

THE RELATIONSHIP BETWEEN KNOWLEDGE AND ATTITUDE WITH EFFORT OF SCHISTOSOMIASIS PREVENTION BY COMMUNITY IN THE WORK AREA PUBLIC HEALTH CARE CENTER OF WUASA

Noviany Banne Rasiman

¹Department of Nursing, STIK Indonesia Jaya, Palu, Central Sulawesi
Coresspondence Author: ophynkrasiman@gmail.com

Abstract:

Schistosomiasis is a disease caused by worm *Schistosoma japonicum* which requires an intermediate animal, namely a snail called *Oncomelania Hupensis Lindoensis*. In the work area Health Care Canter of Wuasa, the disease is still many cases, because most of the population are immigrants, they are open rice fields and plantations in the focus area of snail. The purpose was to determine the relationship between knowledge and attitudes with the effort of Schistosomiasis prevention by Community in the Public Health Care Center of Wuasa, North Lore District, Poso Regency. This type of research is analytic with cross sectional approach. The variables in this study are the knowledge and attitudes of the community with efforts to prevent Schistosomiasis. The types of data are primary and secondary. data collection using a questionnaire. Data analysis used univariate and bivariate analysis with Chi-square test. The population in this study were all people of North Lore District. Sampling using proportional random sampling technique with total 99 respondents. The results of the univariate analysis showed that 77.8% of respondents had good knowledge of schistosomiasis prevention efforts, 52.5% of respondents had good attitudes and 83.8% of respondents had quite good schistosomiasis prevention efforts. Bivariate analysis with Chi-square statistical test with 95% confidence level with a significance value of 0.05. The results showed that there was a relationship between knowledge and efforts to prevent Schistosomiasis with p-value = 0.000 (where $p < 0.05$) and there was a relationship between community attitudes and efforts to prevent Schistosomiasis disease with p-value = 0.003 (where $p < 0.05$). The conclusion of the study were there is a significant relationship between knowledge and attitudes of the community with efforts to prevent Schistosomiasis in the Public Health Care Center of Wuasa. Suggestions to the health workers in the work area of health care center to increase local community awareness in supporting the prevention of Schistosomiasis disease.

Keywords: Knowledge; attitude; prevention; Schistosomiasis

Introduction

One of the diseases that is a complex phenomenon and health problem that affects the life of a community is Schistosomiasis. Schistosomiasis or Bilharziasis is a parasitic disease caused by blood trematode worms of the genus *Schistosoma*. These worms live in the veins of humans and mammals in some tropical and sub-tropical areas (Balai Litbang P2B2 Donggala, 2015). Schistosomiasis worms are spread in several countries with different species. *Schistosoma japonicum* is endemic in China, the Philippines, and Indonesia (Ministry of Health, 2015).

In Indonesia, the disease has been found since 1935 by Brug and Tesch in Central Sulawesi Province, namely in the area of Lake Lindu, Sigi Regency. In 1972, an endemic area was found, namely in the Napu Valley, Poso Regency. This disease is transmitted through a vector, namely the *Oncomelania hupensis* *lindoensis* snail, which is an intermediate host for the trematode worm that causes Schistosomiasis *japonicum*.

Central Sulawesi Province is the only province of 34 provinces in Indonesia that is endemic for Schistosomiasis. The disease is found in two regencies in Central Sulawesi, there are in Lindu, Sigi Regency, and in the Napu, Poso Regency. (Province Health Office of Central Sulawesi, 2015). The working area of the Wuasa Health Center is an endemic area of Schistosomiasis disease which consists of: Sedoa Village, Watumaeta, Alitupu, Wuasa, Banyusari, Kaduwaa and Dodolo (Profile of Wuasa Health Center, 2015).

According to the health volunteer, they said that health workers have also tried to provide counseling on how to prevent Schistosomiasis. Relevant agencies such as agricultural officers have also tried to provide counseling and even go directly to focus locations to teach how to cultivate good new fields so as to avoid Schistosomiasis disease.

Rice fields are limited so they have to cultivate new rice fields located in the focus area to meet and support the needs of daily life. In addition, people who have suffered from Schistosomiasis have received treatment, but in the absence of agricultural land, they return to their daily activities in the focus areas, namely in the rice fields, cocoa gardens, vegetable gardens, hunting in the forest and crossing the conch focus areas.

Based on the results of observations and interviews, found that some of the community said they did not know about Schistosomiasis, others did not use personal protective equipment when working in the fields or passing snail focus areas. The cadre said that some people did not take the drugs given due to side effects that made people feel headache, dizziness, nausea, stomach pain/mules, vomiting and itching. This is the background of the difficulty of efforts to eradicate Schistosomiasis in Napu.

Based on the background, the author are interested in conducting research on "the relationship between knowledge and attitudes of the community with efforts to prevent Schistosomiasis in the working area of the Wuasa Public Health Center, North Lore District, Poso Regency".

Research Method

Methods

The design of this study was a descriptive cross sectional study to describe knowledge and attitudes of the community with efforts to prevent Schistosomiasis. Descriptive statistic was used to describe independent and dependent variable. Bivariate analysis was used to examine the relationship between independent variable and dependent variable using the "chi-square" statistical test with a degree of confidence 95% (0.9%) where if the significance value is 5% ($p < 0.05$).

Population, sample, sampling

The total population in this study was 9,495 people. Determination of the sample size using the Slovin formula, obtained 99 people as participants. The selections of participants as a sample were selected by using proportional random sampling. The selection of individual participants followed the inclusion criteria. The inclusion criteria were as follows: People in Work Area health care center of Wuasa, North Lore District, Poso Regency who are adults (>17 years old), willing to become respondents, be able to communicate well and actively, they have lived in the Work Area Health care Center of Wuasa was > 6 months.

Results

The results of bivariate analysis were carried out to determine the relationship between the independent variable (knowledge and attitude) and the dependent variable (efforts to prevent Schistosomiasis).

In this study, the "Chi-Square" test was used with a 95% confidence level with a significance value of 0.05.

The relationships between knowledge and attitude with efforts to prevent Schistosomiasis

Table 1 shows the results of the Chi-square test, the p-value = 0.000 (where p < 0.05) means that statistically it can be said that there is a significant relationship between knowledge and efforts to prevent Schistosomiasis in the work area Public Health Care Center of Wuasa.

Table 2 shows the results of the Chi-square statistical test, the p-value = 0.003 (where p < 0.05) means that statistically it can be said that there is a significant relationship between attitude and prevention of Schistosomiasis disease in the work area Public Health Care Center of Wuasa.

Table 1 Distribution of relationships between knowledge and efforts to prevent Schistosomiasis in the working area Public Health Care Center of Wuasa (n=99)

Knowledge	Efforts to prevent Schistosomiasis						Total (N)		P .Value
	Low		Moderate		High				
	F	%	F	%	F	%	N	%	
High	0	0	70	90.9	7	9.1	77	100	0.000
Moderate	7	33.3	12	57.1	2	9.5	21	100	
Low	0	0	1	100	0	0	1	100	
Jumlah	7	7.1	83	83.3	9	9.1	99	100	

Table 2 Distribution of relationships between attitude and efforts to prevent Schistosomiasis in the working area Public Health Care Center of Wuasa (n=99)

Attitude	Efforts to prevent Schistosomiasis						Total (N)		P .Value
	Low		Moderate		High				
	F	%	F	%	F	%	N	%	
High	0	0	43	82.7	9	17,3	52	100	0,003
Moderate	7	15.2	39	84.8	0	0	46	100	
Low	0	0	1	100	0	0	1	100	
Jumlah	7	7.1	83	83.8	9	9.1	99	100	

Discussion

Based on the data processing that has been carried out, it shows that the respondents' knowledge of the prevention of Schistosomiasis is good. There are 77 respondents who have good knowledge about the prevention of Schistosomiasis disease. It can be seen through filling out the questionnaire that most of them answered correctly about the causes of snail fever, the signs and symptoms of a person affected by snail fever, as well as ways to prevent snail fever. This is appropriate with theory of Notoadmodjo's (2014) that knowledge is the result of knowing and this occurs after people have sensed certain objects. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most of human knowledge is obtained through the eyes and ears, so the knowledge that has been obtained can support someone in doing something in the future. The results of this study are also in line with the research conducted by Mardiana Elisa (2014) on the relationship between knowledge and attitudes of the community with efforts to eradicate Schistosomiasis in the Maholo Health Center Work Area, East Lore District, Poso Regency. Knowledge with efforts to prevent Schistosomiasis disease in the Maholo Health Center Work Area has a p value of 0.000 ($p < 0.05$), so that knowledge has a significant relationship with efforts to prevent Schistosomiasis disease.

The results for the relationship between attitudes and efforts to prevent schistosomiasis look good. This is because the respondents in general have good knowledge and good attitudes towards the prevention of Schistosomiasis. Through filling out the questionnaire conducted by the respondents, it can be seen that most of the respondents answered strongly agree that in order to avoid snail fever, you should prevent direct contact with water. contaminated by

wearing boots/rubber boots and gloves. This is influenced by the attitude of those who think that avoiding snail focal areas or contaminated areas will help to prevent contracting snail fever. This is appropriate with theory by Notoatmodjo's (2014) which suggests that attitude is a reaction or response of a person who is still closed to an object. It is also supported by the opinion of Azwar (2013) which suggests that one of the factors that shape attitudes is the influence of other people who are considered important. In general, individuals tend to have attitudes that are in line with the attitudes of people who are considered important. The results of this study are in line with research conducted by FG Delapriyant et al (2018) on the relationship between knowledge and attitudes of the community with efforts to eradicate Schistosomiasis in the working area of the Maholo Health Center, East Lore District, Poso Regency.

Conclusions

There are significant relationships between knowledge and attitude with efforts to prevent Schistosomiasis in the work area Health care Center of Wuasa, North Lore District, Poso Regency.

It is recommended for the Wuasa Health Center to always coordinate with Schistosomiasis officers and village officials and related agencies in North Lore District to conduct health education about Schistosomiasis to all levels of society. Also for the community To further increase awareness for indigenous people and immigrant communities in supporting the process of preventing and overcoming Schistosomiasis disease.

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