

Faktor-faktor yang berhubungan dengan perilaku masyarakat dalam pemberantasan malaria di Propinsi Nusa Tenggara Timur

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Abstrak

Malaria merupakan salah satu penyakit didunia yang mempunyai jangkauan penularan paling jauh. Lebih dari separuh populasi dunia tinggal di daerah-daerah dimana penyakit ini ditemukan. Di negara berkembang termasuk Indonesia terutama di kawasan timur khususnya propinsi Nusa Tenggara Timur penyakit ini masih merupakan masalah kesehatan masyarakat.

Untuk menanggulangi masalah diatas tidak hanya dititik beratkan pada penggunaan insektisida saja namun sangat diperlukan peran aktif masyarakat. Peningkatan peran aktif masyarakat memerlukan penyuluhan kesehatan yang menyeluruh. Informasi tentang faktor-faktor yang mempengaruhi perilaku masyarakat sangat diperlukan untuk mengembangkan penyuluhan kesehatan yang berdaya guna dan berhasil guna. Penelitian ini bertujuan untuk memperoleh informasi faktor-faktor yang berhubungan dengan perilaku masyarakat dalam pemberantasan malaria di propinsi Nusa Tenggara Timur. Rancangan yang digunakan adalah cross sectional, dengan populasi rumah tangga dan pemilihan sampel (suami/isteri) secara acak sejumlah 400 responden. Lokasi penelitian dipilih secara purposive di daerah endemik malaria yaitu desa Batnun dan Linamnutu Kabupaten Timor Tengah Selatan serta desa Lewapaku dan Tanarara Kabupaten Sumba Timur. Responden diwawancara langsung ke rumah dengan menggunakan kuesioner. Selain itu juga dilakukan wawancara mendalam terhadap 3 Petugas Puskesmas, 4 Kader Kesehatan dan 4 Tokoh Masyarakat untuk masing-masing Kabupaten. Data yang terkumpul diolah secara univariat, bivariat dan multivariat dengan menggunakan uji chi-square, label silang dan regresi logistik.

Hasil penelitian menunjukkan bahwa 52 % responden berpengetahuan buruk sikap, 50,5 % mempunyai sikap buruk sedangkan 68 % responden masih berperilaku buruk dalam pemberantasan malaria. Lebih dari separuh responden (65,3 %) telah terpapar penyuluhan dan 84,75 % responden melaporkan didaerahnya pernah dilakukan penyemprotan. Hasil analisis bivariat, dari 11 variabel independen, ternyata hanya 3 variabel yang mempunyai hubungan bermakna dengan perilaku dalam pemberantasan malaria yaitu variabel status penduduk ($p\text{-value}=0,01$), pengetahuan ($p\text{-value}=1,007$) dan keterpaparan penyuluhan ($p\text{-value }0,01$). Hasil analisis multivariat menunjukkan bahwa hanya pengetahuan (odd ratio 1,75 dan $p\text{-value }0,01$), kemudahan upaya pemberantasan malaria (odd ratio 1,63 dan $p\text{-value }0,03$), status penduduk (odd ratio 3,55 dan $p\text{-value }01,04$) yang mempunyai hubungan bermakna dengan perilaku masyarakat dalam pemberantasan malaria. Dari variabel yang paling mempunyai kontribusi terhadap perubahan perilaku masyarakat adalah pengetahuan dalam pemberantasan malaria.

Penulis menyarankan agar peningkatan pengetahuan masyarakat melalui penyuluhan kesehatan malaria dengan memaksimalkan peran kelompok potensial agama berikut manfaatkan media komunikasi yang telah membudaya di masyarakat baik dalam kegiatan sosial dan keagamaan. Disamping itu perlu penggalangan kerja sama lintas sektor dengan kejelasan peran yang sesuai dengan tugas dan fungsi masing-masing sektor sehingga diperoleh hasil yang optimal.

<hr><i>Some Predisposing, Enabling and Reinforcing Factors Related Community Behavior in Malaria

Control in The Province of East Nusa Tenggara Malaria is one of diseases which has the largest transmission in and spread out in almost all part of the world. There are about a half of world population live in where malaria is endemic. In the developing countries, the disease is one of public health problems. This is also true for Indonesia, especially in the eastern part of the country.

Beside using insecticide, there are many ways to control the disease, most of them need the participation of community. To improve the community role in controlling the disease, a comprehensive health education is a necessity. Developing an effective and efficient health education strategy and methods suitable for the community should be based on information on the practice of community on this aspect and its related factors.

The study was aimed at gathering information on community behavior on malaria control and its related factors in the province of East Nusa Tenggara. The study employed a cross sectional design considering all household of study side as population unit Number of sample taken randomly from the population were 400. The study was conducted purposively in malaria endemic villages of Batnun and Linamnutu, District of Timor Tengah Selatan and Lewapaku and Tanarara, District of Sumba Timur.

The method of data collection was interview using questionnaire. Interviewers visited the houses of respondents to conduct interviews. Frequency distribution tables were used for univariate analysis, cross tabulation between dependent and each of selected independent variables were used for bivariate analysis using chi square for statistic testing, while logistic regression method were used for statistic testing of multivariate analysis. To gain more information, in depth interviews were also conducted with several informant namely three health centre' workers for, 4 health cadres and 4 community leaders in one district. The result of the study showed that 52 % of the respondents have a low level of knowledge on malaria control, 50,5 % respondents tend to have apathetic attitude, while 68 % of the respondents do not have a behavior that support malaria control effort. More than half (65,3 %) of respondents felt up exposed to any health education session and 84,75 % reported that there were insecticide spray campaign in their community. Among 11 independent variables included in bivariate analysis, there only 3 variables were statistically significant to be related to the behavior, namely originality status of in habitant (native or non-native) (p value = 0,001), knowledge on malaria control (p -value=0,07) and exposure to health education activities (p value = 0,01). Multivariate analysis, however, showed that only the knowledge on malaria control (odd ratio 1,75 and p -value .01), perceived complexity of effort (odd ratio 1,63 and p -value .04), and the originality status of in habitant (odd ratio 3,55 and p -value .04) that confidentially related to behavior. The result of in-depth interviews showed that there are several community ceremony or activities could be used as a channel or media for health education session. Such opportunity includes weekly religious gathering.

It is suggested that to improve the involvement and participation of community in malaria control activities, health education can play a significant contribution. This could be done through the use of specially trained caders and religious leaders optimally. Intersectoral collaboration -such as with agricultural sectors- could optimize the effort.</i>