RINGKASAN

Analisis Perilaku Keluarga dalam Upaya Pencegahan Penyakit Demam Berdarah Dengue (DBD) di Kelurahan Meteseh Kecamatan Tembalang Kota Semarang

Kusyogo Cahyo

Demam Berdarah Dengue merupakan salah satu masalah kesehatan masyarakat di Indonesia. Hampir seluruh wilayah di Indonesia mempunyai risiko untuk terjangkit Penyakit DBD, sebab baik virus penyebab (*dengue*) maupun nyamuk penularnya yaitu *Aedes Aegypty* dan *Aedes Albopictus* sudah tersebar luas di perumahan maupun tempat-tempat umum di seluruh Indonesia, kecuali wilayah dengan ketinggian lebih dari 1000 meter diatas permukaan laut

Data terakhir mengungkapkan bahwa sejak Januari sampai dengan 5 Maret 2004, total kasus Penyakit DBD di seluruh propinsi di Indonesia sudah mencapai 26.015, dengan jumlah kematian sebanyak 389 orang (CFR=1,53%). Di Kota Semarang, berdasarkan data tahun 2002-2003, dijumpai sebanyak 1400 kasus dengan jumlah kematian 3 orang. Tingkat kepadatan jentik masih cukup tinggi yaitu pada tingkat kepadatan 3 sampai 5 (HI=19,4%, CI 9,5% dan BI=35). Dari 177 kelurahan yang ada pada 16 kecamatan di Kota Semarang, tercatat 124 kelurahan merupakan kelurahan yang endemis Penyakit DBD, 41 kelurahan merupakan kelurahan sporadis Penyakit DBD, dan hanya 12 kelurahan yang bebas (potensial) dari Penyakit DBD.

Dengan pendekatan kuantitatif, penelitian ini bertujuan untuk mengetahui perilaku keluarga dalam upaya pencegahan Penyakit DBD di Kelurahan Meteseh, Kecamatan Tembalang, Kota Semarang. Perilaku keluarga disini meliputi pengetahuan, sikap, kepercayaan kesehatan dan didukung oleh karakteristik keluarga dan faktor psikososial. Karakteristik meliputi umur, pendidikan, pekerjaan, jumlah anggota keluarga dan pendapatan. Faktor psikososial meliputi *peer & reference groups* dan pengalaman sebelumnya. Penelitian ini juga menggunakan pendekatan kualitatif untuk mengetahui kepercayaan masyarakat dan potensi masyarakat dalam upaya pencegahan Penyakit DBD.

Rancangan dalam penelitian ini adalah *cross sectional study* dengan jumlah sampel sebesar 100 responden keluarga (bapak/ibu/anak) di Kelurahan Meteseh, Kecamatan Tembalang, Kota Semarang. Pengumpulan data dilakukan dengan survei langsung kepada masyarakat mengenai karakteristik, situasi dan kondisi psikososial, pengetahuan, kepercayaan kesehatan dan praktik pencegahan Penyakit DBD. Disamping itu, pengumpulan data juga dilakukan melalui wawancara mendalam dengan tokoh masyarakat/agama dan petugas kesehatan, dan diskusi kelompok terarah dengan perwakilan masyarakat yang dipilih secara proporsional.

Analisa data pada penelitian ini digunakan beberapa uji statistik yaitu uji *kendall's tau, chi-square* (untuk analisa bivariat) dan regresi logistik ganda (untuk analisa multivariat) dengan taraf signifikansi (α)=0,05.

Hasil penelitian menunjukkan bahwa dengan uji *kendall's tau* ditemukan bahwa ada hubungan antara tingkat pendidikan dengan kepercayaan kesehatan mengenai Penyakit DBD dengan nilai p=0.026, dan ada hubungan antara pengetahuan dengan kepercayaan kesehatan mengenai Penyakit DBD dengan nilai p=0.024. Sedangkan dengan uji regresi logistik ganda didapatkan hubungan yang bermakna antara pengetahuan dengan praktik pencegahan Penyakit DBD dengan nilai p=0.023, dan ada hubungan yang bermakna antara kepercayaan kesehatan dengan praktik pencegahan Penyakit DBD dengan nilai p=0.005.

Dari pendekatan kualitatif didapatkan hasil bahwa masyarakat masih menganggap bahwa Penyakit DBD merupakan penyakit yang berbahaya dan mematikan. Beberapa potensi yang ada dimasyarakat seperti pemantauan jentik berkala (PJB) dasawisma, PJB anak sekolah, program "resik-resik kutho", penggerakan kembali kelompok kerja (pokja) DBD, program pemberantasan sarang nyamuk (PSN) dan pemberdayaan *fogging* swasta melalui iuran warga merupakan beberapa potensi yang perlu dikembangkan. Beberapa kendala yang masih ada adalah dana program pemberantasan DBD yang terbatas, kurangnya partisipasi masyarakat secara menyeluruh, kurang berminatnya pihak LSM-LSM dalam pemberantasan DBD, belum adanya program pemberantasan yang komprehensif dan berkelanjutan karena kurangnya dukungan pemerintah kota, merupakan masalah-masalah yang harus segera dicari solusinya.

Dapat disimpulkan bahwa ada ada hubungan antara tingkat pendidikan dengan kepercayaan kesehatan, ada hubungan antara pengetahuan dengan kepercayaan kesehatan, ada hubungan antara pengetahuan dengan praktik, ada hubungan antara kepercayaan kesehatan dengan praktik pencegahan Penyakit DBD. Ada beberapa potensi yang harus dikembangkan dan ada beberapa kendala yang harus dicari solusinya. Perlu diterapkan strategi promosi kesehatan melalui jalur advokasi, dukungan masyarakat dan pemberdayaan masyarakat.

Dengan hasil penelitian di atas kepada pihak Puskesmas dan Dinas Kesehatan diharapkan mampu menerapkan strategi pemberantasan Penyakit DBD berbasis keagamaan melalui pendekatan promosi kesehatan, seperti PJB dasawisma dengan pemantauan dan dukungan dari petugas kesehatan dan tokoh masyarakat, kerjasama dengan perguruan tinggi, kerjasama dengan guru dan santri TPQ, menggunakan alat peraga promosi kesehatan yang menarik, dan adanya *reward* yang pengaturannya disesuaikan ketersediaan dana dan merata, serta advokasi ke pemerintah kota DPRD, dan MUI untuk penggalangan dukungan.

ix

SUMMARY

ANALYSIS OF FAMILY BEHAVIOR IN PREVENTING DENGUE HAEMORRHAGIC FEVER AT METESEH VILLAGE, TEMBALANG SUB-DISTRICT, SEMARANG

Kusyogo Cahyo

Dengue Haemorrhagic Fever (DHF) is one of many health problems experienced by people of Indonesia. Almost all regions in Indonesia have a risk to be infected by DHF because both the virus and the agent (mosquito *Aedes Aegypty* and *Aedes Albopictus*) are commonly found in residential areas and other public places all across the country except areas at 1000 meters above sea level.

Based on the latest data, from January until 5 March 2004, the total case of DHF in all provinces has reached 26.015 with mortality rate of 389 people (CFR 1,53%). In Semarang, based on 2002-2003 data, there were 1400 cases and three of them died. The density of mosquito larva is still quite high at the level of 3 to 5 (HI=19,4%, CI=9,5%, and BI=35). Of 177 villages in 16 sub-districts in Semarang, there are 124 villages that considered as the endemic, and only 12 villages are non endemic (potential) from DHF attack.

Employing quantitative approach, the purpose of the research was to find out family behavior in preventing DHF at Meteseh village, Tembalang sub-district, Semarang. Family behavior includes knowledge, attitude, health belief, and is supported by family characteristics and psychosocial factors. Characteristics cover age, education, occupation, number of family member, and income. Psychosocial factors include peer and reference groups and previous experiences. This study also makes use of qualitative approach to recognize community belief and potentials in preventing DHF.

The research design was cross sectional study with number of sample 100 family respondents (father/mother/children) at Meteseh village, Tembalang sub-district, Semarang. Data collection was conducted with direct survey on community about characteristics, psychosocial situation and condition, knowledge, health belief, and prevention practice of DHF. In addition, data collection also completed with in-depth interview with community/religion figures and health staff and group discussion with community representatives who are chosen proportionally.

There are three statistical tests applied in data analysis: Kendall's Tau and Chi Square (for bivariat analysis), and Double Logistic Regression (for multivariate analysis) with significance level at $(\alpha)=0,05$.

Research result using Kendall's tau indicates that there are relationship between level of education and health belief about DHF (p=0,026) and relationship between knowledge and health belief about DHF (p=0,024). Whereas from double logistic regression, it is found that there is significant relationship between knowledge and prevention practice of DHF (p=0,023) and significant relationship between health belief and prevention practice of DHF (p=0,005). The qualitative approach proves that community still considers DHF as harmful and deadly disease. Several potentials among community such as Regular Mosquito Larva Inspection (PJB) dasawisma, PJB school kids, "resik-resik kutho" program, regenerating DHF

x

work unit, Eradication of Mosquito Nest program (PSN) and private fogging through community incentives are potentials that need to be developed. Nevertheless, there are several drawbacks such as lack of fund for elimination of DHF, lack of community participation, lack of interest among NGOs in elimination of DHF, no comprehensive and continuous elimination program. These drawbacks occur because lack of support from city government. Therefore these problems have to be overcome.

It is concluded that there are relationship between level of education and health belief, relationship between knowledge and health belief, relationship between knowledge and practice, relationship between health belief and prevention practice of DHF. There are also several potentials that need to be developed and several drawbacks that have to be overcome. Strategy of health elucidation through advocacy, community support, and generating community has to be applied.

Based on aforementioned results, Local Government Clinics and Health Bureaus are expected to be able to formulate strategy to eliminate DHF by generating the community's potentials through health elucidation such as PJB dasawisma with observation and support from health staff, using attractive health display tools, and fair reward program based on fund, also advocacy to city government for support.

ABSTRACT

ANALYSIS OF FAMILY BEHAVIOR IN PREVENTING DENGUE HAEMORRHAGIC FEVER AT METESEH VILLAGE, TEMBALANG SUB-DISTRICT, SEMARANG

Kusyogo Cahyo

The purpose of the research is to find out family behavior in preventing Dengue Haemorrhagic Fever (DHF) disease at Meteseh village, Tembalang sub-district, Semarang. The research also employs qualitative approach to identify community's belief and potentials in preventing DHF.

There are three statistical tests applied in data analysis: Kendall's Tau and Chi Square (for bivariat analysis), and Double Logistic Regression (for multivariate analysis) with significance level at $(\alpha)=0,05$.

The research result on 100 respondents using Kendall's tau test indicates relationship between level of education and health belief about DHF ($p=0,026$) and relationship between knowledge and health belief about DHF ($p=0,024$). Whereas from double logistic regression, it is found that there is significant relationship between knowledge and prevention practice of DHF ($p=0,023$) and significant relationship between health belief and prevention practice of DHF ($p=0,005$).

Qualitative approach shows that the community still considers DHF as harmful and deadly disease. The community potentials like PJB dasawisma, PJB school kids, "resik-resik kutho" program, regenerating DHF work unit, PSN program, and private fogging through community's incentives are potentials that need to be developed. However, there are several drawbacks: lack of fund for elimination of DHF, lack of community participation, lack of interest among NGOs in elimination of DHF, no comprehensive and continuous elimination program.

It is concluded that there are relationship between level of education and health belief, relationship between knowledge and health belief, relationship between knowledge and practice, relationship between health belief and prevention practice of DHF. There are also several potentials that need to be developed and several drawbacks that have to be overcome.

Based on the research results, Local Government Clinics and Health Bureaus are expected to be able to formulate strategy to eliminate DHF by generating the community's potentials such as health elucidation, advocacy, community's support and generating the community.

Keywords : Family Behavior, Dengue Haemorrhagic Fever, Community Participation