



EFFECT OF HEALTH EDUCATION AUDIOVISUAL MEDIA USING THE IMPROVEMENT OF KNOWLEDGE AND ATTITUDES IN PREVENTION AT THE HEALTH MARIAT FILARIASIS DISTRICT SORONG

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Abstract

Most people, especially urban Sorong Mariat not have a high awareness to prevent the transmission of filariasis caused by the lack of public knowledge about health information associated with filariasis. The purpose of this study was to analyze the health education intervention using audiovisual media in the prevention of filariasis in communities Mariat in Community Health Center Mariat Sorong 2018 with the difference before and after treatment knowledge and attitudes. This type of research is semi-experimental study (Quasi Experiment) with the draft Non Randomized Control group pretest-posttest design. The population in this study is Mariat community health centers in the region of the sliding District Mariat numbered 30 people. The collected data is processed and analyzed using SPSS. The results showed there are differences in knowledge after the use of audiovisual media treatment in the prevention of filariasis in Sorong district community. Visible value of p (t test) knowledge = $0.005 < 0.05$. Percentage to increase knowledge in the prevention of filariasis in the community health centers Mariat Sorong is $0.4282 = 0.183$ (18.31%). This means that 18.31% increase knowledge in the prevention of filariasis in the community health centers Mariat Sorong. Suggested can be used by the community health centers in order to improve education in the prevention of filariasis by working with Ministry of Health Polytechnic Sorong. And for further research can use other methods such as a combination of counseling and audiovisual media for increasing knowledge.

Keywords : Knowledge, Media Audiovisual, Filariasis Prevention.

1. Introduction

Filariasis in West Papua province showed an increase in significant numbers from year to year. Worms filariasis as 1. *Wucheria bancrofti*, 2. *Brugia malayi* and, 3. *Brugia timori* with the intermediary of the Anopheles mosquito, Culex, Mansonia and Armigeres that can transmit worms. When the mosquito bites containing the infective larvae then that's when the transmission of the disease to develop. Mosquitoes containing the infective larvae enter through the hole in the skin mosquito bites. Disease filariasis which is

transmitted through mosquito vectors if not treated immediately, it caused permanent disability.

Of the 12 districts/cities in West Papua South Sorong ranked first as the areas with filariasis highest, followed Monokwari, Wondama Bay, Maybrat, Sorong, Fak-Fak, Monokwari South, Tambrau, Kaimana, Sorong, Bintuni Bay, and Raja Ampat. At South Sorong there are 178 cases of chronic, Monokwari 142 cases, 63 cases Wondama Bay and Sorong cases. ⁸Maybrat 51 which will be a place of research is fifth in

endemic areas of the disease elephantiasis of the 12 counties and cities in West Papua.

Some regions in Sorong Regency are still obtained filariasis, among others: Sub Malawi, Mariat, Masigen District, Disrik Seget District South Salawati, Klabot, Klamono, Sayosa, East Sayosa, Klaili, Makbon, Mega and Maudis District. Mariat urban village which became the endemic areas of research including the spread of filariasis in Sorong.

Sorong regency government through the District Health Office has sought to eradicate filariasis shoves one way to provide filariasis mass drug since 2016. The drug administration will continue until 2021. In 2018 is the third year in filariasis mass drug administration prevention. At the 2016 Sorong District Health Office has recently reached the target of 60% of the total population, while the expected target of a maximum of 65% of the total penduduk.⁹

In mass prevention drug administration (POPM) activities Sorong District Health Office involving 18 community health centers covering all districts in Sorong. In 2019 expected that all communities in Sorong be free from filariasis, so the purpose of Sorong regency free panyakit filariasis by 2021 can be achieved.

A preliminary survey conducted by researchers previously found the fact that some people Sorong especially urban Mariat not have a high awareness to prevent the transmission of filariasis is caused by various factors, including: the majority of indigenous people of Papua refused to take medicine filariasis due to the growing issue that the drug is not useful and cause side effects such as dizziness, nausea, etc. Some

immigrant communities also have the same perception is due to the lack of public pengetahuan to health information associated with filariasis.

2. Method

This research uses experimental research methods spring (Quasi Experiment) is an activity experiment is aimed to determine the effect of a phenomenon or caused as a result of the intervention or certain treatment⁶. By using the design of non-equivalent control group. In this design, grouping members of the sample in the experimental group and the control group was not done at random or random. Therefore, this design is often called non-randomized control group pretest-posttest design.

This study was performed on the district community Mariat in community health center Mariat at July to December 2018.

Samples are partly taken from the whole object under study and is considered to represent the entire populasi²⁰. The sample in this study is a part of your community population mariat totaling 30 people.

The research instrument used in this study is a questionnaire and audiovisual methods.

3. Results

a. Knowledge

Table 1.1. Analysis Paired Sample T -Test Before and After Treatment Knowledge In Filariasis Prevention Society Mariat On Sorong

variables	mean	N	Std Deviation	Std Error Mean
prior Knowledge	68.80	30	12.338	2,253
after Knowledge	75.53	30	10.275	1.876

Sig (2-tailed) 0.005

Sig value (2-tailed) of 0.005 <0.05 then the conclusion there are differences in knowledge after the use of audio-visual media treatment in the prevention of filariasis in Sorong Regency Mariat society.

In the table Paired Sample T -Test the average pre-test knowledge was 68.80 with a standard deviation of 12.338 and an average post-test knowledge was 75.53 with a standard deviation of 10.275. Differences in average values before and after treatment knowledge of which is equal to - 6.733 and a standard deviation of 12.213.

Percentage to increase knowledge in the prevention of filariasis in the health centers Mariat Sorong is $0.4282 = 0.183$ (18.31%). This means that 18.31% increase knowledge in the prevention of filariasis in the region Sorong Mariat health centers because health education interventions using audio-visual media and 81.69% due to other factors.

b. Attitude

Table 1.2. Analysis Wilcoxon Signed Rank Test Before and After Treatment Attitudes In Filariasis Prevention Society Mariat On Sorong

variables	N	mean Ranks	Sum of Ranks
negative Ranks	5	5.50	27.50
positive Ranks	7	7.21	50,50
ties	18		
Total	30		

Asymp Sig (2-tailed) 0.334

negative Ranks or the difference (negative)

between before and after treatment attitude was 5 shows an impairment test initial and final tests of attitude.

positive Ranks or the difference (positive) between the initial test and final test positive attitude are 7 data (N) means to seven respondents experienced an increase in the value of the initial test and final test attitude. Mean rank or an average increase in the amount of 7.21 while the number of positive rankings or the sum of ranks is equal to 50.50.

Ties are shared values initial test and final test there are eighteen respondent. So can be said there are 18 respondents same initial test scores and final test attitude.

4. Discussion

a. Knowledge

On the question of knowledge about No. 2 some people still do not understand the cause of the disease filariasis (elephantiasis) caused by a worm. All respondents know filariasis (elephantiasis) is transmitted by mosquitoes seen 100% of respondents answered correctly all the knowledge questions about No. 4.

On the question of knowledge about No.6 some people still do not understand the environment that can become breeding places is sewerage stagnant and most respondents answered

breeding places because the river where the respondent is to be investigated adjacent to the river.

On the question of knowledge about No. 12 some people still do not understand how to prevent contracting the disease filariasis (elephantiasis) is taking medication filariasis.

In this study, some individuals after treatment using audio-visual media of observations researchers directly apply to the respondent some officers to gain filariasis drugs. Mariat individual knowledge society is merely know and have not come to the understanding and application.

Knowledge is a process of sensing of something observed. Knowledge is also the recall or recognition process information from the senses to something observed. That is Depth of knowledge⁶:

- 1) Know is everything known to be associated with objective observation of the senses.
- 2) Understanding is understood correctly by an observation in the target senses.
- 3) Application is to use something in the objective observation of the senses to describe the actual conditions.
- 4) The analysis is to reveal something of an observation senses.
- 5) Synthesis is to construct something from something that has been observed by the senses.
- 6) Evaluation is an objective assessment of the senses

b. Attitude

For individuals already looks good attitude is shown by the value of the initial test and final test

high attitude but not yet visible in terms of action in the prevention of filariasis. Individual attitudes Mariat society is merely accept.

Attitude is not yet visible response from someone to urge objective observation senses. Attitude is a concern that is not visible and not open attention. Attitude is the implementation of the response of an observation.

Attitude in general can be interpreted as a desire to carry out the action may be yes and no. Attitude is not necessarily the same as the actions taken are sometimes contradictory. Depth attitude such as⁶:

- 1) Receive
- 2) Respond
- 3) Appreciate
- 4) To be responsible

5. Conclusion

- a. There are differences in knowledge after the use of audio-visual media treatment in the prevention of filariasis in Sorong Regency Mariat society.
- b. That 18.31% increase knowledge in the prevention of filariasis in the region Sorong Mariat health centers because health education interventions using audio-visual media and 81.69% due to other factors.
- c. There is no difference in attitude after the treatment with the use of audio-visual media in the prevention of filariasis in Sorong Regency Mariat society.
- d. *negative Ranks* or the difference (negative) between before and after treatment attitude showed 5 an impairment test initial and final tests of attitude.

- e. *positive Ranks* or the difference (positive) between the initial test and final test positive attitude are 7 data (N) means to seven respondents experienced an increase in the value of the initial test and final test attitude. Mean rank or an average increase in the amount of 7.21 while the number of positive rankings or the sum of ranks is equal to 50.50.
- f. Ties are shared values initial test and final test there are eighteen respondent. So can be said there are 18 respondents same initial test scores and final test attitude.

6. Suggestion

a. Society for Mariat

- 1) Minimizing habitat vector development, lowering the density of the vector (larvae and adults), and reduce contact between vectors and humans by means of 7 M:
 - a) Sleep at night should use the nets
 - b) Closing the vents with wire house mosquito
 - c) Using the type of fuel or anti mosquito spray
 - d) Rub the skin with anti mosquito
 - e) Clearing the bushes around the house
 - f) Cleaning the water plant in the swamp
 - g) Bury, Piling and distribute puddles as breeding places.
- 2) It is expected that the public avoid the habit of being outside at night.

- 3) Drain sewerage (SPAL) are open so as not to be mosquito breeding places.
- 4) Breaking bracelet filariasis transmission by participating in taking preventive medication in bulk (POPM) filariasis once a year for five (5) years.

b. For health centers

- 1) Increase outreach to the community against filariasis with increased knowledge and action to prevent the disease filariasis.
- 2) Mobilization of the community to take the medicine at the district/city endemic.
- 3) In cooperation with other institutions, especially research related to the prevention of filariasis.

c. For the Ministry of Health Polytechnic Sorong

To cooperate with local government district/city for socialization and advocacy in the prevention of filariasis.

d. For Further Research

- 1) Research related to the use of mosquito nets, SPAL conditions, habits out at night and local wisdom
- 2) Can be combined with other methods to improve the knowledge on Mariat society.
- 3) Research may be focused on the endemic area in West Papua in particular South Sorong Regency.

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