in Barus District, Central Tapanuli Regency, where these results are in line with good knowledge and attitudes to the family so that they can produce good actions as well. According to Notoatmojo (2010) age can affect a person's actions because of the increase in experiences experienced.

4. Conclusion

Based on the results of the research that has been carried out, conclusions can be drawn about family behavior in malaria prevention in 97 families in Barus district, Central Tapanuli Regency, it was found that families had good knowledge as many as 59 families (60.8%), followed by families who had sufficient knowledge, namely 37 families (38.1%), families who had less knowledge, namely 1 family (1.1%) all families had a positive attitude as many as 97 families (100%), and the majority of families in Barus Subdistrict have taken good actions in malaria prevention, namely 82 families (84.5%), followed by families who have taken sufficient action, namely 15 families (15.5%). This shows that the family has had good behavior in malaria prevention in Barus sub-district, Central Tapanuli Regency.

References

- Ahmad FR, Sulistyani, Nur EW. (2017). Faktor Lingkungan dan Perilaku yang Berhubungan dengan Kejadian Malaria di Kecamatan Panyabungan Mandailing Natal Sumatera Utara. BALABA.
- Akmal Taher, Yudhi Prayuda Ishak Djuarsa, dkk. (2016). Pedoman Umum Indonesia Sehat dengan Pendekatan Keluarga, (Jakarta: Kementerian Kesehatan RI)
- Alami, R., Adriyani, R. (2016). Tindakan Pencegahan Malaria di Desa Sudorogo Kecamatan Kaligesing Kabupaten Purworejo. Jurnal Promkes.
- Asriwati & Irawati. (2019). Buku Ajar Antropologi Kesehatan dalam Keperawatan. Yogyakarta. Deepublish.
- Athhari, H., Budi, S. (2016). Pengetahuan Tentang Rumah Sehat dengan Pencegahan Malaria. Jurnal Ilmiah Mahasiswa Unsiyah
- Fabio, B, R., Victor, D, P., Josef, B, T. (2021). Perilaku Masyarakat Desa terhadap Penyakit Malaria di Masa Pandemi Covid-19. Medical Scope Journal (MSJ)
- Farihatun, A., Mamdy, Z. (2016). Faktor-Faktor yang Berhubungan dengan Perilaku Pencegahan Penyakit Malaria pada Masyarakat di Desa Karyamukti Kecamatan Cibalong Kabupaten Garut Provinsi Jawa Barat.
- Green & Kreuter. (2015). Perencanaan Pendidikan Kesehatan, sebuah pendekatan diagnostic. Proyek pengembangan FKM. Jakarta: Departemen Pendidikan dan Kebudayaan.
- Gusra T, Irawati N, Sulastri D. (2014). Gambaran Penyakit Malaria di Puskesmas Tarusan dan Puskesmas Balai Selasa Kabupaten Pesisir Selatan periode Januari - Maret 2013. Jurnal Kesehatan Andalas.
- Irawati. (2009). Analisa Faktor Kejadian Relaps pada Penderita Malaria di Kecamatan Juli Kabupaten Bireun. Medan: Fakultas Kesehatan Masyarakat Universitas Sumatera Utara
- Kemkes RI. (2014). Keputusan Menteri Kesehatan Republik Indonesia Nomer 293/Menkes/SK/IV/2009, tentang Eliminasi Malaria di Indonesia. Jakarta: Kementerian Kesehatan Press.
- Kementerian Kesehatan Republik Indonesia. (2016). Pedoman umum program Indonesia Sehat dengan pendekatan keluarga. Jakarta: Kementerian Kesehatan RI
- Lestari P, Pratiwi PH. (2018). Perubahan dalam Struktur Keluarga. J DIMensia.
- Lukman H, Upik KH, Sugiarto. (2018). Kajian Pengendalian Malaria di Provinsi Sumatera Utara dalam Upaya Mencapai Eliminasi Malaria. Jurnal vektor penyakit.
- Notoatmojo S. (2014). Ilmu Perilaku Kesehatan. Jakarta: Rineka Cipta.
- Prakoso GD, Fatah MZ. (2017). Analisis Pengaruh Sikap, Kontrol Perilaku dan Norma Subjektif Terhadap Perilaku Safety. J Promkes.
- Romi T, Putra I. (2011). Malaria dan Permasalahannya. Jurnal Kedokteran Syahkuala.
- Sefrina FL. (2016). Hubungan Dukungan Keluarga dan Keberfungsian Sosial pada Pasien Skizofrenia Rawat Jalan. JIPT.
- Sugiyono. (2014). Metode Penelitian Kuantitatif Kualitatif dan R&D. Bandung: Alfabeta
- Supiganto, A., Ketut, Ni Metri. (2019). Pengetahuan dan Kemampuan Fisik Masyarakat dalam Pencegahan Malaria di Desa Taman Sari Gunungsari kabupaten Lombok Barat. Jurnal Sangkareang Mataram.
- Zulaikhah ST, Sahariyani M, H PB, M DA, Rani M. (2020). Faktor Sikap dan Perilaku yang Berhubungan dengan Malaria di Wilayah Kerja Puskesmas Banjarmangu I Banjarnegara. Dis Prev Public Heal J.