

Analysis of Factors Influencing the Role Community in Efforts to Prevent DHF in the Tinalan Village Kediri City

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ABSTRACT

Background: The lack of community participation in efforts to prevent dengue fever is due to a lack of support from health workers, community leaders and community motivation in breaking the chain of dengue transmission. The aim of this research is to analyze the factors that influence the role of society. community in efforts to prevent dengue fever in Tinalan Village, Kediri City.

Purpose: The purpose of data analysis show that variable health worker support has a significance level of $0.000 < \alpha = 0.05$ so that H0 is rejected and H1 is accepted, variable support from community leaders has a significance level of $0.000 < \alpha = 0.05$ so that H0 is rejected and H1 is accepted, variable community motivation has a significance level of $0.000 < \alpha = 0.05$ so that H0 is rejected and H1 is accepted.

Method: The research design is *analytic* observational with cross sectional approach. Respondents were taken by purposive sampling technique that met the inclusion and exclusion criteria. The population is 2,164 with a sample of 120 people. The independent variable is the support of health workers, the support of community leaders, community motivation and the dependent variable is the role of the community in efforts to prevent dengue. Statistical test results using ordinal regression.

Results: The research results show that health worker support it is known that 99 (82%) are in the good category. Support from community leaders known as many as 90 (75%) in the good category. Community motivation known as many as 85 (71%) in the high category. The role of the community in efforts to prevent DHF known as many as 92 (77%) in the good category.

Conclusion: Based on the results of the study, it was concluded that the factors of support from health workers, support from community leaders, community motivation influenced the role of the community in efforts to prevent dengue. It is recommended that people always maintain cleanliness inside and outside the home and carry out the 3M movement as an effort to prevent dengue fever.

Keywords: community, DHF, prevention, role

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BACKGROUND

Dengue hemorrhagic fever is still a major public health problem because the spread, severity, and resulting material losses will increase if prevention and eradication of this disease are not carried out early (Ministry of Health, 2022). The lack of community participation in efforts to prevent DHF is due to the lack of support from health workers, community leaders and community motivation in breaking the chain of DHF transmission (Sukowati, 2019). Another problem that occurs is characterized by a lack of cleanliness inside and even outside the home, the accumulation of garbage that occurs in the environment around the house, the behavior of people who do not use mosquito nets when sleeping at night and even the community's non-involvement in efforts to eradicate mosquito nests (PSN) carried out by health workers,

Other problems such as the opinion of the community that a person suffers from a disease is caused by a weak body condition and if there are DHF sufferers around him, the community asks for fumigation without being followed by PSN, the community does not want to report DHF cases to health workers, the community also does not want to invite other neighbors to carry out PHBS efforts, and do not want to voluntarily campaign for the 3M movement to prevent DHF and do not want to become jumantik cadres outside the home (Ridha, 2020). Public knowledge about DHF and its management is still lacking, which can be seen in the burden of DHF problems and their responsibility on the health sector, even though DHF should actually be the responsibility of all parties because it is closely related to cleanliness and human behavior.

World Health Organization (WHO) (2022), reported that in the last 50 years the incidence of dengue hemorrhagic fever or DHF has increased 30 times. The vulnerable world population amounts to 50% of the total population, namely 3 billion people with an incidence of 500-100 million per year (WHO, 2022). RI Ministry of Health (2022), explains that Indonesia has been a DHF endemic area since 1968 with increasing incidence and has spread to 33 provinces and 436 districts/cities. In general, the effort to eradicate mosquito nests (PSN) in Indonesia is the main activity in efforts to prevent DHF which involves community participation (DepKes, 2022). This program has been running since 1992 with the 3M movement, namely Drain-Close-Bury. This program has been running for more than 20 years.

The incidence of Dengue Hemorrhagic Fever (DHF) in East Java in 2016 was 25,338 cases (IR = 64.8 per 100,000 population) and (CFR = 1.4%). In 2017 there was a decrease in the number of cases to 7,866 cases (IR = 20 per 100,000 population) and (CFR = 1.3%). Whereas in 2018 there were 9452 cases (IR = 23.9 per 100,000 population) and (CFR = 1.2%) (East Java Health Service, 2018). Kediri Regency is one of the areas in East Java where every year there are DHF sufferers. In 2016 there were 993 cases (IR = 15.8 per 100,000 population) with a death rate of 7 (CFR = 2.85%). The number of cases in 2017 was 279 cases (IR = 17.71 per 100,000 population) with 7 deaths (CFR = 3.95%). Whereas in 2018 there were 486 cases (IR = 30.99 per 100,000 population) with a total death of 7 (CFR = 1, 85%) (Kediri District Health Office, 2018). According to data from the Kediri District Health Office, the area experiencing the highest incidence of DHF in Kediri District is Papar Village, Papar District. The total population of the papar village is 6618 residents. In 2017 there were 17 cases (IR = 40.52 per 100,000 population) with a total death rate of (CFR = 5.88%). The number of cases in 2018 was 27 cases (IR = 63.61 per 100,000 population). Whereas in 2019 (January to October, 2021) there were 119 cases (IR = 113.08 per 100,000 population). 000 inhabitants) with a death rate of (CFR = 5.88%). The number of cases in 2018 was 27 cases (IR = 63.61 per 100,000 population). Whereas in 2019 (January to

October, 2021) there were 119 cases (IR = 113.08 per 100,000 population). 000 inhabitants) with a death rate of (CFR = 5.88%). The number of cases in 2018 was 27 cases (IR = 63.61 per 100,000 population). Whereas in 2019 (January to October, 2021) there were 119 cases (IR = 113.08 per 100,000 population).

The results of a preliminary study conducted on 20-25 June 2022 in the Tinalan Village, Kediri City with interviews with 10 respondents found that 5 (50%) of respondents said that they had never participated in mosquito nest eradication activities carried out by health workers because of their busy work from morning to evening. PSN activities are carried out by health workers during the rainy season so as to prevent the occurrence of dengue fever. One respondent said that he did not know about the causes of dengue fever, the behavior of the respondent was not using mosquito nets while sleeping at night, not using mosquito coils while sleeping, rarely cleaning the yard, especially the drains in front of the house where there was a lot of garbage accumulation. 3 (30%) of respondents said that they did not participate in carrying out the 3M movement such as draining the bath/toilet, closing the water tank and even burying trash after cleaning it in the yard. This was not done because of busyness at work every day and only the parents of respondents who were elderly were not allowed to carry out these activities. 2 (20%) of respondents said that they had never participated in counseling conducted by health workers so they did not know about the efforts and the importance of community participation in efforts to prevent dengue hemorrhagic fever (Results of Interviews with Respondents in Tinalan Village, Kediri City, 2022). This was not done because of busyness at work every day and only the parents of respondents who were elderly were not allowed to carry out these activities. 2 (20%) of respondents said that they had never participated in counseling conducted by health workers so they did not know about the efforts and the importance of community participation in efforts to prevent dengue hemorrhagic fever (Results of Interviews with Respondents in Tinalan Village, Kediri City, 2022). This was not done because of busyness at work every day and only the parents of respondents who were elderly were not allowed to carry out these activities. 2 (20%) of respondents said that they had never participated in counseling conducted by health workers so they did not know about the efforts and the importance of community participation in efforts to prevent dengue hemorrhagic fever (Results of Interviews with Respondents in Tinalan Village, Kediri City, 2022).

Factors that influence the role of the community in efforts to prevent DHF include the support of health workers, the support of community leaders and motivation. Soekanto (2019), says that social support is the degree of support given to individuals, especially when needed by people who have a close emotional relationship with that person. Social support can also refer to comfort, care, self-esteem or any form of assistance that individuals receive from other people or groups (Sarafino, 2019). In this case the support of health workers and community leaders in breaking the chain of DHF transmission. The social support provided includes: 1) emotional support, which includes expressions of empathy, concern, and concern for the community. 2) Appreciation support, which occurs through positive expressions of respect (appreciation) for that person, encouragement or agreement with individual ideas or feelings, and positive comparisons of that person with other people. 3) instrumental support, which includes direct assistance to facilitate behavior that directly facilitates behavior directly helps individuals. for example the help of objects, work, and time. 4) informative support, which includes giving advice, suggestions, or feedback (Ahmadi, 2018).

Sulaeman (2020), said that the support of health workers as a facilitator whose role is to provide convenience for the community in obtaining health services, facilitating the fulfillment of the needs for facilities and equipment to support increasing the degree of public

health, as a consultant by providing advice and instructions to the community so that the implementation of program activities community that can run according to its goals in breaking the chain of DHF transmission. In addition, Koban (2019) also said that a community leader is someone who can be a role model in society or the individual himself so that suggestions or suggestions, habits and behavior of community leaders have a positive effect on the behavior of the community in this case breaking the chain of DHF transmission. The motivational factor is also one of the supporters of the active role of the community in breaking the chain of DHF transmission (Heni, 2015). The Ministry of Health (2022), says that community participation or participation is the participation of all members of the community in solving these community problems. The elements of community participation include motivation, which is the force that encourages humans to do something in terms of living a healthy life (Chadijah, 2021). The Ministry of Health (2022), explains that efforts to prevent and eradicate dengue fever must be the responsibility of all people, not just the responsibility of the government. The community must participate in vector eradication efforts to break the chain of transmission in order to prevent and eradicate DHF.

The PSN movement can be carried out with 3M Plus, namely firstly draining the water reservoir which can be done every 3 days or giving abate powder to kill the larvae, secondly closing the water reservoir tightly so that mosquitoes do not lay eggs, thirdly burying used items such as used cans, used tires, which can hold rainwater. Through 3M, it can eliminate the breeding places of the *Aedes aegypti* vector in residential areas. Other efforts to prevent mosquito bites are by using insect repellent, using mosquito nets, at home and preventing and reducing clothes hanging at home so that they do not become places for *Aedes aegypti* to sit and rest. Apart from that, the role of the community is like participating in observing the presence of larvae in their respective homes, then write down the results on the larva form and submit the form to the head of the RT. The active participation of homeowners is expected to be able to increase the Larvae-Free Rate (ABJ) in their respective environments (Ministry of Health RI, 2022).

The solution to be able to overcome the problem above is where the participation of the entire community in the environment must be more active in preventing dengue fever. This should also be supported by good public knowledge about disease prevention. Because someone who has a good level of knowledge, that person tries to reduce all activities that have the potential to cause disease. To tackle dengue fever, this can be done by involving the community in vector control by supervising Essential Water Storage tanks/cisterns, which are found in flower vases, used tires, as well as nonessential water storage: gardens, roofs, refrigerators, places for animals to drink.

Based on the background of the problems above, the researcher is interested in conducting research with the title "Factors Influencing the Community's Role in Efforts to Prevent DHF in Tinalan Village, Kediri City".

METHODS

The research design used in this study is *analytic* observational with a cross sectional approach. The sampling technique used is Simple Random Sampling. Population as much 2,164 people with a sample of 337 people who met the inclusion and exclusion criteria. In this study the independent variable is support from health workers, support from community leaders, community motivation and the dependent variable is the role of the community in efforts to prevent dengue. The statistical test used is the Ordinal Regression Test with a value of $\alpha = 0.05$.

RESULTS

General data

Age	Frequency	Percentage (%)
< 25 years	14	12
25-35 Years	43	36
> 35 years old	63	52
Amount	120	100
Education	Frequency	Percentage (%)
SD	17	14
JUNIOR HIGH SCHOOL	23	19
SENIOR HIGH SCHOOL	67	56
Diploma/Higher Education	13	11
Amount	120	100
Work	Frequency	Percentage (%)
Farmers/IRT	21	17
Entrepreneur/trader/self-employed	36	30
: Private employees	50	42
Civil Servants (PNS/TNI/POLRI)	13	11
Amount	120	100

Based on the table above shows that the age of the respondents is knownmost of therespondents aged 25-35 years, namely as many as 63 (52%) respondents. The respondent's education is knownmost of therespondents with high school education level, namely as many as 67 (56%) respondents. The respondent's occupation is knownalmost half ofrespondents work as private employees, namely as many as 50 (42%) of respondents.

Custom Data

No	Health Workers Support	Frequency	Percentage (%)
1	Not enough	2	2
2	Enough	19	16
3	Good	99	82
	Amount	120	100
No	Community Leader Support	Frequency	Percentage (%)
1	Not enough	5	4
2	Enough	25	21
3	Good	90	75
	Amount	120	100
No	Community Motivation	Frequency	Percentage (%)
1	Low	11	9
2	Currently	24	20
3	Tall	85	71
	Amount	120	100
No	Community Role in Dengue Prevention Efforts	Frequency	Percentage (%)
1	Not enough	18	15
2	Enough	10	8
3	Good	92	77
	Amount	120	100

Based on the table above shows that health worker support is known most by all respondents as many as 99 (82%) respondents in the good category. Support from community leaders is known most by respondents as many as 90 (75%) respondents in the good category. Community motivation is known most by respondents as many as 85 (71%) respondents in the high category. The role of the community in efforts to prevent DHF is known most by all respondents as many as 92 (77%) respondents in the good category.

Cross Tabulation Results Between Independent and Dependent Variables

Intermediate Cross Tabulation Support of Health Workers with the Role of the Community in Efforts to Prevent Dengue in Tinalan Village, Kediri City

			Not enough		Good	
			Not enough	Enough		
Health Workers Support	Not enough	Frequency	1	1	0	2
		%	50%	50%	.0%	100%
Good	Enough	Frequency	3	4	12	19
		%	16%	21%	63%	100%
Total		Frequency	14	5	80	99
		%	14%	5%	81%	100%
Total		Frequency	18	10	92	120
		%	15%	8%	77%	100%

Based on the table above shows that the cross tabulation between the support of health workers with the role of the community in efforts to prevent DHF in the Tinalan Village, Kediri City is known that almost all respondents as much as 80 (81%) respondent in the Good category.

Intermediate Cross Tabulation Support from Community Leaders with Community Roles in Efforts to Prevent Dengue in Tinalan Kelurahan, Kediri City

			Not enough		Good	
			Not enough	Enough		
Community Leader Support	Not enough	Frequency	4	1	0	5
		%	80%	20%	.0%	100%
Good	Enough	Frequency	13	7	5	25
		%	52%	28%	20%	100%
Total		Frequency	1	2	87	90
		%	1%	2%	97%	100%
Total		Frequency	18	10	92	120
		%	15%	8%	77%	100%

Based on the table above shows that the cross tabulation between support from community leaders with the role of the community in efforts to prevent DHF in the Tinalan Village, Kediri City is known that almost all respondents as much as 87 (97%) respondent in the Good category.

Intermediate Cross Tabulation Community Motivation with the Community's Role in Efforts to Prevent DHF in the Tinalan Village, Kediri City

			Not enough	Enough	Good	
Community Motivation	Low	Frequency	8	3	0	11
		%	73%	27%	.0%	100%
Tall	Current ly	Frequency	10	6	8	24
		%	42%	25%	33%	100%
		Frequency	0	1	84	85
		%	.0%	1%	99%	100%
Total		Frequency	18	10	92	120
		%	15%	8%	77%	100%

Based on the table above shows that the cross tabulation between community motivation with the community's role in efforts to prevent DHF in the Tinalan Village, Kediri City is known that almost all respondents as much as 84 (99%) respondent in the High category

Data analysis

Chi Square Statistical Test Results

Variable	Significance Level
Health Workers Support	0.000
Community Leader Support	0.000
Community Motivation	0.000

The results of data analysis show that variable Health Workers Support has a significance level of $0.000 < \alpha = 0.05$ so that H_0 is rejected and H_1 is accepted, variable Community Leader Support has a significance level of $0.000 < \alpha = 0.05$ so that H_0 is rejected and H_1 is accepted, variable Community Motivation has a significance level of $0.000 < \alpha = 0.05$ so that H_0 is rejected and H_1 is accepted.

DISCUSSION

Support of Health Workers in Efforts to Prevent Dengue in Tinalan Village, Kediri City

Based on the research results, it is known that the support of health workers in efforts to prevent dengue fever in the Tinalan Village, Kediri City is known almost all respondents as many as 99 (82%) respondents in the good category. This is in accordance with the results of that questionnaire health workers always provide information to the public about efforts to prevent dengue fever, health workers always give advice to always keep the house clean and always remind people to sleep using mosquito nets. In addition, health workers always conduct mobile broadcasts to inform the public to always keep their homes clean, distribute mosquito nets and monitor the use of the nets that have been distributed, so that the nets that have been received can be used according to the recommendations of health workers. The results of the questionnaire also show that health workers always check larvae and even distribute abate to sprinkle on bath tubs, fish ponds, wells. Even health workers will do fogging when one of the people has dengue fever. The results of the questionnaire also show that health workers give praise to the community and even give trust and attention to fathers and mothers but prioritize clean and healthy living behaviors so as to avoid dengue fever and always support community behavior to be actively involved in efforts to prevent dengue fever in the surrounding environment by always keep clean inside and outside the house.

Besides that, health workers always provide emotional reinforcement so they remain patient and don't panic when someone in the community has dengue fever.

Support from health workers in efforts to prevent DHF, such as Eradication of Mosquito Nests (PSN) is a clean and healthy lifestyle that aims to control mosquito breeding places and avoid contact with Aedes, which is a vector of DHF. If this effort is carried out properly, it can break the chain of dengue transmission. PSN 3M Plus is an example of a healthy lifestyle because it is related to efforts to prevent disease by breaking the chain of DHF transmission.

PSN 3M Plus should be carried out simultaneously and continuously by the whole community.

Not only the community, other cross-sectoral activities were also involved as supporters of the program (Priesley, 2019).

In the opinion of the researchers, the support of health workers was in the good category because of the advice from health workers to the community, which played an important role in participating in the eradication of Dengue Hemorrhagic Fever mosquito nests. The community believes that health workers are people who can be trusted about health and can provide a lot of information about health. So that with good support from health workers, it can increase community participation in preventing dengue fever in the surrounding environment, with the aim that the surrounding community can avoid dengue fever.

Support from Community Figures in Efforts to Prevent Dengue in the Tinalan Village, Kediri City

Based on the research results, it is known that the Support of Community Leaders in Efforts to Prevent Dengue in Tinalan Village, Kediri City is known most of the respondents as many as 90 (75%) respondents in the good category. This is in accordance with the results of that questionnaire community leaders always inform the community before activities to prevent dengue fever are carried out by health workers, community leaders always visit every house to inform them to always maintain cleanliness inside and outside the home, community leaders always hold meetings with the community to discuss prevention of dengue fever. Apart from that, community leaders gave praise to the community when they actively participated in preventing dengue fever and even supported the actions taken in eradicating mosquito nests. The results of the questionnaire also show that community leaders always evaluate the cleanliness of the house, and even always invite the community to eradicate mosquito nests. And when there is a community that suffers from DHF where community leaders always accompany family members who are affected by dengue fever when they are treated at the hospital/puskesmas, they even always provide mental reinforcement so that they are always patient in efforts to prevent dengue fever.

The support of community leaders in dengue fever prevention activities is urgently needed to provide information on endemic mosquito breeding sites in the region. So that the eradication program carried out was right on target. Support from community leaders can provide information to the community in eradicating mosquito nests in the surrounding environment. Information conveyed to the community before the activity is carried out will be able to encourage the community's desire to take part in the activity (Slameto, 2019).

In the opinion of researchers that support Community leaders in the good category are characterized by playing an active role in action prevention of Dengue Hemorrhagic Fever in the form of PSN and 3M Plus were carried out by society. Community leaders always provide positive opinions to the community regarding behavior changes to carry out eradication activities Mosquito Nest and 3M Plus. Figure the community also always reminds the public to apply draining, closing and recycling activities repeat to avoid fever bloody. So that the

existence of positive action will be a concern for society and ultimately it is hoped that society can imitate the behavior of the community leaders.

Community Motivation in Efforts to Prevent Dengue in Tinalan Village, Kediri City

Based on the results of the study it is known that the Community's Motivation in Efforts to Prevent DHF in Tinalan Village, Kediri City is known most of the respondents as many as 85 (71%) respondents in the high category. This is in accordance with the results of the questionnaire that the respondents always participating in DHF prevention activities on the basis of their own desire to be able to eradicate mosquito nests and even respondents always took the time to participate in DHF prevention activities. One respondent also said that participating in DHF prevention activities in order to improve the health of the family and the community environment was even very supportive to help health workers in DHF prevention activities in the surrounding environment. In addition, the respondents were aware that DHF occurs due to the condition of the house and the environment that is not kept clean, so that the respondents always clean the house so they can avoid DHF. The results of the questionnaire also revealed that respondents would be distracted if they did not take part in DHF prevention activities, because participating in DHF prevention activities could reduce the risk of developing DHF. And when the respondent felt lazy, the neighbors came to invite me to get involved in dengue prevention activities. This is done because DHF prevention activities are very beneficial for families and the environment without orders from other people to be able to participate in these activities.

Community motivation has an influence on the level of community participation in the prevention of dengue fever. In line with the theory of motivation, namely a change in energy within a person which is characterized by the emergence of feelings and reactions to achieve goals. Basically, motivation contains the same purpose/meaning, namely that motivation is the encouragement that causes an action to occur in order to achieve a goal. So that the higher the community's motivation to participate in the prevention of dengue fever, the higher the community's participation (Hamalik, 2019).

In the opinion of researchers that community motivation in efforts to prevent DHF in the high category. This happens because the community has self-awareness to play an active role in participating in the activities carried out by health workers when eradicating mosquito nests and even the community has the desire to always keep the house clean without having to be supervised by health workers, community leaders. So that dengue fever in the local area can be overcome. Besides that too there is a commitment Citizens are proof of good faith residents to jointly eradicate things such as cleaning gutters/gutches, water reservoirs that are no longer in use by closing them, collecting used bottles and burying them.

The Role of the Community in Efforts to Prevent Dengue in Tinalan Village, Kediri City

Based on the research results, it is known that the Role of the Community in Efforts to Prevent DHF in the Tinalan Village, Kediri City is known almost all respondents as many as 92 (77%) respondents in the good category. This is in accordance with the results of the questionnaire that the respondents always participate in carrying out the 3M movement such as draining the bath/toilet, closing the water reservoir and even burying the trash after cleaning it in the yard of the house. Respondents too cleaning the house when it is dirty and Remind all family members to use mosquito nets and mosquito coils when sleeping. One respondent also said that he was happy with the efforts to prevent dengue fever that were carried out by the community, even always attend meetings with health workers and cross-sectors to discuss efforts to prevent dengue fever. The results of the questionnaire also note that the respondents always actively involved when health workers examine mosquito larvae and even always participate in fogging activities carried out by health workers. In addition,

the respondents always attended counseling conducted by health workers so that they knew about the efforts and the importance of community participation in efforts to prevent dengue fever and also always checked blood at the Puskesmas when family members had a fever. Respondents also did not feel emotional when there were people who did not participate in eradicating dengue fever and even respondents always reminded them to always maintain cleanliness inside and outside the home.

Community participation, according to Rahmah (2021), namely the Eradication of DHF Mosquito Nests (PSN) is an effort to eradicate the *Aedes aegypti* mosquito, carried out by means of 3M Plus, then replacing flower vase water, ant traps, water for drinking birds once every 3 days with the aim of destroying mosquito eggs and larvae, repairing drains and gutters that are not smooth or damaged, closing holes in trees, especially bamboo cuttings with soil, cleaning/drying places that can collect water such as banana fronds or other plants including other places that can hold water rainwater in yards, gardens, cemeteries, empty houses, etc., apply larvicides, install wire mesh on ventilation holes, adjust lighting and ventilation to be adequate, don't get used to hanging dirty clothes in the room, get used to sleeping using mosquito nets.

In the opinion of researchers that the role of the community in efforts to prevent dengue in good category. This shows that the community always participates in eradicating dengue mosquito nests. In order to prevent dengue fever, households are at the forefront of eradicating mosquito nests, closing, draining and recycling (PSN 3M Plus) as a preventive measure to reduce the density of *Ae. aegypti* which is the vector of dengue fever. In addition, health workers in providing counseling or outreach to the closing, draining and recycling mosquito nest eradication program (PSN 3M Plus) must continue to be intensified and optimized through empowerment at the family level. Thus dengue fever can be prevented.

Factors Most Influencing Community Role in Efforts to Prevent DHF in Tinalan Kelurahan, Kediri City

The results of data analysis show that variable Health Workers Support has a significance level of $0.000 < \alpha = 0.05$ so that H_0 is rejected and H_1 is accepted, variable Community Leader Support has a significance level of $0.000 < \alpha = 0.05$ so that H_0 is rejected and H_1 is accepted, variable Community Motivation has a significance level of $0.000 < \alpha = 0.05$ so that H_0 is rejected and H_1 is accepted. Based on the results of cross tabulation between support of health workers with the role of the community in efforts to prevent DHF is known that almost all respondents as much as 80 (81%) respondent in the Good category. Cross tabulation between support from community leaders with the role of the community in efforts to prevent DHF is known that almost all respondents as much as 87 (97%) respondent in the Good category. Cross tabulation between community motivation with the role of society in efforts to prevent DHF is known that almost all respondents as much as 84 (99%) respondent in the High category.

CONCLUSION

The results of data analysis show that variable Health Workers Support has a significance level of $0.000 < \alpha = 0.05$ so that H_0 is rejected and H_1 is accepted, variable Community Leader Support has a significance level of $0.000 < \alpha = 0.05$ so that H_0 is rejected and H_1 is accepted, variable Community Motivation has a significance level of $0.000 < \alpha = 0.05$ so that H_0 is rejected and H_1 is accepted.

It is hoped that the results of this study can provide information related to efforts to prevent dengue by the community with the PSN movement through 3 M and the community must use mosquito repellent while sleeping and use mosquito nets, reduce clothes hanging at home so that it does not become a place for *Aedes aegypti* to perch and rest. Health workers are expected to be able to provide counseling related to efforts to prevent DHF to the community so that they can increase the knowledge, attitudes and behavior of the community to participate in efforts to prevent DHF. For further researchers It is hoped that this can be used as input and basic data for further research and can examine other factors that influence the role of the community in efforts to prevent DHF.

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