

RINGKASAN

PERBANDINGAN FAKTOR PERILAKU, SOSIO EKONOMI DAN KONDISI LINGKUNGAN KELUARGA PENDERITA PADA KEJADIAN PENYAKIT DEMAM BERDARAH DENGUE DI DAERAH ENDEMIS DAN NON ENDEMIS

PURWO ATMODOJO

Demam Berdarah Dengue sampai saat ini masih merupakan masalah kesehatan di kota Denpasar dengan Angka Kejadian 360,4 per 100.000 penduduk bila di Pada saat ini ada 43 desa dan semua desa di kota Denpasar dinyatakan Endemis Demam Berdarah Dengue

Tujuan penelitian ini adalah untuk mengidentifikasi faktor perilaku antara lain pengetahuan, sikap dan praktek penderita atau keluarga penderita; sosial ekonomi yang mencakup pendapatan dan jumlah tanggungan keluarga; serta kondisi lingkungan yang meliputi kelembaban udara di kamar penderita, pencahayaan di kamar penderita, keberadaan pakaian yang digantung, keberadaan semak dan keberadaan larva *Aedes* yang ditemukan di sekitar rumah penderita.

Penelitian ini menggunakan desain penelitian *Comparative Study*, yaitu membandingkan faktor-faktor pada penderita yang dinyatakan sakit Demam Berdarah Dengue (mengacu pada kriteria WHO) yang bertempat tinggal di daerah Endemis DBD yaitu di Kota Denpasar dibandingkan dengan penderita yang dinyatakan sakit Demam Berdarah Dengue yang bertempat tinggal di daerah Non Endemis di Kabupaten Badung.

Dalam penelitian ini diperoleh sample dari daerah endemis sebanyak 90 responden dan dari daerah non endemis sebanyak 22 responden sehingga total sample 112 sample.

Variabel yang diteliti adalah : Usia; jenis kelamin ; tingkat pendidikan penderita; Pekerjaan Keluarga Penderita ; Pendapatan keluarga penderita; jumlah tanggungan keluarga penderita; kelembaban kamar tidur penderita ; pencahayaan kamar tidur penderita; adanya baju yang digantung di kamar penderita; adanya semak di sekitar rumah penderita; pengetahuan, sikap dan praktek keluarga penderita; adanya larva *Aedes* di daerah endemis dan non endemis.

Dari hasil analisis statistik dengan uji Regresi Logistik Ganda pada variabel yang significant adalah sebagai berikut :

1. Adanya perbedaan yang bermakna pada faktor pendapatan keluarga di daerah Endemis dan non endemis. Di daerah Endemis mempunyai tingkat pendapatan yang lebih rendah dibandingkan dengan di daerah Non Endemis. Hal tersebut memungkinkan bahwa keadaan ekonomi yang lebih rendah maka praktek untuk pencegahan penyakit DBD juga rendah
2. Adanya perbedaan tingkat kelembaban udara di kamar penderita antara di daerah Endemis dan Non Endemis DBD. Di daerah Endemis kelembabannya lebih sesuai untuk hidupnya nyamuk *Aedes* (kelembaban udara 70-80%) dibandingkan dengan daerah Non Endemis dengan kelembaban yang lebih tinggi
3. Adanya perbedaan tingkat pencahayaan di kamar penderita antara di daerah Endemis dan Non Endemis DBD. Di daerah Endemis mempunyai pencahayaan yang lebih gelap sehingga sangat cocok untuk tempat persembunyian nyamuk *Aedes* dibandingkan dengan daerah Non Endemis dengan pencahayaan yang lebih terang.

4. Adanya perbedaan tingkat pengetahuan tentang gejala penyakit DBD antara di daerah Endemis dan Non Endemis DBD. Di daerah Endemis masyarakat lebih tahu dan mempunyai pengalaman oleh karena keluarga atau tetangga pernah menderita DBD.
5. Adanya perbedaan keberadaan larva *Aedes* pada kontainer di dalam rumah dalam radius 5 meter dari rumah penderita DBD antara di daerah Endemis dan Non Endemis DBD. Di daerah Endemis Indeks Kontainer lebih tinggi daripada daerah non endemis sehingga kemungkinan penularan penyakit DBD lebih tinggi.
6. Adanya perbedaan keberadaan larva *Aedes* pada kontainer di luar rumah dalam radius 5 meter dari rumah penderita DBD di daerah Endemis dan Non Endemis DBD. Di daerah Endemis Indeks Kontainer lebih tinggi daripada non endemis sehingga kemungkinan penularan penyakit DBD lebih tinggi.
7. Tidak ada perbedaan pada jenis kelamin, jenis pekerjaan, tingkat pendidikan, adanya baju bergantung di kamar penderita, pengetahuan tentang pertolongan penyakit DBD, pengetahuan tentang pertolongan penyakit DBD, pengetahuan tentang nyamuk penular, pengetahuan tentang pencegahan, sikap, tindakan pelaporan keluarga penderita dan tindakan pencegahan penyakit DBD. Keadaan tersebut kemungkinan disebabkan variasinya kurang/ homogen untuk variabel tersebut, adanya pengaruh antar variabel independen pada uji multivariate regresi logistik.

Dari hasil tersebut di atas dapat disimpulkan bahwa di daerah endemis lebih banyak faktor yang berpotensi terjadinya penularan penyakit DBD daripada daerah non endemis. Hal tersebut juga berakibat pada penderita yang bertempat tinggal di daerah non endemis dan mendapat penularan di daerah endemis. Diketuinya faktor yang ada di daerah endemis dan non endemis maka dapat digunakan sebagai masukan strategi pemberantasan yang sesuai untuk penyakit DBD

Saran yang diajukan antara lain : perbaiki keadaan perumahan terutama pencahayaan matahari langsung dan ventilasi untuk mengurangi kelembaban sehingga nyamuk tidak senang tinggal di tempat tersebut; penyuluhan kesehatan untuk meningkatkan pengetahuan masyarakat dalam mencegah dan memberantas penyakit DBD; meningkatkan kegiatan PSN dalam memberantas vektor penyakit DBD; penelitian lebih lanjut dengan besar sample yang lebih besar terutama pada variabel yang tidak ada perbedaan yang bermakna.

SUMMARY
COMPARISON BEHAVIOUR, SOCIAL ECONOMIC AND ENVIRONMENT FACTOR
FAMILY OF PATIENT DENGUE HAEMORRHAGIC FEVER IN ENDEMIC
AND NON ENDEMIC AREA

PURWO ATMODOJO

Dengue Haemorrhagic fever until now still constitute public health problem in Denpasar city with Incidence rate 360,4 in 100.000 people. All of the village in Denpasar (43 village) are endemic area.

The purpose of this research is to identify the different factor i.e. knowledge, attitude, and practice, social economic, which cover income of family and amount of family member and environmental condition which cover humidity of patient bedroom ,illumination of patient bedroom, existence of clothes hinge , existence of bush and existence of larva of *Aedes* found around patient house.

This research design was a comparison study which compared the factors in DHF patient (WHO criteria) who live in endemic area (Denpasar city) and DHF patient live who in non endemic area (Badung District)

Sample in this research in endemic area are 90 respondent and in non endemic area are 22 respondent, total sample both are 112 respondent

Variable of the study were : age, sex, education, occupation, income of family, amount of member in the family and environmental condition which cover humidity of air in patient bedroom, illumination in patient bedroom, existence of clothes hinge , existence of bush and existence of larva of *Aedes* found around patient house in endemic and non endemic area.

Result of this research with multiple logistic regression in significant variable as follow :

1. There is different in income of family in endemic and non endemic area . In endemic area have less income of family compare in non endemic area. The lower income of the family in endemic area have fewer preventive practice in DHF disease
2. There is different humidity of air in patient bedroom in endemic and non endemic area. In endemic area have humidity that appropriate for *Aedes* mosquito live (70-80% of humidity) compare in non endemic area is higher.
3. There is different illumination in patient room in endemic and non endemic area. In endemic area have darker illumination (*Aedes* mosquito prefer dark illumination for rest and hiding) than in non endemic area
4. There is different level of knowledge about symptom of DHF in endemic and non endemic area. In endemic area patient and the family have better knowledge about symptom of DHF than in non endemic area because they were more often experience as their family or their neighborhood got the DHF before.
5. There is different existence of *Aedes* larva in house container 5 meter radius in endemic and non endemic area. In endemic area the Container index are more existence of *Aedes* larva than in non endemic area

6. There is different existence of *Aedes* larva outdoor container 5 meter radius in endemic and non endemic area. In endemic area the Container Index are more existence of *Aedes* larva than in non endemic area
7. There were not different in sex, occupation, level of education, existence of clothes hinge in patient room, knowledge about caring DHF disease, knowledge about preventive DHF disease, attitude, practice of reporting DHF patient and preventive practice to DHF disease. In this situation could be cause by homogeneity for that variables , influence by interaction independent variables in multivariate logistic regression test.

The result has been shown above we could know that more factors in endemic area were potential in DHF disease compare in non endemic area. In that chase DHF patient who live in non endemic area most of them work in endemic area so they were possibility got the dengue virus or bite by mosquito in their office. Identification of factor in endemic area and non endemic area could be use as consideration in control strategy in DHF.

Suggestion From the result have been shown above is : improving the ventilation in settlement in order better illumination and humidity in the bedroom; promoting health community to improve community knowledge about preventing and controlling of DHF ; improving *Aedes* breeding site control; other research with bigger amount of sample in not significant variable.

ABSTRACT.

COMPARISON BEHAVIOUR, SOCIAL ECONOMIC AND ENVIRONMENT FACTOR FAMILY OF PATIENT DENGUE HAEMORRHAGIC FEVER IN ENDEMIC AND NON ENDEMIC AREA

PURWO ATMODOJO

Dengue Haemorrhagic Fever (DHF) in Denpasar till now still represent the problem of health with IR 360,4 per 100.000 resident. Recently Denpasar all Village area is endemic of DHF.

The purpose of this research is to identify the differential behavioral factor which cover knowledge, attitude and practice, economic social which cover income of family and amount of member in the family and environmental condition which cover dampness of air, illumination, existence of clothes hinge, existence of bush and existence of larva of *Aedes* found around patient house

This research design was comparison study. This study compared factors between patient who expressed to suffer DHF as according to criterion of WHO and live in the endemic area in Denpasar City and the patient who expressed to suffer DHF as according to criterion of WHO and live in Non Endemic area in Badung District.

Total Sample is 112 respondent, 90 respondent in endemic area and 22 respondent in non endemic area.

The result of statistic of multivariate Logistic regression test with $\alpha = 0,05$ shows that indicate significant different in endemic area there were have lower level in earnings compared in non endemic area; in endemic area of DHF with the humidity of air 70 - 80% compared with non endemic area have higher humidity; in endemic area of DHF have almost dark illumination level compared with non endemic area; in endemic area of DHF have more understand the symptom disease of DHF compared with non endemic; in Endemic area container in house radius 5 meter contain larva of *Aedes* compared with Non Endemic; in Endemic area in outdoor container radius 5 meter have larva compared in Non Endemic area

Conclusion in this study is in endemic area there were have more risk factor that could spreading DHF than in non endemic area, most of patient from non endemic area work in endemic area and maybe they got from their office or in endemic area

Suggestion in this study is community in endemic area have to care about the their environment such as to clean up anything that become breeding place of *Aedes* and Healty life style.

Keywords: *DHF, behavior, social economic, environment, Endemic, Non Endemic*