



RESEARCH ARTICLE

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**Consciousness Stage Implementation of Mosquito Nest Eradication (MNE)
of Dengue Hemorrhagic Fever (DHF)**

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ABSTRACT

The main obstacle to efforts to reduce the incidence of dengue fever due to the still not optimal program of Mosquito Nest Eradication (MNE). MNE is unlikely to be completed if community members reached the smallest neighborhood, ie households did not do it. The success of the termination of the chain of transmission of DHF was closely related to the awareness and responsibility of the community to want to maintain the cleanliness of the house and its environment. The main purpose of this research was to describe the public awareness of MNE DHF. This research used quantitative description approach. In this study as respondents were 332 people who were in Kamal Village, Kamal District. From the results of the study, it was found that most Kamal villagers were at the stage of Naival Consciousness. It was hoped that the community is in the critical consciousness stage to understand their environment. So it needed health education through Health Literacy to increase knowledge which then would generate critical consciousness so that society could do empowerment.

Keywords: MNE, DHF, Critical consciousness, Health literacy

INTRODUCTION

Dengue Hemorrhagic Fever (DHF) is still one of the public health problems in Indonesia. The number of sufferers and the extent of the spreading area is increasing in line with the increasing mobility and population density. In Indonesia, dengue fever was first discovered in the city of Surabaya in 1968, a total of 58 people infected and 24 of them died. Since then, the disease is widespread throughout Indonesia (Ministry of Health, 2010).

World Health Organization (WHO) states Dengue Fever (DF) is still one of the health problems in the world. The number of patients and the extent of the spreading area increases with the increasing mobility and population density. In Indonesia, dengue fever was first discovered in Surabaya in 1968, a total of 58 people infected and 24 of them died. Since then, the disease is widespread throughout Indonesia (Ministry of Health, 2010). DF incidence in Indonesia from 2012-2014 cases of dengue has increased in 2013. In 2014 has decreased cases of dengue fever patients, but the deaths are still relatively high, ie more than 100 people (Ministry of Health, 2014).

Dengue incidence in Indonesia from 2012-2014 has fluctuated. In the year 2013 has increased and in 2014 experienced a decrease in cases, but the dead are still relatively high, ie more than 100 people (Ministry of Health, 2014). Based on East Java Province Health Profile, DHF incidence from 2012-2014, DHF incidence in East Java increased in 2013 and decreased in 2014, but still high compared to 2012 (East Java Province Health Profile, 2012-2014). By 2015 Bangkalan regency is one of five districts in (extraordinary event) EV DHF category in East Java Province. In 2010-2015 the incidence of DHF in Bangkalan District has fluctuated. While the case of dengue fever in Kamal District there in 2013 the incidence of dengue fever is very high, although decreased in 2014. Still high incidence of Dengue Hemorrhagic fever in Kamal District, proving that the spread of virus causes dengue more easily transmitted. Various efforts have been made in the prevention of DHF, and one of them is the MNE.

MNE program has been intensified since 1992. In 2000 it was developed into 3M Plus by using larvasida, maintaining fish and preventing mosquito bites. This PSN was not significantly affected. This is because not all communities are involved in the implementation of MNE (Krianto, 2009). The failure to eradicate DHF as a