Journal for Quality in Public Health
Vol. 3, No. 2, May 2020, pp: 736-741
DOI: 10.30994/jqph.v3i2.181

ISSN: 2614-4913 (Print)
2614-4921 (Online)

Analysis of Knowledge Factors and Attitudes Affecting Behavior Health Handling Behavior In Preschool Children

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Received : January 12, 2020

Accepted : March 13, 2020

Published : May 15, 2020

ABSTRACT

Behavioral engagement of the mother to the child needs to be understood in taking a treatment or therapeutic action that can reduce body temperature in children and behavioral handling in influencing factors knowledge and attitude that can help in the handling of fever. The purpose of this study to determine the factors of knowledge and attitude of mothers that affect the behavior of home fever handling in preschool children in the work area UPTD Community Health Clinik Cement District Kediri.

The design of this research is observation / survey with cross-sectional approach. Total sampling technique. Samples in this study all the mothers as much as 45 people. Independent variable to be studied is Knowledge, attitude of dependent variable is handling behavior. The statistical test used is logistic regression. The result of the research showed that mother's knowledge on fever handling behavior in the category was 17 respondents (37,8%), positive category was 21 respondents (46,7%). From the analysis of data knowledge shows the value of P value = 0.021 <α 0.05 so that H1 is accepted which means there is influence of mother's knowledge on fever handling behavior and attitude show value P value = 0,017 <α 0,05 so that H1 accepted which mean there is influence of mother attitude on the behavior of fever handling. The statistic overal result (0,012) <α (0,005) means there is influence of knowledge, attitude, simultaneously to behavior of home fever handling at preschool children at UPTD Community Health Clinik Cement District Kediri.

Handling fever is influenced by knowledge and attitude of mother because in determining child recovery process determined from mother understanding about prevention of bacteria, virus and microorganism and mother response in effort to prevent fever by giving warm compress therapy or pemeberian of febrifuge to reduce body temperature.

Keywords: Knowledge, Attitude, Handling Behavior, Fever In Preschool

INTRODUCTION

Fever is a sign that the body is fighting an infection or bacteria in the body. Fever is also usually a sign that the child's immune system is functioning properly (Nurdiansyah, 2011).

The World Health Organization (WHO) in 2011 estimated the number of fever cases worldwide reached 16-33 million with 500-600 thousand deaths each year (Setyowati, 2013). The incidence rate of fever in Asia was reported to be higher and around 80 -90% of all simple febrile seizures in 2010. The results of the medical records of the Children's and Mother of Hope Hospital Jakarta in 2008-2010, there were 86 patients with seizures, 41 patients (47.7 %) of them experienced recurrent febrile convulsions (Dewanti et al, 2012 in Irawan2013). In Indonesia in 2012 there were 465 (91.0%) fever sufferers from 511 mothers who used touch to assess fever in their children, while the remaining 23.1 only used a thermometer (Setyowati, 2013). In East Java, around 87% of children under five have experienced fever and 80% of parents treat low-grade fever with drugs, this is the wrong concept of handling fever (Setyowati, 2013). At the Semen Puskesmas in February 2017 there were 45 pre-school children who had fever.

Based on the results of interviews with 7 mothers who have preschool children who came to the Semen Puskesmas on March 27th. 5 mothers who have preschool children said they did not know the temperature of the fever, the cause of fever, the characteristics of the fever, the impact of further fever, and how to determine treatment at home to reduce fever, such as warm compresses, providing adequate drinking water. and 2 mothers said that they know how to handle them such as warm compresses, providing adequate drinking water, knowing the cause of fever, and taking the child to the hospital, clinic or health center if the fever does not go down within a few days.

Fever in preschool children requires different treatment and treatment when compared to adults. This is because, if the action in overcoming fever is not correct and slow it will result in a disease. Fever can endanger children's safety if not treated quickly and appropriately, it will cause other complications such as hyperthermia, seizures and decreased consciousness (Maharani, 2011). A fever that reaches a temperature of 41 ° C has a mortality rate of 17%, and at a temperature of 43 ° C will be comatose with a death of 70%, and at a temperature of 45 ° C will die within a few hours (Said, 2014).

Treatment of fever can be carried out by pharmacological action and non-karmic action. Pharmacological action that is to provide antipyretic drugs such as paracetamol, ibuprofen. Non-pharmacological measures to reduce heat such as giving lots of drinks, being placed in a room with normal temperature, using clothes that are not thick, and applying compresses (Kania, 2007).

In providing understanding to mothers about handling fever to increase the knowledge of health workers, they also provide information to mothers at the health center or posyandu, namely counseling about diseases that often attack preschool children and their symptoms and counseling on how to treat fever in preschool children at home. Providing information can increase the mother's knowledge so that she can determine the right attitude to provide help with the first steps when the child is treated at home, such as in giving warm compresses or giving febrifuge.

Based on the above problems, the researchers are interested in conducting research on: Analysis of maternal knowledge and attitudes that influence the behavior of handling fever at home in pre-school children in the work area of the UPTD Puskesmas Semen Kediri Regency.

METHODS

Research design

Based on the research objectives, this study uses a quantitative research method with an observational / survey research design with a cross-sectional approach, which is an observational research design conducted to determine the effect of independent variables with the dependent variable where the measurements are carried out at one time or simultaneously (Budiman, 2016).

Population, Sample and Sampling

The population in this study were all mothers who had pre-school children who had fever as many as 45 people. The size of the sample taken was all women who came to the Puskesmas Semen as many as 45 respondents. The sampling technique used in this research is the Non-Probolity sampling / non-random method, namely by total sampling.

Research variable

The independent variables in this study are the knowledge and attitude factors. The dependent variable in this study is the behavior of handling fever in pre-school children. The instrument used in this study was a questionnaire sheet.

Data analysis

The statistical test used in this study is the Logistic Regression test at a deviation level of 5% (α = 0.05).

RESULTS

Knowledge

Table 1 Knowledge of mothers in handling fever behavior in UPTD Puskesmas Semen Kediri Regency.

No	Knowledge	Frequency	Percent (%)
1	Less	12	26,7
2	Enough	20	44,4
3	Good	13	28,9
	Total	45	100,0

The table above shows that most of the respondents at the Puskesmas Semen Kediri Regency received adequate knowledge in the sufficient category, namely as many as 20 respondents (44.4%) out of a total of 45 respondents.

Attitude

Table 2 Attitudes of mothers in handling fever behavior in UPTD Puskesmas Semen Kediri Regency

No	Attitude	Frequency	Percent (%)
1	Negative	18	40,0
2	Positive	27	60,0
	Total	45	100,0

The table above shows that most of the respondents at the Puskesmas Semen Kediri Regency got a positive attitude, namely 27 respondents (60.0%) out of a total of 45 respondents.

Fever Management Behavior

Table 3 Fever handling behavior in UPTD Puskesmas Semen Kediri Regency

No	Perilaku	Frequency	Percent (%)
1	Bad	15	33,3
2	Good	30	66,7
	Total	45	100,0

The table above shows that most of the respondents at the Puskesmas Semen Kediri Regency got the behavior in a good category, as many as 30 respondents (66.7%) out of a total of 45 respondents.

Mother knowledge and attitudes that influence the behavior of handling fever at home in pre-school children in the working area of the UPTD Puskesmas Semen Kediri Regency.

Table 4. The results of the analysis of the factors of knowledge and attitudes of mothers towards the behavior of handling fever at home in pre-school children in the work area of the UPTD Puskesmas Semen Kediri Regency

Variable	Significant Value
Knowledge	0,020
Attitude	0,017

Based on the results of the logistic regression statistical tests that have been carried out, it is known that the P value for the knowledge variable = 0.020 <α 0.05 and the P value for the attitude variable = 0.017 <α 0.05. While the results of the logistic regression statistical test that have been carried out show that the P value = 0.012 <α 0.05, which means that there is an influence of maternal knowledge and attitudes on fever handling behavior in preschool children in the work area of UPTD Puskesmas Semen Kediri Regency.

DISCUSSION

Knowledge about handling fever at home in preschool children at the UPTD Puskesmas Semen Kediri Regency.

Knowledge about handling fever at home in preschool children at the UPTD Puskesmas Semen Kediri Regency shows that most of the respondents at the Semen Health Center, Kediri Regency, got sufficient knowledge, namely as many as 20 respondents (44.4%) from a total of 45 respondents.

The number of respondents who have sufficient knowledge in handling fever at home means that knowledge of fever handlers at home, some mothers can understand the actions that will be given to children if they are sick, home treatment given when a child has a fever in the form of warm compresses, febrifuge, wearing thin clothes , and provide drinking water to prevent dehydration.

Knowledge relates to the information a person has, the more a person has, the higher one's knowledge is, knowledge is all we know about a certain object, a repository of mental wealth which directly or indirectly enriches our lives and a source of answers for various questions that arise in life (Sugiarti, 2010). This is supported by research conducted by Dawood (2010) that sufficient knowledge can be caused by the information and experience gained regarding knowledge of fever.

According to research, a sufficient level of knowledge causes mothers to understand how to treat fever in children. This is because they often pay attention to children's health to do things such as seeking information or following health education provided by health workers. The results of the study were sufficient for fever handlers in children because respondents understood and practiced directly on children to understand, apply, analyze, synthesize, and evaluate a material related to handling fever.

From this study, it shows that mothers who have experience in handling fever have sufficient knowledge so that mothers are not too worried when their children experience illness than a mother who lacks knowledge will certainly meet difficulties in order to prevent further impact on fever.

Attitudes about handling fever at home in preschool children at the UPTD Puskesmas Semen Kediri Regency.

The results showed that most of the respondents at the Puskesmas Semen Kediri Regency got a positive attitude, namely 27 respondents (60.0%) from a total of 45 respondents.

Based on the results of the analysis, it can be said that mothers who have a positive attitude are more than mothers who have negative attitudes towards handling fever in children. So that mothers who see positively about symptoms of fever in children at home are not anxious, mothers do not panic in handling children when they are sick at home. Mothers with positive thoughts can think more broadly about effective treatments so they can be prevented more quickly.

According to M. Hariwijaya (2007: 119), a good attitude is needed in handling fever. The better the mother's attitude towards handling fever, the smaller the risk of her child experiencing an increase in body temperature.

In research, the attitude of mothers towards children with fever is in line with the existing teroi which says that a positive attitude tends to be positive. Positive attitudes of mothers towards fever in their children are usually based on the good knowledge that mothers have about handling fever quickly and appropriately. As it is known that the effort to form attitudes must be based on the existence of a deeper understanding of the individual or object and also the mother in the context of prevention or handling of fever. The positive attitude shown by the mother proves that the mother knows about fever in children so that the mother gives a good response. The attitude in this research is the will of the mother which is measured based on the statements given about positive and negative attitudes towards the incidence of fever in children which includes a fever in the form of a fever in the form of the first action there is fever through the provision of febrifuge or warm compress.

The behavior of handling fever at home in preschool children at the UPTD Puskesmas Semen Kediri Regency.

The results showed that most of the respondents in the Puskesmas Semen Kediri Regency got the behavior in a good category, as many as 30 respondents (66.7%) from a total of 45 respondents.

Mothers who have good behavior in handling fever at home have a lot of information about prevention when a child is sick at home, so that the information obtained can be applied to children who are sick at home. On the other hand, if the mother is not well informed, the treatment given to the child will result in bad salary or the prevention process will take a long time.

According to Maulana (2009) behavior is the result of experience and the process of interaction with the environment, which is manifested in the form of knowledge, attitudes, and actions so that a balanced state is obtained between forces or driving and holding forces.
The behavior of mothers who know how to respond to problems that occur to their children. A well-behaved mother can find out the most appropriate way to assess a child with fever or not, namely by measuring the child's body temperature with a thermometer, feeling the child's forehead. When the child has a fever, the mother can give a warm compress to reduce the heat before the child is taken to the hospital or health center to get effective treatment

Analyzing the influence of the factors of knowledge and attitudes of mothers on the behavior of handling fever at home in pre-school children in the working area of the UPTD Puskesmas Semen Kediri Regency.

Based on the results of the logistic regression statistical test that has been carried out, it is known that the P value = 0.012 <α 0.05 so that H1 is accepted, which means that there is an effect of maternal handling behavior on knowledge and attitudes in preschool children in the work area of UPTD Puskesmas Semen Kediri Regency.
The results of the analysis of mother's knowledge and attitudes can influence the behavior of handling fever in children. Knowledge and attitudes play a role in a mother in determining the appropriate action to be given to a child who has a fever. Understanding of fever in mothers needs to be given more information to know the normal limits of body temperature and effective treatment in reducing fever non-pharmacologically or without drugs. The decision made by the mother in receiving and responding when the child has a fever is to be able to provide warm compress therapy, wear thin clothes, provide drinking water as often as possible so that the child does not become dehydrated when the body temperature rises.

Management of fever or fever according to Shvoong (2010) is to reduce body temperature within normal limits without using drugs, namely by compressing it. Reducing fever in children can be done by self-management or non-self-management. Self-managed management is fever management that is done alone without using the services of health workers. Self-management can be done with physical therapy, drug therapy, or a combination of both.
Targets aimed at causal factors aim to reduce the causes or reduce the influence of behavior on the handling of fever in children with efforts that include: giving attention to children to keep their food / drink clean so they are not contaminated with bacteria, giving warm compresses to children when there are symptoms fever, eliminating the source of transmission of infection and breaking the chain of transmission of disease, and avoiding behaviors that increase risk

CONCLUSION

There is a strong influence between knowledge and the behavior of fever handling at home in preschool children at the Puskesmas Semen Kediri Regency, with a P-value = 0.020 <α 0.05.
There is a moderate influence between attitudes and behavior in handling fever at home in preschool children at the Puskesmas Semen Kediri Regency, respondents, with P-value = 0.017 <α 0.05
There is an influence of knowledge and attitude simultaneously on the behavior of handling fever at home in preschool children at the UPTD Puskesmas Semen Kediri Regency

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