



Participation in Health Promotion in Cases of Dengue Fever (DB) Viewed from Psychological Empowerment and Sense of Community Ririn Sri Mangesti^{1*}

¹SMK Karya Bakti Wates Kediri, email: ririnsrimangesti@gmail.com

* Ririn Sri Mangesti

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Abstract

Dengue fever (DF) and its severe form, dengue hemorrhagic fever (DHF), are major causes of human morbidity and mortality. DF cases always increase every year, especially during floods. Geographical Location of Indonesia Tropical areas make every province endemic to DF. In 1997, 31,784 people fell ill with dengue fever, and in 2007, 156,697 people fell ill. The Indonesian government is implementing a community empowerment program by training dengue fever prevention cadres in the community (Jumantik PSN DBD) and implementing a dengue fever prevention campaign in schools to reduce the number of dengue fever cases.

Abstrak

Demam berdarah (DF) dan bentuk parahnya, demam berdarah dengue (DHF), merupakan penyebab utama kesakitan dan kematian manusia. Kasus DF selalu meningkat setiap tahunnya, terutama pada saat banjir. Letak Geografis Indonesia Daerah tropis menjadikan setiap provinsi endemik DF. Pada tahun 1997, 31.784 orang terserang demam berdarah, dan pada tahun 2007, 156.697 orang jatuh sakit. Pemerintah Indonesia melaksanakan program pemberdayaan masyarakat dengan melatih kader pencegahan demam berdarah di masyarakat (Jumantik PSN DBD) dan melaksanakan kampanye pencegahan demam berdarah di sekolah-sekolah untuk menurunkan jumlah kasus demam berdarah.

INTRODUCTION

Dengue Fever (Dengue Fever/DF) and in its more severe form Dengue Hemorrhagic Fever/DHF (DHF Dengue Fever/DHF) is a dangerous and contagious disease that can kill people (WHO, in Chua, Chua, Chua, and Chua, 2005; ban Natan et al., 2003). DF/DHF disease is caused by Dengue Virus (DEN) from the Flaviviridae family, genus Flavivirus (Figueiredo, 2003). This virus is transmitted through the female mosquito vector *Aedes aegypti*. Dengue fever serotypes consist of DEN-1, DEN-2, DEN-3 and DEN-4 (Chua et al., 2005; Figueiredo, 2003; Renganathan et al., 2003).

From extraordinary events (KLB). dengue fever (Sopotammarak, 2003). All provinces in Indonesia are areas where dengue fever is endemic and there is always a number of dengue sufferers increasing every year. Since 1997, 31,784 people have suffered from dengue fever (Kompas, 19 February 2008) and in 2007 there were 156,697 people suffering from dengue fever (Kompas, 20 February 2008). Specifically in Yogyakarta, data in 2006, there were dengue fever sufferers. Then it increased by 2,184 people to 2,463 people in 2007 (Kompas, 8 February 2008).

The community's response to actively participate in preventing dengue fever in accordance with the government's advice and invitation is not an easy thing. On the other hand, the government also has you to overcome the problem of dengue fever in a complete and sustainable manner. The reality that occurs in society to date shows that there is limited knowledge and information about how to prevent dengue fever in the community (Kompas, 1 March 2008; 13 March 2008; 7 July 2008), it is difficult for everyone to care and be willing to try to keep the environment clean to prevent dengue fever (Huta Barat, Windyaningsih, & Delianna, 2007; Kompas, 2 February 2008; 7 July 2008; 1 March 2008; 13 March 2008), low awareness and collective responsibility to live a clean and healthy lifestyle (Kompas, 8 February 2008; 4 March 2008), and people feel more confident in the method of eradicating mosquitoes with chemicals compared to carrying out PSN independently (Cahyo, 2006; Haryono, 1999; Kompas, 2 February 2008; Kompas, 7 July 2008).

Minimal community involvement makes health promotion programs unsustainable in the long term, the health conditions of the community are in the bill (Dalton, Elias and Wandersman, 2001; Green and Kreuter, 1991). Community commitment is the key to community mobilization for the program public health promotion for the prevention and control of dengue fever infectious diseases (Therawiwat, Fungladda, Kaewkungwal, Iname and Steckler, 2005; Raju, 2003). Commitment community use as a global strategy for the treatment of dengue fever is structured "DHF - Communication for Behavioral Effects" (Dengue-COMBI) (Renganathan et al., 2003).

The definition of participation in this research is that personal participation in conversations can participate in the decision making process of identifying problems and strengths, designing, implementing conditions and evaluating them based on the goals and benefits to be achieved together (Ewles and Simnett, 2003; Yoo et al., 2004). Individual participation in the planning process Naan enters the evaluation process with experiences, thoughts, ideas, feelings, and strengths individuals must participate in making effective decisions for themselves and their communities.

Kieffer, Wanderer, Zimmerman, and McMillan conceptual models et al. (Dalton, Elias, and Wanderer, 2001), factors that influence community participation are (a) a sense of appointment, (b) provocation, (c) the contribution of psychological empowerment and (d) situations in which leverage is encouraged. The conceptual model includes individual views (in the form of psychological empowerment), closure (in the form of provocation, grassroots organizing) and individual and environmental (in the form of community participation and a sense of togetherness). Supporting the studies of Guaresch and Jovchelovich (2004), Nelson et al., (2004), Matta, Jacobson and Allen, (2001) and Prilleltensky (2008), further investigation is needed regarding the role of psychological empowerment and a sense of community participation. That sex is one of the variables that influences community participation and empowerment psychology (Peterson, Lowe, Aquilino and Schneider, 2005). Women tend to participate more actively in the decision-making process when in organizational situations and when they feel more mentally strong.

In relation to gender equality, there must be equal participation of male and female representatives in the community development process in order to accommodate the interests and needs of vulnerable and marginalized groups (The Sphere Project, 2006). When compared with men

men and women have fewer resources and access to group participation, when these people experience an imbalance in the distribution of resources available in their environment and then try to increase access and greater control over these resources.

Psychological empowerment is an individual's critical awareness of the conditions of society and the skills to mobilize power in oneself and the community (Dalton et al., 2001), although Prilleltensky (2008) states that power does not only come from psychological power but a combination of strengths. political and psychological. This critical awareness is an individual's understanding that imbalances in health conditions are influenced by imbalances in social conditions (Campbell & Murray, 2004; Nelson et al., 2004), wanting to change their behavior and develop personal skills by working simultaneously to improve social structures that harm them. (Freire, in Campbell & Murray, 2004), there is a feeling of being treated unfairly in a community and an imbalance in conditions social influence on health (Conway & Hachen, 2005; Guareschi & Jovchelovitch, 2004), the belief that knowledge makes individuals more confident to determine health choices (Kok, Schaalma, Ruiters, Empelen, & Brug, 2004; Nelson et al., 2004).

To increase community empowerment in Indonesia, the government publishes guidebooks and management of dengue fever control (Hadinegoro et al., 2004; Hutabarat, Windyaningsih, Delianna, 2007; Suroso et al., 2007), training program for Jumantik cadres or PSN DBD Larvae Monitoring Officers in communities (Kompas, 2 February 2008) and in schools (Kompas, 3 November 2007), the campaign program to prevent dengue fever (Kompas, 19 February 2008), and launching the Alert Village program in dengue endemic areas (Indonesian Department of Health, 2006). The districts include Kudus, Central Java Province. Service Kudus District Health is preparing to anticipate the increase in dengue fever cases by forming Jumantik in 77 villages which will be given education and training about health, especially dengue

fever. After Jumantik cadres are equipped with the correct information and knowledge for vector control and prevention of dengue fever, the government hopes that they can become pioneers in mobilizing the dengue PSN community in the communities where they live (Kompas, 2 February 2008).

Referring to research by Therawiwat et al., (2005) and Kreuter, Lukwago, Bucholtz, Clark, & Sanders-Thompson, (2003), local culture and local policy values are seen as social forces that influence the effectiveness of disease control in society. The culture of Indonesian society, especially

It's Javanese culture, getting to know the culture of mutual cooperation and mountain climbing. The basic concept of mutual cooperation and mountain climbing is a sense of togetherness in society, a feeling that unites community members to complete a big job together (Purwadi, 2006; Purwadi & Dwiyanto, 2007). This feeling makes work in society a shared responsibility and is completed collectively.

Communities that have a high sense of community will strengthen their involvement in identifying health problems in their community. A sense of community is an individual's feeling that he is part of a community, a place where he shares emotional experiences and mutual feelings need among members of the community. The elements in a sense of community are membership, influence, integration and fulfillment of needs, and connected emotional experiences (McMillan, in Dalton et al., 2001). Individuals who have a sense of community tend to find it easier to participate in programs run in the community because they have historical ties and the same experiences in the place where they live (Freudenberg, 2004). A sense of community makes individuals experience feelings of involvement and power, and feel responsible for their community (Evans, 2007). A strong sense of community in individuals can increase awareness of stressors originating from the physical environment and the impact of environmental disasters, thereby reducing morbidity rates (Parker et al., 2004).

Participation, psychological empowerment, and sense of community are important variables to research. These three variables are social forces that play a role reducing the complexity of limited health

services. Limited health services can be seen from two sides, namely (a) side health service supply providers and (b) the health service user side (Bandura, 2004). In other words, limitations are seen from the government or health professional side as providers or from the community side as users.

IMPLEMENTATION METHOD

The variables studied were: Participation in Health Promotion for DB Disease Cases as a criterion variable. Predictor variables include psychological empowerment and sense of community.

RESULTS AND DISCUSSION

The research was conducted on respondents who were female, married, had a minimum education of vocational high school and have their own income, with a total of 139 respondents. Respondents live in the Wates Kediri District area (Wates Kediri Community Health Center), these criteria are seen from suitability subject identity data in the questionnaire. The basis for selecting criteria for research subjects is that members of the community are considered the subjects who know best the situation and conditions of the area where they live. Locations are selected based on the order in which they have numbers The highest DB cases are in East Java Regency.

This research uses a tool in the form of three scales with 4 options, namely:

Data analysis

To test the hypothesis, a multiple regression analysis technique was used with the help of the SPSS 15 program. Before carrying out the regression analysis, an assumption test was carried out consisting of normality and linearity tests.

Results

The first research hypothesis proved to be very significant in this study. The regression analysis method produces a value of $F=15.751$ ($p<0.001$), which means that psychological empowerment and a sense of community influence health promotion in DB cases. The second hypothesis of this research was proven to show a very significant influence between the psychological empowerment variable on the

participation variable in health promotion in cases of DB disease. The results of the one-tailed Pearson correlation analysis showed a significant positive relationship between the psychological empowerment variable and the variable participation in health promotion in cases of DB disease ($r=0.427$; $p<0.01$). The participation variable in health promotion in cases of DB disease is influenced by psychological empowerment variable with controlling the variable sense of community rakat obtained $r=0.314$; $p<0.01$.

The third hypothesis was not proven. The sense of community variable does not play a significant role if it stands alone against the criterion variable. The results of the one-tailed Pearson correlation analysis showed a significant positive relationship between the variable sense of community and the variable participation in health promotion in cases of DB disease ($r=0.319$; $p<0.01$).

Information:

\hat{Y} = Participation in Health Promotion in Cases of DHF

X1= Psychological empowerment

X2= Sense of community

The results of regression analysis using the stepwise method were carried out to obtain more detailed data regarding the role of the predictor variables that have the most influence on the criterion variables. The results of data analysis show that participation in health promotion in cases of dengue fever is very strongly influenced by psychological empowerment, the constant B coefficient is 58.727, the B coefficient for psychological empowerment is 0.408. Therefore regression line equation with method The steps are arranged as follows:

$$\hat{Y} = (0.408) X1 + 58.727$$

Information:

\hat{Y} = Participation in Health Promotions

prevention in cases of DB disease

X1= Psychological empowerment

Discussion

Based on the results of multiple regression analysis and partial correlation, the results showed that the first and second hypotheses were proven to be very significant, while the third hypothesis was not

proven. The full explanation of these hypotheses will be discussed one by one.

The first hypothesis of this research which states that "Participation in health promotion in cases of DB disease is influenced by psychological empowerment and a sense of community" is proven. This means that the stronger the psychological empowerment and sense of community together, the higher the level participation in health promotion on cases of DB disease. Strengthening efforts Jovchelovitch (2004) and Nelson et al., (2004) indicate that to increase community participation in community-based programs, information and financial support become one of the strengthened resources. By individual strength and the community is expected to be able to narrow the distance between the authorities/professionals and the community. Participation can be increased by strengthening individual and community empowerment. With direct empowerment, each person has an understanding that he or she is contributing to changing environmental health conditions for the better in the environment where they live. With knowledge and information, individuals will be more confident in making decisions healthy life choices (Kok et al., 2004; Nelson et al., 2004).

The third hypothesis in this study which stated that "Participation in health promotion in cases of DB disease is influenced by a sense of community" was not proven. By looking at the results of one-tailed Pearson correlation analysis, a significant positive relationship was obtained between the variable sense of community and the variable participation in health promotion in cases of dengue fever. ($r=0.319$; $p < 0.01$). The relationship between sense of community and the variable participation in health promotion in cases of DB disease by controlling the predictor variable psycho-empowerment Logical shows a correlation value of ($p=0.247$). This means that the role of the variable sense of community can be ignored when used to explain the participation variable in health promotion in cases of DB disease. Variable sense of community does not play a significant role if standing public. According to research by Yuarsi (2004), matters relating to children's health care, household work, and all matters relating to children, are usually handed over to women. Reviewed by Purwadi

(2007) and Purwadi & Dwiyanto (2006), activities in the form of building roads or construction work are usually handed over to male community members.

CONCLUSION

So suggestions are put forward for designers and managers of DB disease prevention programs in the community DB disease prevention program managers in the community to: (a) Strive for training that strengthens individual psychological empowerment in order to increase community participation in efforts to prevent dengue fever; (b) Pay attention to factors that can influence participation in health promotion in cases of DB disease; (c) Measuring community participation in health promotion in cases of DB disease regularly through surveys of both women and men; (d) Pay attention to psychological empowerment in society by seeking to increase knowledge, motivation, commitment, and strengthen confidence.

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