PEOPLE'S ATTITUDE TOWARD FILARIASIS AND DEC TREATMENT IN KUMPEH AREA, JAMBI, SUMATERA

Kasnodihardjo* and M. Sudomo*

ABSTRAK

Pada bulan September 1985 telah dilakukan penelitian mengenai sikap penduduk daerah Kumpeh terhadap penyakit filariasis dan cara pemberantasannya dengan pengobatan DEC. Sampel sebanyak 192 (10%) dari penduduk yang berumur 13 tahun ke atas telah diambil dari tiga desa di daerah Kumpeh, yaitu Pulomentaro, Pematangraman dan Bangso. Pengumpulan data dilakukan dengan mempersamakan keterangan, wawancara, serta wawancara mendalam. Hasilnya menunjukkan bahwa sikap penduduk terhadap pengobatan filariasis adalah positif, yaitu kebanyakan responden berpendapat bahwa pengobatan ini baik untuk kesehatan mereka terutama dalam penanggulangan filariasis. Di samping itu pada umumnya pengobatan masal dapat diterima oleh penduduk dan lebih dari 50% mendapatkan obat yang disediakan oleh program.

INTRODUCTION

To Indonesia filariasis is still one of the main health problems, especially in rural and transmigration areas. Control by treatment with diethylcarbamazine (DEC) has been done in Indonesia with satisfactory results. Standard dose of 4-6 mg/kg, BW is usually given for 10 days, however side effects were rather severe to most of the treated population 1,2,3,4. To overcome this problem Partono et al (1984)5 carried out a pilot study with a lower dose of DEC through a community participation approach to control timorian filariasis. The results were very satisfactory, microfilaria rates decreased one year after treatment while side effects were mild, and only encountered during the first week of treatment. The only drawback was that the drug treatment took more than one year. Within this long period some respondents may become bored and chances are that some of them may discard the follow-up drug treatment.

To alleviate this shortcomings, a study was initiated in Kumpeh, a filariasis endemic area, using a modified DEC treatment with a shortened period of three and a half months. Six villages were chosen as study sites, i.e. Bangso, Pemunduran, Puding, Pulomentaro, Pematangraman and Betung. Low dose of DEC administration was done in three phases through community participation which were as follows:

Phase 1. 50 mg of DEC administered weekly for 4 weeks.

Phase 2. 100 mg of DEC administered weekly for 8 weeks

Phase 3. 4-6 mg/kg. BW administered daily for ten days.

Children under 10 years old were given half the dosages mentioned above. Infants and pregnant women were excluded from the study.

The distribution of the drug were

* Health Ecology Research Centre,
National Institute of Health Research and Development Jakarta, Indonesia.
done by influential persons in each village such as school teacher, heads of the village and other village officials. They distributed the DEC weekly to each of the villagers (per family) and recorded the amount of DEC taken and also the side effects. For the first and second week our health staffs accompanied them to show how to deliver the drug and how to record all events they may encounter. They were also given antihistamine and antipyretics to treat side effects. Evaluation was done 6 months after treatment and again 1 year later.

As the treatment programme involved the community, a socio-cultural study was conducted to find out (1) the attitude of the people towards treatment of filariasis, and (2) the factors likely to influence their attitude.

MATERIAL AND METHODS

The sociological study was done in three villages in the Kumpeh area i.e. Pulomentaro, Pematangraman and Bangso. These villages were chosen randomly from 6 treated villages (Fig.1) The respondents were 13 years and above, because they were presumed to be able to answer the questions intelligibly.

Random sampling of 10% (192 individuals) out of those population from the three villages were conducted.
Data collections were made through questionnaires and interviews taken from each of the respondents, such as:

1. Personal data.
2. Their awareness on the treatment programme.
4. Their involvement in the treatment programme:
   a. Do they take the drug?
   b. If not, why, for what reason?
   c. How they take the drug?
4. Do they comply with the prescribed method?
5. What are their experiences after taking the drug:
   a. Side effect(s)?
   b. No side effect.
6. Do they favour this programme:
   b. Why they are in favour with the treatment and reasons for their objection.
7. What is their opinion about blood examination, e.g. in connection with drug treatment?
8. Their perception on filariasis.

Prior to treatment, health education has been conducted for several occasions to the villagers assembled in the mosques, in the house of the heads of the villages, and during the census period of the villages.

**RESULTS**

**Respondents and occupation**

The total number of respondents was 186 (6 questionnaires were dropped because they could not be analysed) consisting of 99 heads of families (85 males and 101 females). Most of the respondents were farmers (Table).

<table>
<thead>
<tr>
<th>Specification</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working in the farms</td>
<td>139</td>
<td>75</td>
</tr>
<tr>
<td>Traders</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Govt. official &amp; teacher</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>House work &amp; students</td>
<td>32</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>186</td>
<td>100</td>
</tr>
</tbody>
</table>

**Knowledge and response to treatment programme**

Of the 186 respondents, 199 (64%) were aware of the treatment programme as compared to 67 (36%) who were not aware of it. Treatment was given to 181 individuals only while 5 persons were excluded due to pregnancy. Among the 181 respondents, 109 (60%) stated that they took the drug 3 times a day 45 (14%) twice a day and 27 (15%) once a day.

**Side effects of drug intake**

Among the 181 respondents, 48 individuals (27%) have fever for 1–5 days after they took the first dose, 29 (16%) suffered headache and nausea, and 104 (47%) have no side effect at all.

**Attitude towards filariasis and drug treatment**

Most of the respondents were found having poor knowledge of filariasis. They believe that the disease is hereditary, commonly known as "untut". Despite their scanty knowledges of the disease and beliefs, 157 (87%) of the respondents responded favourably to the treatment programme. After having received their treatment, they felt good,
have better appetite and slept well although experiencing some side effects of the drug. Only 24 (13%) objected to the treatment programme.

**DISCUSSION**

Koentjaraningrat (1981)\(^6\) has stated that attitude is a disposition or mental status in the soul and individual to react toward the environment (community as well as natural and physical environment). Attitudes are usually influenced by individual inhibition and also by environment, such as knowledge, experiences, and individual involvement in the community activities. Positive attitude is influenced by self perpetuation among others, knowledge. As knowledge is a cognitive matter, one will develop an attitude based on affective aspects as an evaluation of personal quality. If the evaluation is advantageous, one will have a positive attitude, and if it is disadvantage the individual will form a negative attitude.

Personal involvement will also influence the attitude of people around him/her towards treatment. Personal involvement is where an individual has experienced a treatment or effect of a treatment. This kind of people will have a positive, neutral or negative attitudes, depending on the degrees of their experiences. Those who have positive attitude will agree with the treatment and those who have negative attitude will against it, while those who are neutral tend to act apathetic.

This study showed that more than 50% of the villagers felt the usefulness of the treatment despite of experiencing some side effects, such as fever, headache and nausea.

The feeling of attaining better health and supported by the assurance of an ultimate curative results, encourage these villagers to develop a positive attitude towards the treatment programme. Those who have negative attitude towards the treatment despite their awareness that the drug is useful could be due to the social environment which is influenced by the attitude of people who are non-receptive towards the programme. This social environment could act as a social control, either positive or negative resulting in either protreatment or contreatment.

According to Soerjono Soekanto (1983)\(^7\) social control relates to one who is prepared to do something in favour of other(s). This depends on the individual's interest and the disposition of his mental status in relation to the community's environment. In this case, his/her attitude towards the treatment is largely influenced by the community or group of community who may have preconceived opinion of certain taboo related to the treatment programme. For example, those villagers whose negative attitude approaches toward the treatment programme, was not because of the drug treatment, but they objected to blood being drawn at the same time.

In the present study on chemotherapeutic control of filariasis in Jambi, Sumatera, we were able to influence the majority of the villagers in the positive attitude approaches towards the treatment programme.

**REFERENCES**

Peoples attitude toward filariasis ........................ Kasnodihardjo et al.


