The Relationship Between Knowledge And Attitudes of The Community With The Prevention Of Draining, Burying And Closing (3M) Program against Dengue Haemorragic Fever In Aimutin Village, Comoro Village, Dom Aleixo Sub-district, Dili District

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Article Info	ABSTRACT

The Aedes Aegypti mosquito which is often referred to the cause of Dengue Hemorrhagic Fever (DHF) has a different life cycle from other mosquitoes. DHF mosquitoes are active between morning and evening, sucking the blood of their victims so that they spread the dengue virus. DHF is an endemic disease, meaning that it always occurs in certain geographic locations or demographic groups. The purpose of this research is to prevent dengue hemorrhagic fever by involving the community in the form of an effective implementation of drainage, burial, and cover (3M) programs in Aimutin Village. This study uses a quantitative descriptive design with a cross sectional design. The population in this study consisted of 321 heads of families, while the sample consisted of 39 heads of families. The sampling strategy used in this study was random sampling. The data analysis technique was multiple correlation with the results of the relationship between the knowledge variable (variable X1) and the attitude (variable X2) of the community towards the implementation of the drainage, burial, and closure (3M) program for the prevention of dengue hemorrhagic fever (variable Y), the classification level was very strong. Meanwhile, to show the magnitude of the contribution of the X1 variable to the Y variable, the determinant coefficient is r2x100% or 0.492x100% = 24.01%, while the rest is influenced by other factors. This conclusion requires the attention of the minister of health, community leaders, and local communities in order reactivate efforts to control this disease.

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INTRODUCTION

Dengue hemorrhagic fever (DHF) was first recorded in Southeast Asia in 1954, namely in the Philippines, and then spread to other countries, according to World Health Organization (WHO) data (WHO 2014). Prior to 1970, nine nations had dengue epidemics; however, has now become an endemic illness in more than a hundred countries, including Africa, America, the Eastern Mediterranean, Southeast Asia, and the Western Pacific, which have the greatest prevalence of Dengue hemorrhagic fever patients. In the Americas, Southeast Asia, and the Western Pacific, the total number of cases has surpassed 1.2 million. In 2008, there were more than 2.3 million dengue cases in the United States, with 37,687 cases classified as severe. Dengue incidences are growing globally, according to the World Health Organization/WHO, increasing from 980 cases in nearly 100 countries in 1954-1959 to 1,016,612 cases in nearly 60 countries in 2000-20091.

The Aedes Aegypti mosquito, also called Dengue Hemorrhagic Fever mosquito, has a life cycle that is distinct from that of other mosquitos. DHF mosquitos are active between morning and evening, sucking the blood of their victims, which means they may also transmit the Dengue Hemorrhagic Fever virus. While these insects sleep at night, be cautious of mosquito bites during the day and avoid biting youngsters who are asleep during the day.

According to the (DepKes RI, 2010) dengue Hemorrhagic Fever is a form of epidemic illness that has the potential to infect about 2.5 billion people worldwide, particularly in the tropics. DHF can result in a 40% mortality rate if the patient does not receive adequate treatment. Although DHF is most prevalent in the tropics, current research indicates that this illness is spreading to frigid locations as a result of global warming. Global warming has the ability to transform an area that was previously unsuitable for Aedes Aegypti into a new environment appropriate for the mosquito2.

DHF is an endemic disease, meaning that it is always prevalent in a particular region or demographic group. Each location may have its own own set of endemic illnesses. A factor contributing to this prejudice is the climate in each location. Timor-State Leste's of Timor-Leste, particularly the Dili district, is plagued by many endemic illnesses such as   and tuberculosis. Endemic illnesses continue to have a significant impact, particularly on individuals living in poor nations. Community engagement is critical in preventing Dengue Hemorrhagic Fever, since it is impossible to break the cycle of transmission without community involvement. This community involvement can take the form of adopting a draining, burying, and closing (3M) program around the house and in their surroundings. Failure to completely eliminate Dengue Hemorrhagic Fever can occur because not all communities make attempts to remove mosquitoes.

According to statistics received from the Ministry of Health, (Hairi. F, 2013) Timor-Leste (2012-2015) recorded a total of 624 cases published in 2012, 487 cases published in 2013, and 561 cases published in 2014. 3. Using data from the Ministry of Health, the researchers sought to determine or conduct research on "the relationship between community knowledge and attitudes regarding the prevention of implementing the draining, burying, and closing (3M) program against Dengue Hemorrhagic Fever in Aimutin village, Desa Comoro, Dom Aleixo Sub-district, Dili District in 20 years."

According to a study from the Centru Sade Komunitária Comoro (2013), there were 552 instances of Dengue Hemorrhagic Fever. DHF claimed 294 lives in 2014. Additionally, 98 instances of Dengue Hemorrhagic Fever were reported in Ai-Mutin village. Dengue Hemorrhagic Fever cases totaled 944 in 2013-2014. 4. According to the author's observations on the issues discussed above, the community's negative attitude, for example, the availability of trash bins by the government with the goal of providing or creating a clean and safe environment, but the lack of knowledge, attitudes, and behavior in society is so severe that the emergence of health problems that are not desired.

RESEARCH METHOD

This study employed a descriptive quantitative technique with a cross-sectional design. This investigation was done in 2015 in the villages of Aimutin and Comoro, inside the Dom Aleixo sub-district of the Dili district. This study's population was determined by the number of family heads in Aimutin village, which totaled 321 households. This study's sample is drawn from a population of 39 households. Multiple correlation is the data analysis approach used in this study. Additionally, this study establishes the discipline or ethics of research, which includes the avoidance of identifying subjects, secrecy, and anonymity.

RESULTS

Table 1. Characteristics of Respondents by Age

No.	Age Group	N	Persentase
1	26 – 30	9	23,07
2	31 – 35	14	35,89
3	36 – 40	13	33,33
4	40+	3	7,69
	Total	39	

Source: Primary Data, 2015

According to table 1, the results of the age tabulation of all respondents indicate that the majority of respondents were between the ages of 31 and 35, accounting for as many as 14 people with 35.89 %, while the least number of respondents were between the ages of 40 and over, accounting for as many as 3 people with 7.69 % in this research.

Table 2. Characteristics Of Respondents By Type Of Work

No.	Work	N	Persentase
1	Work	16	41,02
2	Not Worker	23	58,97
	Total	39	

Source: Primary Data, 2015

According to table 2, the tabulation findings of all respondents indicate that the majority of respondents are not employees, with 23 individuals accounting for 58.97 % and 16 workers accounting for 41.02 % in this study.

Table 3. Characteristics Of Respondents By Gender

No.	Gender	N	Persentase
1	Man	28	71,79
2	Woman	11	28,20
	Total	39	

According to table 3, the tabulation findings of all respondents by gender indicate that male or male respondents accounted for as many as 28 individuals (71.79 %) and female or female sex respondents accounted for as many as 11 people (28.20 %) in this study.

Merged Table 4 Characteristics Of Respondents By Religion

No.	Agama	N	Persentase
1	Katolik	39	100
2	Kristen	0	0
3	Budha	0	0
4	Protestan	0	0
	Total	39	

According to Table 4, all respondents with a majority of Catholic faith, out of 39 respondents in this survey, are Catholic.

Statistical Analysis

1. The relationship between public awareness and the prevention of Dengue Hemorrhagic Fever in Aimutin village, Comoro village, Dom Aleixo sub-district, Dili district in 2015.

Table 5. Summary of Statistics X₁ Against Y

Statistics Symbol	Statistical Value
N	39
ΣX_1	129
ΣY	57
ΣX_1^2	439
ΣY^2	93
$\Sigma X_1 Y$	197

$$rx1.y = \frac{n\left(\sum X1\,Y\right) - \left(\sum X1\right).\left(\sum Y\right)}{\sqrt{\{(n\sum X1^2) - (\sum X1)^2\}.\{(n\sum Y^2) - (\sum Y)^2\}}}$$

$$= \frac{39\,(197) - (129).(57)}{\sqrt{\{39.439 - (129)^2\}.\{(39.93) - (57)^2\}}}$$

$$= \frac{7683 - 7353}{\sqrt{\{17121 - 16641\}.\{3627 - 3249\}}}$$

$$= \frac{330}{\sqrt{\{480\}.\{378\}}} = \frac{330}{\sqrt{181440}} = \frac{330}{425,95} = 0,77$$

The link between community knowledge factors and the avoidance of draining, burying, and closing (3M) on Dengue Hemorrhagic Fever (Y) is extremely high. Meanwhile, to express the extent to which the X₁ variable contributes to the Y variable using the determinant coefficient = r2x100 % or 0.772x100 % = 59.29 %, while the remainder is impacted by other factors. Furthermore, the significance of X₁ with respect to Y is computed using the f-test formula as follows;

$$F_{hitung} = \frac{r\sqrt{n-2}}{1-r^2} = \frac{0,77\sqrt{39-2}}{1-0,77^2} = \frac{0,77\sqrt{37}}{1-0,5929} = \frac{0,77\,.6,08}{0,4071} = \frac{4,6816}{0,4071} = 11,49$$

Test criteria:

If Fcount > Ftable, then the correlation between X₁ and Y is significant. Under the condition α = 0,05

dk = n – 2 - 1 = 39 – 2 – 1 = 36

$$F_{hitung} \quad = F_{(1-\alpha)\{(dk=k),(dk=n-k-1)\}}$$
$$F_{hitung} \quad = F_{\{(1-0,05)(dk=2),(dk=39-2-1)\}}$$
$$\quad = F_{\{(0,95)\,(2;\,36)\}}$$

F_{tabel} = 3,26

So that it turns out that fcount>ftable or 11.49>3.26, it means that there is a significant relationship between public knowledge (X1) and prevention of draining, burying and closing (3M) on the incidence of Dengue Hemorrhagic Fever (Y).

2. The relationship between community attitudes and prevention of draining, burying and closing (3M) against Dengue Hemorrhagic Fever in Aimutin village, Comoro village, Dom Aleixo sub-district, Dili district in 2015.

Statistics Symbol	Statistical Value
N	39
ΣX_2	123
ΣY	57
$\Sigma X_2{}^2$	422
ΣY^2	93
$\Sigma X_2 Y$	188

$$rX_2.Y = \frac{n\left(\sum X2\,Y\right) - \left(\sum X2\right).\left(\sum Y\right)}{\sqrt{\{(n\sum X2^2) - (\sum X2)^2\}.\{(n\sum Y^2) - (\sum Y)^2\}}}$$

$$= \frac{39\,(188) - (123).(57)}{\sqrt{\{39.422 - (123)^2\}.\{(39.93) - (57)^2\}}}$$

$$= \frac{7332 - 7011}{\sqrt{\{16458 - 15129\}.\{3627 - 3249\}}}$$

$$= \frac{321}{\sqrt{\{1329\}.\{378\}}} = \frac{321}{\sqrt{502363}} = \frac{321}{708,77} = 0,45$$

The relationship between community attitude variables and the prevention of draining, burying and closing (3M) on Dengue Hemorrhagic Fever (Y) is a very strong category. Meanwhile, to state the size of the contribution of the X1 variable to the Y variable with the determinant coefficient = r2x100% or 0.452x100% = 20.25% while the rest is influenced by other factors. Furthermore, to determine the significance of X1 with Y, it is calculated by the f-test formula as follows;

$$F_{hitung} = \frac{r\sqrt{n-2}}{1-r^2} = \frac{0,45\sqrt{39-2}}{1-(0,45)^2} = \frac{0,45\sqrt{37}}{1-0,2025} = \frac{0,45\,.\,6,08}{0,7975} = \frac{2,736}{0,7975} = 3,43$$

Kriteria pengujian:

Jika $f_{hitung} > f_{tabel}$, maka korelasi X_2 dengan Y adalah signifikan. Dengan ketentuan α = 5% dk = n – 2 –1= 39 – 2–1= 36

F_{tabel} = $F_{(1-\alpha)\{(dk=k),(dk=n-k-1)\}}$

F_{tabel} = $F_{\{(1-0,05)(dk=2),(dk=39-2-1)\}}$

= $F_{\{(0,95)\,(2;\,36)\}}$

F_{tabel} = 3,26

The relationship between the community attitude variable (X2) and the prevention of draining, burying and closing (3M) against Dengue Hemorrhagic Fever (Y) is quite adequate because it is seen based on the correlation coefficient which states that the value of 0.25-0.50 is sufficient. So

that it turns out that fcount> ftable or 3.43> 3.26 then there is a significant meaning that there is a significant relationship between people's attitudes (X2) about impementing draining, burying and closing (3M) program to the incidence of Dengue Hemorrhagic Fever (Y).

3. The relationship between knowledge and attitudes of the community with the prevention of draining, burying and closing (3M) against Dengue Hemorrhagic Fever in Aimutin village, Comoro Village, Dom Aleixo sub-district, Dili district in 2015

Table 7. Summary of Statistics X_1 with X_2

Statistics Symbol	Statistical Value
N	39
ΣX_1	129
ΣX_2	123
$\Sigma X_1{}^2$	439
$\Sigma X_2{}^2$	422
$\Sigma X_1 X_2$	417

$$r_{X1.X2} = \frac{n.(\sum X_1 X_2) - (\sum X_1).(\sum X_2)}{\sqrt{\{n.\sum X_1^2 - (\sum X_1)^2\}.\{n.\sum X_2^2 - (\sum X_2)^2\}}}$$
$$= \frac{39.(417) - (129).(123)}{\sqrt{\{39.(439) - (129)^2\}.\{39.(422) - (123)^2\}}}$$
$$= \frac{16263 - 15867}{\sqrt{(17121) - (16641).(16458) - (15129)}}$$
$$= \frac{396}{\sqrt{(480).(1329)}} = \frac{396}{\sqrt{(637920)}} = \frac{396}{798,69} = 0,49$$

The relationship between the variables of knowledge and community attitudes with the prevention of draining, burying and closing (3M) against Dengue Hemorrhagic Fever (Y) the level of significance is in the very strong category. Meanwhile, to state the size of the contribution of the X_1 variable to the Y variable with the determinant coefficient = r2x100% or 0.492x100% = 24.01% while the rest is influenced by other factors. Furthermore, to determine the significance of X_1 with Y, it is calculated by the f-test formula as follows;

$$\text{Fhitung} = \frac{r\sqrt{n-2}}{1-r^2} = \frac{0,49\sqrt{39-2}}{1-0,49^2} = \frac{0,49\sqrt{37}}{1-0,2401} = \frac{0,49.6,08}{0,7599} = \frac{2,9792}{0,7599} = 3,92$$

Kriteria pengujian :

Jika $t_{hitung} > t_{tabel}$, maka korelasi X_1 dengan X_2 adalah siknifika. Dengan ketentuan;

α

= 5% dk = n – 2 = 39 – 2 –1= 36

F_{hitung} = $F_{(1-\alpha)\{(dk = k),(dk = n - k - 1)\}}$

$F_{hitunng}$ = $F_{\{(1-0,05)(dk=2),(dk=39-2-1)\}}$

$F = _{\{(0,95)(2;36)\}}$

F_{tabel} = 3,26

So it turns out that fcount > ftable or 3.92 > 3.26, it means that there is a significant relationship between knowledge (X1) and attitude (X2). with the prevention of draining, burying and closing (3M) against the incidence of Dengue Hemorrhagic Fever (Y).

4. Calculating the correlation between knowledge variables (X1) and attitudes (X2) with the prevention of draining, burying and closing (3M) against Dengue Hemorrhagic Fever (Y).
Looking for correlation values between variables and multiple correlations (RX1.X2.Y).

Table 8. Summary of Statistics X1 and X2 with Y

Statistics Symbol	Statistical Value
r_{X1Y}	0,77
r_{X2Y}	0,45
r_{X1X2}	0,49

$$X1.X2.Y = \sqrt{\frac{r^2 X1.Y + r^2 X2.Y - 2(rX1.Y).(rX2.Y).(rX1.X2)}{1 - r^2 X1.X2}}$$

$$= \sqrt{\frac{(0,77^2) + (0,45^2) - 2.(0,77).(0,45).(0,49)}{1 - (0,49)^2}}$$

$$= \sqrt{\frac{0,5929 + 0,2025 - 0,33957}{1 - 0,2401}} = \sqrt{\frac{0,7954 - 0,33957}{0,7599}}$$

$$= \sqrt{\frac{0,45583}{0,7599}} = \sqrt{0,59} = 0,77$$

The relationship between knowledge and attitude with the prevention of draining, burying and closing (3M) on Dengue Hemorrhagic Fever is categorized as having a strong contribution simultaneously r^2x100% = 0.77²x100% = 59, 29%, while the rest is influenced by other factors.

Test the Significance with the Fcount formula:

$$F_{hitung} = \frac{\frac{R^2}{k}}{\frac{(1-R^2)}{n-k-1}} = \frac{\frac{0,77^2}{2}}{\frac{(1-0,77^2)}{39-2-1}} = \frac{\frac{0,5929}{2}}{\frac{(1-0,5929)}{36}} = \frac{0,29645}{\frac{0,4071}{36}} = \frac{0,29645}{0,0113083} = 26,21$$

After calculating, it turns out that Fcount > Ftable or 26.21 > 3.26, then reject Ho and accept Ha, meaning that there is a significant relationship between knowledge and attitudes of the community with the prevention of draining, burying and closing (3M) against Dengue Hemorrhagic Fever.

ANALYSIS

The interpretation of outcomes using quantitative research methods is one of the statistical approaches used to examine data. Thus, the purpose of this study was to ascertain the relationship between community knowledge and attitudes regarding the prevention of Dengue Hemorrhagic Fever through the implementation of a draining, burying, and closing (3M) program in Ai-Mutin village, Comoro village, Dom Aleixo District, Dili Regency in 2015. Thus, the purpose of this study is to ascertain the link between variables X1 and X2 and Y, as indicated by multiple correlation analysis,

which is utilized to evaluate preset hypotheses (Perez-Guerra C.L, 2005). In the process of converting raw data to raw data, computers and calculators kk-9300 can be used. It may be characterized as follows based on the findings of the computation of the study data above: There is a significant relationship between knowledge and preventive measures of implementing draining, burying and closing (3M) program on the incidence of Dengue Hemorrhagic Fever Knowledge derives from the term "know," which, according to the (Badan Pengembangan dan Pembinaan Bahasa, 2008), means, among other things, to comprehend after seeing (witnessing, experiencing, and so on), knowing, and comprehending. According to Mubarak (2011), knowledge is everything that is known based on human experience, and knowledge grows as a result of the process of experience. According to the study's findings tabulation, respondents' general understanding of the draining, burying, and closing (3M) program technique of preventative measures (burying used goods, closing the water storage area and draining the water storage area). Because knowledge is an action or activity, the researcher tested the formula for calculating the relationship between public knowledge (X_1) and the prevention of imlementing draining, burying, and closing (3M) program against the incidence of Dengue Hemorrhagic Fever (Y), which is calculated using the correlation coefficient value of 0.77 ($rX_1Y = 0.77$). This demonstrates that the determinant coefficient is equal to $r_2 \times 100\%$ or $0.77_2 \times 100\% = 59.29\%$, while the remaining 40.71 % is due to other variables. Additionally, to determine the significance of public knowledge (X_1) in preventing the implementation of the draining, burying, and closing (3M) program on the incidence of Dengue Hemorrhagic Fever (Y) using the fcount test formula, it is determined that fcount > Ftable or 11.49 > 3.26, which indicates that there is a significant relationship between public knowledge (X_1) and preventive measures of impenetrability (Y). These findings indicate that public awareness of the necessity of draining, burying, and closing (3M) programs is strongly associated with Dengue Hemorrhagic Fever.

According to the findings of this study, it differs with a previous one performed in 20096 in the urban hamlet of Medan by Meutia Wardhanie Ganie, which indicated that as many as 32.8 %. While the findings of this study done by researchers in Ai-Mutin Village indicated that as much as 59.29 % of the population is aware of the draining, burying, and closing (3M) program of preventative measures against the development of Dengue Hemorrhagic Fever in local areas.

1. There is a significant relationship between community attitudes and the prevention of implementing draining, burying and closing (3M) program on the incidence of Dengue Hemorrhagic Fever.

     According to (Notoatmodjo, 2011), attitude is a reaction or response from someone to a stimulus or item that is still closed. The manifestation of the attitude cannot be observed immediately, but must be inferred from closed conduct. Attitude refers to a person's willingness to react to items in a certain setting as an expression of appreciation for the object. According to the tabulation that has been tested using the formula f, the relationship between public attitudes (X_2) and preventive measures to bury used goods, close water storage areas, and drain water reservoirs in implementing the draining, burying, and closing (3M) program against Dengue Hemorrhagic Fever (Y) is 0.45 or (rX). This demonstrates that there is a strong correlation between people's attitudes. determinant coefficient = $r_2 \times 100\%$ or $0.45_2 \times 100\% = 20\%$, while the remaining 79.75 % is dependent on other factors. Additionally, when the f-test formula is used to determine the significance of X_2 with Y, it is discovered that fcount>ftable or 3.43>3.26, indicating that there is a significant relationship between public attitudes (X_2) and the avoidance of implementing a draining, burying, and closing (3M) program against Fever. Dengue hemorrhagic fever (Y). Thus, the community's attitude in Ai-Mutin Village, Comoro Village, Dom Aleixo Sub-district, Dili Regency in 2015 may be inferred. In general, community attitudes are strongly associated with the prevalence of Dengue Hemorrhagic Fever (K.G, 2015).

     According to the findings of this study, it differs with a previous one performed in 2009 in an urban hamlet in Medan by Meutia Wardhanie Ganie, which indicated that as many as 62.12 %. While the findings of this study done by experts at Aldeia Ai-Mutin indicated that up to 79.75 % of community

behavior was related to the implementation of a draining, burying, and closing (3M) program and the occurrence of Dengue Hemorrhagic Fever in local areas.

2. There is a significant relationship between knowledge and attitude with the prevention of implementing draining, burying and closing (3M) program on the incidence of Dengue Hemorrhagic Fever

According to the tabulation findings above, the value is 0.77 or (RX1X2Y = 0.77), and another variable determines the simultaneous contribution of X1X2Y variables using the formula r2x100 % = 0.772x100 % = 59.29 % and 40.71 %. Following that, the significance value was determined using the test formula Fcount with a value of 26.21 and Ftable with a value of 3.26. After doing the calculation, it is determined that Fcount > Ftable, or 26.21 > 3.26. Therefore, rejecting Ho and accepting Ha implies that there is a strong link between community knowledge and attitudes and the implementation of a draining, burying, and closing (3M) program for reducing Dengue Hemorrhagic Fever occurrence. According to (Gunasekara, 2012), information, attitudes, and behaviors all have a significant impact on the frequency with which dengue illness is prevented. Thus, providing information, health education, and communication initiatives to the community is critical to assisting people in changing their living behaviors in order to clean up Aedes Aegypti mosquito breeding sites without monitoring them8. (Sarwono, 2003) underlined the need of conducting ongoing campaigns to improve awareness, attitudes, and behaviors, as well as to urge people and families to adopt easy and affordable preventative measures, such as using insecticidal nets and doing home screening. Community empowerment in the field of Health also needs to be done with an emphasis on psychology and a sense of community. This is in accordance with the conceptual model that involves the individual side which focuses on psychological empowerment, the environment (in the form of provocation, organization) and individual interactions with the environment (community participation and sense of community) (Sukesi et al., 2018). Health promotion (promkes) is one of the essential health services that must be carried out by the Health Center. Health promotion is a strategic effort to support the achievement of health development goals through community behavioral interventions (Sukesi et al., 2018)

CONCLUSION

The study's findings indicated that there was a correlation between knowledge and community attitudes and the prevention of executing the draining, burying, and closing (3M) program against Dengue Hemorrhagic Fever in Aimutin Village, Comoro Village, Dom Aleixo District, Dili Regency, in 2015. Public health personnel or experts assigned to a Timor-Leste Pblika Sade are supposed to educate and guide the community on how to live a healthy lifestyle. It is imperative to carry out post-training evaluations, followed by technical guidance health center promkes services in a sustainable manner, directly or by utilizing information technology that can be accessed by puskesmas officers. The community is expected to actively participate by participating in counseling activities and various dengue prevention activities held by health officers, such as periodic mosquito larvae monitoring and eradication of mosquito nests. The puskesmas also need to carry out intensive outreach activities to increase public understanding and awareness of the importance of dengue prevention behavior.

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