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THE EFFECTIVENESS OF JUMANTIC CADRE EMPOWERMENT OF DENGUE HEMORRHAGIC FEVER PREVENTION BEHAVIOR

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Abstract

The formation of jumantik in eradicating dengue mosquito nests needs to be increased, including periodic and continuous larva inspection and mobilizing the community in eradicating dengue mosquito nests. This study aimed to examine the effectiveness of jumantik cadres on dengue prevention behavior pre and post empowerment given. The research method used a quasi-experimental with pretest-posttest control group design. Subjects in this study consisted of 40 respondents, 20 in the intervention group and 20 in the control group. The research was conducted on cadres of the health center in Kecamatan Ratu Samban. The results showed that there were differences in the knowledge of the two with p value= 0.000. There was a significant difference in the attitude of cadres before and after empowerment, it is recommended to health services maximize empowerment of cadres in a sustainable manner.

Key Words: *Jumantik, empowerment system, dengue dengue fever*

INTRODUCTION

Desease based environmentally are serious public health causes and even the leading cause of death. One of the environmentally based diseases is dengue fever. Dengue fever always appears every year in various regions, even the area of spread is increasingly widespread and with increasing casualties. Indonesia's health profile in 2017 recorded 204,171 cases of dengue with the number of deaths as many as 1,598 people. Dengue cases in 2017 increased compared to the number of cases in 2016 (129,650). The number of deaths

2016).

Kota Bengkulu is one of the areas with a significant increase in dengue cases in 2017, more than 23% (850) cases compared to 2016, so the Bengkulu Provincial Government determined the extraordinary occurrence (KLB) dbd (Profile Dinkes Provinsi Bengkulu 2017). Efforts to control DENGUE still need to be improved, considering the current spread area continues to grow and Extraordinary Events (KLB) still occur frequently. Dbd control efforts in Indonesia rely on 7 main activities contained in KEPMENKES number 581 / MENKES / SK / VII / 1992, especially strengthening prevention efforts and mosquito nest eradication movements (PSN). To empower the community in carrying out PSN actions with 3M plus, namely Draining and Closing water

shelters and reusing used goods and other vector control efforts (technical instructions 2012).

In line with RPJMN 2010-2014, the ministry of health has set out a vision of a healthy society that is independent and equitable and the mission includes improving civil public health in disease control and environmental health, and prioritize preventive and pro motive efforts rather than curative and reactivate. Application in the control of Dengue Hemorrhagic Fever (DBD) is by forming a flick monitor or known as jumantic whose members are cadres from the community (Technical Instructions 2012).

Jumantik stands for mosquito-flick monitor. This term is used for special officers from the surrounding environment who voluntarily want to be responsible for monitoring dengue mosquitoes, Aedes Aegypti and Aedes Albopictus in the region. These jumantics when finished in charge must also report to their respective villages or villages regularly and continuously (Technical Directive 2012). Jumantic roles are influenced by several factors in accordance with the theory of Barbara (2008) which explains that the role is a set of behaviors expected by others towards a person according to his position in a system. Roles are influenced by social circumstances both from within and from the outside and are stable. Factors that affect roles include education, employment, and availability of facilities (Barbara, 2008).

Based on the preliminary survey, out of 10 respondents encountered realized that 8 respondents have poor knowledge with a score of <75% to cause a less supportive attitude and unfavorable actions including allowing water in the refrigerator or dispenser, not draining the bathtub regularly, and leaving the sewer open. This is also supported by the discovery of the average House Index (HI) number that exceeds the national standard of 14.78% in May 2018 and 10.24% in September 2018. House Index (HI) is one of the indicators of the risk of Dengue Hemorrhagic Fever (DBD). The National Standard for House Index (HI) > 10% then at risk for DBD.

The Decline Health Center is included in the District of Ratu Samban which consists of 4 villages, namely The Village of Decline, Anggut Bawah Village, Padang Jati Village, and The Village of Belakang Pondok. Of these 4 villages, the lowest decreased villages with dengue hemorrhagic fever (DBD), and have had 45 jumantics. The role of jumantics in the declining village is still less active due to the lack of jumantic knowledge of duties and responsibilities. Furthermore, research was conducted to test the effectiveness of jumantic cadres on dengue prevention behavior before and after empowerment

METHOD

Design and Research Subjects

This study is a quasi experiment study, with the design of the study that is pretest-postest control group design, by comparing intervention groups and control groups. The subjects in the study consisted of 40 respondents, 20 in the intervention group and 20 in the control group. The research was conducted on the cadre of Puskesmas Ratu Samban, Kota Bengkulu.

Instruments and Data Analysis Techniques

The data is collected through questionnaires, then analyzed with uni variate and bi variate through chi square statistical test (X2).

RESULT

The results of the analysis obtained 29 people or 72.5% have poor knowledge and the remaining 11 people or 27.5% are well-informed, that 32 people or 80% have a good attitude and the remaining 8 people or 20% of respondents have a bad attitude, 25 people or 62.5% have poor actions and the remaining 15 people or 37.5% have good actions. The data is presented in table 1 below.

Tabel 1 Pre-Knowledge Frequency Distribution, attitudes and Actions of the control group

knowledge	Frequency	Percentage
Not good	29	72.5 %
Good	11	27.5 %
Amount	40	100 %
Attitude	**Frequency**	**Percentage**
Not good	8	20 %
Good	32	80 %
Amount	40	100 %
Action	**Frequency**	**Percentage**
Not good	25	62.5 %
Good	15	37.5 %
Amount	40	100 %

Data shows 28 people or 70% have poor knowledge and the remaining 12 people or 30% have good knowledge, that 28 people or 70% have a bad attitude and the remaining 12 people or 30% of respondents have a good attitude. that 24 people or 60% have good actions and the remaining 16 poor actions. The data is displayed in table 2 below.

Tabel 2. Post Frequency Distribution Of Knowledge, Attitudes and Actions of the control group

Knowlegde	Frequency	Persentage
Not good	28	70 %
Good	12	30 %
Amount	**40**	**100 %**
Attitude	**Frequency**	**Persentage**
Not good	12	30 %
Good	28	70 %
Amount	**40**	**100 %**
Action	**Frequency**	**Persentage**
Not good	24	60 %
Good	16	40 %
amount	40	100 %

Bivariate analysis with chi square statistical test (X2) with an meaning of 5%. The results of the bivariate analysis are displayed in Table 3 below.

Tabel 3. Differences in Knowledge before and after the empowerment of the control group with the treatment group

Variabel	Sebelum		Sesudah		*P value*
	Min-max	Mean ±SD	Min-max	Mean ±SD	
Kelompok perlakuan	2-8	5,02	8-10	8,95	0,000
Kelompok kontrol	3-6	5,02	3-6	5,12	0,103
P value	0,000		0,409		

Table 3 obtained the average knowledge of group respondents before empowerment with an average value of 5.02 with a p value of 0.000 medium after empowerment of knowledge results with an average value of 8.95 with statistical test results showing a value of p value = 0.000 between groups before empowerment with groups after empowerment which means there is a significant difference in cadre knowledge before and after empowerment of treatment groups. . While in the control group showed the value of p value = 0.103 which means there is no significant difference in cadre knowledge before and after the empowerment of the control group. The difference between the two is seen from the values p value = 0.000 and 0.000 which means there is a significant difference in cadre knowledge before

DISCUSSION

Empowerment has an important role in improving education and action levels with statistical test results p value= 0.000 meaning there is a significant role on the empowerment variable. Differences in knowledge before and after the empowerment of the control group with the treatment group.

The average knowledge of group respondents before empowerment with an average value of 5.02 with a p value of 0.000 is being done after empowering knowledge results with an average value of 8.95 with statistical test results showing a value of p value= 0.000 between groups before empowerment with groups after empowerment which means there is a significant difference in cadre knowledge before and after empowerment of treatment groups. While in the control group showed a value of p value= 0.103 which means there is no significant difference in cadre knowledge before and after the empowerment of the control group. The difference between the two is seen from the values p value= 0.000 and 0.000 which means there is a significant difference in cadre knowledge before and after the empowerment of the control group to the treatment group.

The average attitude of group respondents before empowerment with an average value of 32.15 with a p value of 0.001 is being done after empowering knowledge results with an average value of 32.88 with statistical test results showing a value of p value= 0.001 between groups before empowerment with the group after empowerment which means there is a significant difference in cadre attitude before and after empowerment of treatment groups. While in the control group showed the value of p value= 0.313 which means there was no significant difference in the attitude of cadres before and after the empowerment of the control group. The difference in both is seen from the values p value= 0.182 and 0.039 which means there is a significant difference in the attitude of cadres before and after the empowerment of the control group to the treatment group.

The results of the analysis of the average actions of group respondents before empowerment with an average value of 5.50 with a p value of 0.000 were conducted after the empowerment of knowledge results with an average value of 5.20 with statistical test results showing a value of p value= 0.000 between groups before empowerment with the group after empowerment which means there is a significant difference in cadre action before and after empowerment of treatment groups. While in the control group showed the value p value= 0.000 which means there is a significant similarity of cadre

fter the empowerment of the control group. The e two is seen from the values of p values of 0.000 and 0.000 which means there is a significant difference in the actions of cadres before and after the empowerment of control groups to the treatment group.

CONCLUSIONS AND SUGGESTIONS

The results showed there was a difference in knowledge of both with a value of p value = 0.000. There is a significant difference in the attitude of cadres before and after empowerment, recommended to health services to maximize empowerment of cadres in a sustainable manner.

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