

RELATIONSHIP KNOWLEDGE AND ATTITUDE ABOUT MALARIA WITH PREGNANT MOTHER BEHAVIOR FOR LOOKING FOR MALARIA TREATMENT IN PREGNANCY IN THE AEK HABIL PUBLIC HEALTH CENTER AREA YEAR 2021

Friska A. Sihombing¹, Lely Desi Uli Basana², Tetty Sianturi³

¹Diploma, STIKes Nauli Husada Sibolga, Jl. Kader Manik No.2, Sibolga, North Sumatra, 22533, Indonesia

ARTICLE INFO

Keywords:

Knowledge Of Attitudes And Behavior, Malaria In Pregnancy, Malaria Treatment.

ABSTRACT

Indonesia, especially West Papua, which is a malaria endemic area, is still facing malaria as a health problem. Malaria is one of the causes of death of pregnant women, children and toddlers which can reduce labor productivity. If not treated immediately, pregnant women who contract malaria can experience complications that affect the mother and the fetus in her womb. In endemic areas, malaria is often considered a common disease, causing differences in people's mindsets in seeking treatment for malaria. There has been no previous research in West Papua regarding knowledge and attitudes about malaria with the behavior of pregnant women to seek malaria treatment in pregnancy. The study was conducted in three PKM in Sorong Regency to 81 respondents with a cross sectional study design using consecutive sampling. The research instrument used is using a questionnaire. The results obtained are the proportion of self-medication behavior is low, the level of knowledge is moderate and the attitude is high in pregnant women. However, the results of the analysis test were found to be insignificant between the level of knowledge and behavior of self-medication and the level of attitudes and behavior ($p>0.05$). However, good knowledge and attitude can prevent pregnant women from self-medication. There is no relationship between the level of knowledge and attitudes with self-medication behavior. Increased knowledge of malaria can be done to help pregnant women better understand malaria, and malaria screening for pregnant women is carried out more actively to prevent pregnant women from self-medication.

E-mail:

aprianishb@yahoo.com

Copyright © 2022 Science Midwifery.

1. Introduction

Until now, malaria is still one of the health problems faced in the world. In 2017, malaria cases worldwide reached 219 million cases, of which there were 435,000 deaths due to malaria, and the Western Pacific 71.9%, while *P. vivax* is the predominant parasite in the Americas which causes 74.1% of malaria cases. Malaria can spread in developing countries, especially countries with tropical climates such as Indonesia.

Pregnant women who experience malaria that are not treated immediately can cause complications that have an impact on the mother and the fetus they contain.⁴ The impact on the mother is in the form of anemia, hepatosplenomegaly, cerebral malaria, impaired kidney function, pulmonary edema while the impact on the fetus is in the form of abortion, babies born with low birth weight, low birth weight, and congenital malaria and the risk factor for both is death. Infants born to mothers at risk for falciparum and/or vivax malaria are estimated at 82.6 million worldwide and 54.4 million of them occur in the Asia-Pacific region.

Previously, descriptive research has been conducted on the behavior of people seeking

malaria treatment in general in Sorong City, but no research has been conducted in Sorong Regency, especially regarding the behavior of people seeking malaria treatment in pregnancy. The results of the study were in the form of knowing the various behaviors of people seeking malaria treatment in Sorong City, including seeking traditional medicine, puskesmas, buying drugs at drugstores or pharmacies and also doing nothing. This behavior is driven by the supporting factors of the community choosing treatment because of their own initiative and family support, while the inhibiting factors are the distance to the health service which is quite far, the high cost of treatment incurred and the lack of existing health facilities. In addition, the clinical symptoms of malaria experienced by pregnant women in endemic areas are often not clearly visible. This makes pregnant women perceive the clinical symptoms experienced as normal, thus encouraging the pregnant women to feel that it is enough just to take self-medication. This self-medication action can cause a decrease in efficacy and even drug resistance.

Therefore, this study was conducted with the aim of knowing whether knowledge and attitudes can directly affect the behavior of the community for malaria treatment in pregnancy, especially the community in the Aek Habil Public Health Center area.

2. Research Methods

2.1 Research Type and Design

The research design used in this research is cross sectional analytic.

2.2 Population And Sampel

The population in this study were pregnant women in the Aek Habil Health Center area, Sibolga City. Sampling in this study used a consecutive sampling technique, namely by selecting all pregnant women in PKM Mariat, Malawili and Mayamuk who met the inclusion criteria.

2.3 Analysis Techniques

The data obtained will be processed through several stages including the editing stage of the available data, the coding and assessment stage and the data entry stage into the measurement table and the hypothesis test used in this study is the chi-square test. Characteristics of respondents were analyzed using descriptive analysis.

3. Result And Discussion

Bivariate analysis was carried out using the chi square test to see the relationship between the level of knowledge and behavior of malaria self-medication in pregnancy in the community of pregnant women, the results of the analysis can be seen in the following table:

TABLE 1
THE RELATIONSHIP BETWEEN KNOWLEDGE OF MALARIA AND BEHAVIOR OF PREGNANT WOMEN TO SEEK MALARIA TREATMENT IN PREGNANCY BY SELF-MEDICATION

Pengetahuan Ibu Hamil Tentang Malaria	Kebiasaan Swamedikasi		Total	P	OR	CI
	Ya	Tidak				
Sedang	17 (39,5%)	26 (60,5%)	43 (100%)	0,12	0,4	0,1 - 1,2
Baik	9 (23,7%)	29 (76,3%)	38 (100%)			
Total	26 (32,1%)	55 (32,1%)	81 (100%)			

Based on table 1, it is found that respondents with moderate knowledge who do not have self-medication habits are 60.5% and the group of respondents with good knowledge who do not have self-medication habits is 76.3%. This illustrates that a better level of knowledge can increase the proportion of behavior not to have more self-medication habits, namely 15.8%. Although there is a difference in proportion, the results of the analysis show that it is not significant with a p value > 0.05.

The results of the bivariate analysis were to determine the relationship between attitudes and behavior of malaria self-medication in pregnancy in the community, especially among pregnant women in Sorong Regency. Bivariate analysis of the relationship between self-medication attitudes

Midwifery Science

journal homepage: www.midwifery.iocspublisher.org

and behavior was carried out using the chi square test. The results of the analysis of the relationship between attitudes and behavior of malaria self-medication in pregnancy can be seen in the following table:

TABLE 2
THE RELATIONSHIP BETWEEN ATTITUDES TOWARDS MALARIA AND THE BEHAVIOR OF PREGNANT WOMEN TO SEEK SELF-MEDICATION

Sikap Ibu Hamil Tentang Malaria	Kebiasaan Swamedikasi		Total	P	OR	CI
	Ya	Tidak				
Sedang	8 (40%)	12 (60%)	20 (100%)	0,3	0,6	0,2 - 1,7
Baik	18 (29,5%)	43 (70,5%)	61 (100%)			
Total	26 (32,1%)	55 (67,9%)	81 (100%)			

Showed that the attitude group in the good category did not have more self-medication habits (70.5%) than the group of respondents in the moderate category (60%). Although there was a large enough difference, the analysis results obtained were not significant ($P > 0.05$).

4. Conclusion

This illustrates that a better level of knowledge can increase the proportion of behavior not to have more self-medication habits, namely 15.8%. Although there is a difference in proportion, the results of the analysis show that it is not significant with a p value > 0.05 . The results of the bivariate analysis were to determine the relationship between attitudes and behavior of malaria self medication in pregnancy in the community, especially among pregnant women in Sorong Regency. Bivariate analysis of the relationship between self-medication attitudes and behavior was carried out using the chi square test.

References

- World health organization. Malaria [Internet]. WHO. 2018 Nov 13 [cited 2018 Des 8]. Available from: www.who.int
- Dinas Kesehatan Provinsi Papua Barat. Profil Kesehatan Provinsi Papua Barat 2017. Manokwari: Dinkes Provinsi Papua Barat; 2018.
- Kementerian Kesehatan Republik Indonesia. Hari Malaria sedunia, pemerintah perluas wilayah bebas malaria [Internet]. 2018 April 28 [cited 2018 Des 8].
- Warouw. Malaria pada kehamilan. Dalam: Harijanto PN, Nugroho A, Gunawan CA. Malaria dari molekuler ke klinis. Ed ke-2. Jakarta: EGC; 2009. 195 - 221 p.
- Kementerian Kesehatan Republik Indonesia. Buletin jendela data dan informasi kesehatan epideiologi malaria di Indonesia. Jakarta: Kemenkes RI; 2011.
- Dellicour S, Tatem AJ, Guerra CA, Snow RW, ter Kuile FO. Quantifying the number of pregnancies at risk of malaria in 2007: a demographic study. *PLoS Med* 2010;7(1);e1000221
- Kementerian Kesehatan Republik Indonesia. Wilayah Indonesia Dominan Bebas Malaria [Internet]. 2018 April 23 [cited 2018 Des 8].
- Simamora D, Fitri LE. Resistensi obat malaria: mekanisme dan peran obat kombinasi antimalaria untuk mencegah. *Jurnal Kedokteran Brawijaya*. 2007 Aug; 13(2); 82-90 p.
- Cotesea JPS, Nyorong M, Ibnu IF. Perilaku pencarian pengobatan masyarakat terhadap penyakit malaria di kelurahan remu utara, distrik sorong, kota sorong papua barat [Internet]. 2013.
- Harijanto PN. Gejala klinis malaria ringan. In: Harijanto PN, Nugroho A, Gunawan CA, editors. Malaria dari molekuler ke klinis. 2nd ed. Jakarta: EGC; 2009. 85-101 p.
- World Health Organization. Malaria - key facts [Internet]. 2018 Nov 19. [cited 2018 Nov 19].
- Kementerian Kesehatan Republik Indonesia. Data dan Informasi Profil Kesehatan Indonesia 2016. Jakarta: Pusat data dan Informasi Kemenkes RI; 2017
- Arsin AA. Malaria di Indonesia Tinjauan Aspek Epidmeiologi. Makassar: Masagena press; 2012. 41-100 p
- Puasa R, Asrul AH, Kader A. Identifikasi plasmodium malaria di desa beringin jaya kecamatan oba tengah kota tidore kepulauan. *Jurnal riset kesehatan*. 2018; 7(1); 21-24 p
- Centers for disease control and prevention. Malaria. CDC [Internet]. 2018 Nov 13. [Cited 2018 Dec9].