HEALTH BEHAVIOUR AND ITS RELATIONSHIP WITH THE RISK OF GETTING DENGUE FEVER AT THE DISTRICT OF TEMERLOH PAHANG DARUL MAKMUR; A CASE CONTROL STUDY, 1999

KAJIAN KES KAWALAN HUBUNGAN TINGKAHLAKU KESIHATAN DENGAN RISIKO PENYAKIT DENGGI DI TEMERLOH PAHANG DARUL MAKMUR, 1999

Marina Bakri, *Md Idris Mohd Nor*

ABSTRACT

Dengue Fever and Dengue Haemorrhagic Fever infections are common infectious diseases in Malaysia, which caust'S mortality and morbidity and thus losses in teml of economics to the individuals and the country .No satisfactory outcomes has been gained from various prevention and control programmes with multiple strategies. Health behaviour is recognized to be one of the causes for the increase risk of getting the disease. In order to identify the specific health behaviour for future interventions, a matched 1: 1 case control study was conducted at the District of Temerloh Pahang Darul Makmur in June 1999. The factors studied were the knowledge, attitudes and practices regarding prevention and control, treatment, law enforcement and level of awareness of the danger caused by Dengue/Dengue Haemorrhagic Fever. Cases were selected from the registration data available at the Temerloh's Health Office with confinned diagnosis starting from the period 1st of January to 31st of December 1998. Whilst the controls were those who were never diagnosed to have DF/DHF and free from the signs and symptoms of the disease until the 31st. of December 1998. Sixty seven pairs of case and control were surveyed. The univariate analysis showed that agreeable to mosquito net usage (p=0.00), agreeable to blood taking (p=0.00), agreeable to stay longer in hospital if complications arise(p=0.00), allowing sick family members to be warded (p=0.03), letting blood to be tested (p=0.001). sending sick family members to hospital (p=0.003), aware of the danger of Dengue fever (p=0.039), agreeable that DF must be known by everybody regardless of their disease status (p=0.027), mosquito coil usage (p=0.02), cleaning water containers (p=0.03) and breeding larvae (p=0.03) were factors significantly related to the risk of getting DF/DHF. The multivariate analysis narrowed down the predictors of getting DF/DHF to only agreeable to blood taking (p=0.02), agreeable to mosquito net usage (p=0.03), agreeable to stay longer in hospital if complications arise (p=0.03) and lastly allowing sick family members to be warded (p=0.01). On conclusion, there is a relationship between bad health behaviour and increase risk of getting dengue fever.

ABSTRAK

Jangkitan Denggi dan Denggi Berdarah adalah antara penyakit berjangkit yang sering berlaku di Malaysia. Ianya menyebabkan morbiditi dan morta1iti serta kerugian kepada individu serta negara dari segi ekonomi. Pelbagai program pencegahan dan kawalan yang merangkurni pelbagai strategi masih belum mendatangkan hasil yang memuaskan. Faktor tingkahlaku kesihatan manusia telah dikenalpasti sebagai salah satu penyebab meningkatnya risiko penyakit ini. Bagi tujuan mengenalpasti apakah sebenarnya tingkahlaku tersebut supaya d!pat dilakukan intervensi, satu kajian dilakukan di Temerloh Pahang pada tahun 1999. Faktor yang dikaji ialah tahap pengetahuan, sikap dan tingkahlaku terhadap pencegahan dan kawalan, rawatan, penguatkuasaan undang-undang dan tahap kesedaran tentang bahayanya penyakit ini. Kriteria untuk pemilihan kes ia1ah mereka yang disahkan mendapat penyakit Denggi dan terdapat da1am senari nama pesakit Denggi di Pejabat Kesihatan Daerah Temerloh pada 1 hb. Januari hingga 31 hb. Disember 1998. Kawalan pula dipilih dari kalangan individu yang tidak pemah didiagnosa penyakit Denggi dan tidak pemah mengalami gejala penyakit ini pada atau sebelum 31hb. Disember 1998. Seramai 67 pasangan kes dan kawalan telah diselidiki. Analisis univariat mendapati bahawa sikap menggunakan kelambu(p=0.00), sikap bersetuju darah diambil (p=0.00), tinggallama di hospital jika ada komplikasi (p=0.00), sikap membenarkan keluarga sakit masuk hospital (p=0.00), tingkahlaku penggunaan kelambu (p= 0.001), tingkahlaku pergi ke hospital untuk mendapat rawatan (p=0.01), tingkahlaku mahu darah diuji (p=0.001), tingkahlaku menghantar ahli keluarga yang sakit ke hospital (p=0.03), tanggapan penyakit Denggi bahaya (p=0.039), tanggapan bahawa semua orang samada belum atau pemah kena penyakit ini harus tahu mengenainya (p=0.027), tingkahlaku menggunakan ubat nyamuk (p=0.02), tingkahlaku mencuci bekas simpanan air (p=0.03) dan tingkahlaku membiak larva (p=0.03) merupakan faktor yang memberikan hubungan bererti dengan risiko mendapat penyakit Denggi. Analisis multivariat pula mendapati bahawa sikap bersetuju darah diambil (p=0.02), sikap menggunakan kelambu (p=0.03), tinggal lama di hospital jika ada komplikasi (p=0.03) dan sikap membenarkan keluarga sakit masuk hospital {p=0.01) adalah peramal terhadap penyakit Denggi. Kesimpulannya, terdapat hubungan tingkahlaku kesihatan yang buruk dengan peningkatan risiko penyakit Denggi.