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THE RELATIONSHIP OF KNOWLEDGE AND ATTITUDE ABOUT MALARIA WITH BEHAVIOR OF PREGNANT MOTHERS WITH MALARIA TREATMENT IN PREGNANCY AT SARUDIK PUSKESMAS, TAPANULI CENTRAL DISTRICT 2021

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ABSTRACT

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.

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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 West Pacific 71.9%, while P. vivax is the predominant parasite in the Americas which causes 74.1% of malaria cases that occur. Malaria can spread in developing countries, especially tropical countries such as Indonesia. According to WHO, the estimated proportion of malaria cases in Indonesia in 2016 which has been reported is around 18% of cases and is still the cause of death for pregnant women, children and toddlers and can reduce labor productivity.

Malaria in pregnancy has a negative impact on both the mother and the fetus. According to the Health Profile of Districts/Cities throughout West Papua Province in 2017, malaria cases that were tested positive by microscope examination reached 31,068 cases. 2 The Millennium Development Goals (MDGs) include malaria control efforts as a global commitment. This is similar to the malaria control efforts implemented by the Government with the target of "Indonesia Eliminating Malaria" by 2030.

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.

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 finding out whether knowledge and attitudes can directly influence people's behavior to seek treatment for malaria in pregnancy, especially people who are in the Sarudik Health Center, Central Tapanuli Regency.

2. Research Methods

2.1 Research Type and Design

The research design used in this study was an analytic cross sectional. Work Area of Sariduk Public Health Center, Central Tapanuli Regency. Research time: The study was conducted from March to September 2021.

2.2 Population And Sampel

1. Target population: Pregnant women in Sorong Regency, 2. Affordable population: Pregnant women in PKM Mariat, Malawili and Mayamuk. 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. Sample Size, the sample size in this study was calculated using a categorical descriptive formula

$$n=\frac{(Za^2)xPx(1-P)}{d^2}$$

$$n=\frac{(1{,}96^2)x0{,}7x(1-0{,}7)}{0{,}1^2}$$

n=80,6736
n=81

Information:
n = Minimum sample size
Za = 1.96 (95% confidence interval) P = 0.7 (based on research by Mading M, 2014)
So the required sample size is at least 81 pregnant women.

3. Result And Discussion

3.1 Result

TABLE 1
LEVEL OF KNOWLEDGE ABOUT MALARIA AMONG PREGNANT WOMEN IN THE DISTRICTS OF MARIAT, AIMAS AND MAYAMUK, 2019

Tingkat Pengetahuan	n	%
Sedang	43	53,1
Baik	38	46,9
Total	81	100

Based on table 1, the distribution of the most respondents with a moderate level of knowledge (53.1%) compared to respondents with a good level of knowledge (46.9%) which means that not all pregnant women fully understand malaria, malaria mosquitoes, and their treatment.
Attitudes of Pregnant Women About Malaria

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TABLE 2
THE LEVEL OF ATTITUDES OF PREGNANT WOMEN ABOUT SEEKING TREATMENT FOR MALARIA IN PREGNANCY IN THE SARUDIK HEALTH CENTER WORK AREA IN 2021

Tingkat sikap	Jumlah (N=81)	%
Sedang	20	24,7
Baik	61	75,3
Total	81	100

Based on table 2, it is found that the distribution of respondents with the highest level of good attitude (75.3%) compared to respondents with moderate level of attitude (24.7%) which means that almost all pregnant women show a positive attitude about seeking malaria treatment in pregnancy.

TABLE 3
RELATIONSHIP BETWEEN KNOWLEDGE OF MALARIA AND BEHAVIOR OF PREGNANT WOMEN TO SEEK SELF-MEDICATION FOR MALARIA TREATMENT IN PREGNANCY

Pengatahuan Ibu Hamil Tentang Malaria	Kebiasaan Swamedikasi		Total	P	OR	
	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 3, 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. Relationship between Attitude and Behavior of Self-Medication.

TABLE 4
RELATIONSHIP BETWEEN ATTITUDES TOWARDS MALARIA AND BEHAVIOR OF PREGNANT WOMEN TO SEEK SELF MEDICATION

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

Table 4 shows that the attitude group in the good category who does not have the habit of self medication is more (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).

3.2 Discussion

Based on the theory that good knowledge about the dangers and impacts of malaria will affect the ability of the community in research, pregnant women act when they are infected with malaria. Although research using the exact same variables as this study did not exist before, there are still similar studies, namely research that examines the knowledge, attitudes and behavior of pregnant women towards malaria transmission at the Sarudik Health Center, Central Tapanuli Regency in 2021. Research conducted by Mading involving respondents with the highest education level of junior high school and below (87.2%) showed results that showed respondents had a moderate level of knowledge (69.2%) which occurred in malaria endemic areas.

The attitude criteria of respondents were categorized into 3 groups agreeing, doubting and disagreeing, from the results of data analysis which included questions about malaria, the results with an average attitude assessment of respondents were categorized as good (75.3%). Most of the respondents already know that if they have fever, a sign of malaria, they need to immediately go to a health facility or health worker. The results of this analysis are in line with research by Mading

and Rumbiak in 2013 and 2006 which stated that there was a significant relationship between attitudes and behavior in malaria treatment. The respondent's behavior towards malaria treatment tends to be good when compared to the respondent's knowledge and attitude. Most of the respondents admitted that they did not have the habit of malaria self-medication in pregnancy.

4. Conclusion

Communities in the sarudik work area who have more moderate levels of malaria knowledge than good knowledge levels, have low levels of good attitudes and self-medication behavior. The statistical test results show that there is no relationship between the level of knowledge and attitudes about malaria with behavior seeking malaria treatment in pregnancy, however. Thus, an increase in knowledge about malaria in pregnant women can improve their behavior in seeking malaria treatment in pregnancy.

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