

THE RELATIONSHIP OF KNOWLEDGE WITH FEVER SELF-MEDICATION BEHAVIOR IN THE RT COMMUNITY. 2 TELAGO BIRU SIULAK DISTRICT

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ABSTRACT

Background: Knowledge is closely related to self-medication, the higher the knowledge, the higher the self-medication behavior. Self-medication is self-medication without a doctor's prescription, such as fever. The research aimed to determine the relationship between knowledge and behavior regarding fever self-medication in the RT community. 2 Telago Biru Siulak Villages in 2024.

Method: Descriptive analytical analysis was used using a sample of 69 respondents, the data collection method used a questionnaire, and data analysis used the Chi-Square statistical test.

Result: showed that the characteristics of respondents involving 69 respondents were that women were more likely to self-medicate for fever (79.97%), age range 17 – 25 years (37.7%), high school/equivalent education (47.0%), most occupation was a housewife (33.3%), and respondent income < Rp. 1,000,000 (36.2%), with Good knowledge (62.3%), Good behavior (52.2%) and the relationship between knowledge and fever self-medication behavior shows Good (62.3%), Fair (29.0), and Poor (87%) with Chi-Square count > Chi-Square table, namely 89,225 > 9.488.

Conclusion: There is a significant relationship between knowledge and fever self-medication behavior with a significance value of 0.000.

Keywords: Self-medication, Knowledge, Behavior, Fever

INTRODUCTION

Self-medication (self-medication) is one of the strategies carried out by the community, but not all have requirements, conditions, and situations where self-medication cannot be carried out depending on infrastructure, community attitudes and there are situations where self-medication must be carried out, self-medication is important to do in increasing access public health towards drugs, but not all types of drugs can be self-medicated (Kenre, 2022).

Based on reference data from the Central Statistics Agency (BPS) in 2022 in Jambi Province, it is reported that the percentage of people who carry out self-medication is 84.03%, this percentage of self-medication is

greater compared to the percentage in 2021 of 83.32% (BPS, 2022). Then through observations, 90% of people keep medicines in their homes, some are over-the-counter medicines and limited over-the-counter medicines such as paracetamol tablets, panadol, Trifamol, Grafadon, Fasidol caplets, Sanmol tablets, and Bodrex Sanaflu, but some keep prescription medicines such as Diclofenac.

From observation data obtained from the people of Telago Biru Village who work as ASN and Farmers, whose work is finished in the afternoon at 17.00 WIB, in this village there are health facilities, namely the health center and pharmacy which only operate until 14.00 WIB, other health facilities, namely The pharmacy is 11 km from Telago Biru

Siulak Village. The increase in self-medication occurred because the health facilities in this village only operated briefly, and other health facilities were far away.

It is difficult for people to get direct access to medicines from health facilities and a lack of knowledge about storing their medicines, so people can only use medicines they have at home, such as fever medicine (Paracetamol) which should be effective within 3 days because access to health facilities is far away. This drug is used for a long period, which reduces the effectiveness of the drug and the fever becomes worse and can cause seizures in children.

Research conducted by Wulandari et al (2016) found that 171 respondents (73.7%) out of 232 respondents had good knowledge. Meanwhile, from research conducted by Agatha (2020), out of 88 respondents, 35 respondents (39.7) had good knowledge and 77 respondents (87.5%) had appropriate fever self-medication behavior. Then, from research conducted by Fatkhurohmah et al (2020), the number of respondents with good knowledge was greater, namely 77 respondents (78.6%), respondents with sufficient knowledge, namely 15 respondents (15.3%), and respondents with less knowledge, namely 6 respondents (6, 1%).

According to the World Health Organization (WHO), the selection and use of modern, herbal, and traditional medicine by an individual to treat disease or symptoms of disease (Kenre, 2022). The high percentage of people who carry out self-medication or self-medicate require guidance or socialization so that people can carry out self-medication appropriately and correctly.

Access to public health facilities is limited, resulting in people having to store medicines independently and low knowledge resulting in inappropriate use of medicines. Therefore, education regarding self-medication in the community must be increased. Similar research has never been carried out before in Telago Biru Siulak

Village. This research is expected to provide information about the relationship between knowledge and fever self-medication behavior in the RT community. 2 Telago Biru Siulak Village in 2024 so that the relationship between knowledge and behavior regarding fever self-medication in the RT community is known. 2 Telago Biru Siulak Villages in 2024.

METHODS

This type of research is a type of quantitative descriptive research that will look at the relationship between respondent characteristics and fever self-medication behavior in the people of Telago Biru Village, Kec. Siulak uses the Chi-Square data processing method (Machali, 2021).

The population in this study was the entire community in the RT. 2 Telago Biru Siulak Village with a population of RT 2 Telago Biru Village based on BPS Siulak sub-district 300 residents RT 2 only 100 residents carried out self-medication for fever. In 2022, the proportion of BPS who carry out self-medication for fever is 84.03%. From the 84.03% proportion that has been mentioned, a population of 84 samples from 100 populations was obtained (Machali, 2021).

The sampling technique is by using random sampling, namely simple random sampling according to the criteria (Supardi et al, 2016). These criteria include inclusion and exclusion criteria.

Inclusion Criteria:

- a. Residents aged 18-60
- b. Willing to fill out the questionnaire
- c. Implementing Fever Self-Medication

Exclusion Criteria:

- a. People who can't read
- b. Residents who do not apply self-medication have a fever
- c. Residents aged <18 years

Then the formula used to calculate the sample size is the Slovin formula as follows (Rachmadi, 2022):

$$n = N/(1+N(e)^2)$$

n = Number of samples

N = Number of population

e = Error rate

Total population of RT 2. Telago Biru Village, Kec. Siulak is 83. So the number of samples is:

$$\begin{aligned} n &= 84/(1+84(0.005)^2) \\ &= 69 \\ &= 69 \text{ People} \end{aligned}$$

This research was conducted in Telago Biru Village, District. Siulak. This research was conducted on January 10 – May 22, 2024. The samples in this study were taken using simple random sampling (SRS) (Supardi et al, 2016).

The data in this study is primary data obtained directly by researchers by filling out questionnaires to 69 research samples from residents of RT 2 Telago Biru Village, Kec. Siulak, from the 100 population, the proportion that fell into the inclusion category was 84 respondents, then each house was numbered 1 – 84 who carried out self-medication for fever, then the sample was drawn randomly to get 69 respondents.

Data processing

Processing demographic data (age, gender, education, occupation, and income) of research samples. Data obtained from all data collection results were collected, and then descriptive data processing was carried out using MS Excel.

Data processing on the implementation of self-medication for fever in RT communities. 2 Telago Biru District. Siulak is carried out based on the answers to the questions given to the sample. The instrument used is a questionnaire containing 10 questions behavioral questions and 10 behavioral questions. Assessment conditions are as follows:

Behavioral Questionnaire:

- Answers are always given a score of 4
- Answers are often given a score of 3
- Rare answers are given a score of 2
- Answers are never given a value of 1

Knowledge Questionnaire:

Wrong answers are given a value of 1

The correct answer is given a score of 2

The results obtained are then calculated in percentages based on the following formula:

$$P = X/N$$

Information:

P : Knowledge percentage

X : Number of correct answers

N : Number of questions

After calculating the percentage, the value of each sample is categorized into the following interpretations (Arikunto, 2013):

Good	>75%
Fair	56 – 74%
Less	<55%

Data analysis

Data obtained from the questionnaire will be processed with the help of a computer using a 2 variable statistical test program. Data obtained from questionnaires regarding respondent characteristics and knowledge of fever self-medication were entered into a 2-variable statistical test program.

Data processing uses descriptive analysis using MS Excel to explain the characteristics of each variable. The qualitative data analyzed included age, gender, education level, occupation, income, distance to health facilities, and implementation of self-medication for fever. For the answer category regarding self-medication behavior fever use a Likert scale with answer options always, often, rarely, and never with a scale of 4 – 1. The results obtained were categorized as good behavior if >75%, sufficient if 56-74%, and poor if <55% (Arikunto, 2013).

To determine the existence of a relationship between categorical variables, bivariate analysis was used using cross-tabulation analysis and the Pearson chi-square test with a significance limit used in this study of 0.05 (5%) with the condition that if the chi-square statistical value > df value then there is a relationship whereas if the chi-square statistical value < df value then there is no relationship (Ugiana et al., 2018).

RESULTS AND DISCUSSION

Table 1. Frequency Distribution of Respondent Characteristics

Age	Amount	%
17 – 25	26	37.7
26 – 35	4	5.8
36 – 45	22	31.9
46 – 55	13	18.8
56 – 65	4	5.8
Total	69	100.0
Gender		
Man	14	20.3
Woman	55	79.7
Total	69	100.0
Last education		
Elementary school/equivalent	6	8.7
Middle school/equivalent	1	1.4
High school/equivalent	33	47.8
College	29	42.0
Total	69	100.0
Work		
Employees (Public/Private)	19	27.5
Laborer	0	0.0
Self-employed	7	10.1
Medical personnel	1	1.4
TNI/POLICE	1	1.4
IRT	23	33.3
Etc	18	26.1
Income Level		
>. IDR 1,000,000	25	36.2
Rp 2,000,000 – Rp.3,000,000	23	33.3
Rp.3,000,000 – Rp.4,000,000	11	15.9
>. Rp 4,000,000	10	14.5
Total	69	100.0

Based on Table 1, it is known that the highest age frequency distribution is at the age of 17 - 25 years with 26 respondents (37.7%), the second is at the age of 36 - 45 years, namely 22 respondents (31.9%), then the lowest age frequency distribution is at 56 - 65 years, namely 4 respondents (5.8%). This is not in line with research conducted by (Probosiwi 2022) that the highest age for self-medication is 26 - 35 years, while (Sayuti et al. 2022) said that the highest age for self-medication is 50 - 60 years, this happens because the village Telago Biru aged 17 – 25 years often feel more independent in managing their health and tend to look for quick solutions to health problems such as fever. This generation grew up in an era of extensive information, where they can easily access information about fever symptoms and their treatment independently. , sometimes without direct consultation with a health professional, while 36 – 45-year-olds may

have previous experience with hay fever and feel confident in recognizing and treating the symptoms with common medications, those busy with careers and family responsibilities may have self-medication as a more efficient way to treat minor health problems such as fever.

Based on Table 1 It is known that the highest gender frequency distribution is women, namely 55 respondents (79.7%) and the lowest gender frequency is men, 14 respondents (20.3%). This is in line with research conducted by (Maulidah, Wiwin Rohma, et al 2021) and (Putri et al. 2022) where more women self-medication for fever, this happened because when filling out the questionnaire in Telago Biru Village many women in place, and women often have a more dominant role in family health care.

Based on Table 1, it is known that the frequency distribution of the highest level of education is high school/equivalent, namely 33 respondents (47.8%), the second is tertiary education, 29 respondents (42.0%), and the lowest frequency is junior high school/equivalent, 1 respondent (1.4%). This is in line with research conducted by (Sari, 2020) that the education that carries out the most self-medication for fever is high school and the least is middle school.

Based on Table 1, it is known that the highest frequency distribution of jobs is a housewife with 23 respondents (33.3%), the second is an employee (public/private) with 19 respondents (27.5%), and the lowest job is a laborer with 0 respondents (0.0%). This is in line with research conducted by (Sari 2020) and (Sayuti et al. 2022) that the job most often involves self-medication, namely housewives, this is because sometimes access to health facilities can be difficult for housewives, either because of the remote location, cost, or transportation problems, some fever reducers can be easily purchased at drug stores without needing a doctor's prescription.

Based on Table 1, it is known that the frequency distribution of the highest income level is < Rp. 1000,000 with 25 respondents (36.2%), and the second is with an income of Rp. 2,000,000 – Rp. 3,000,000 as many as 23 respondents (33.3%), and the least was income of > Rp. 4,000,000 as many as 10 respondents (14.5%). This is in line with research conducted by (Putri et al. 2022) that the highest income level for fever self-medication is < Rp. 1,000,000, this is because people with low incomes may not be able to or find it difficult to access adequate health services, this can be caused by expensive doctor consultation fees, self-medication may be chosen to save costs, because visiting a doctor and buying prescribed medicines can become a financial burden for them.

1. Distribution of Fever Self-Medication Knowledge

Table 2. Frequency Distribution of Fever Self-Medication Knowledge

Self-medication Knowledge		
Category	Amount	%
Not enough	6	8.7
Enough	20	29.0
Good	43	62.3
Total	69	100

Based on Table 2, it is known that the frequency distribution of knowledge of self-medication for fever in the community of RT 2, Telago Biru Village, is in the good category of 43 respondents (62.3%), in the sufficient category of 20 respondents (29.0%), and in the poor category of 6 respondents (8.7%). This shows that the community has high levels of knowledge about self-medication for fever in treating the disease they are suffering from.

2. Frequency Distribution of Fever Self-Medication Behavior

Table 3. Frequency Distribution of Fever Self-Medication Behavior

Self-medication Behavior		
Category	Amount	%
Not enough	7	10.1
Enough	26	37.7
Good	36	52.2
Total	69	100

Based on Table 3, it is known the frequency distribution of fever self-

medication behavior in RT. 2 Telago Biru Village with 36 respondents (52.2%) in the good category, 26 respondents (37.7%) in the fair category, 7 respondents (10.1%) in the poor category.

3. Questionnaire Validity and Reliability Test

The validity test in this study used the Pearson product-moment correlation test using 39 respondents who were RT residents. 2 Telago Biru, Siulak District, which carries out fever self-medication. The questionnaire given to respondents to test validity consisted of 10 statement items regarding fever self-medication behavior and 10 statement items regarding knowledge of fever self-medication. After carrying out the validity test, the results obtained were valid items, namely question items that had a calculated r value higher than the r table.

- Validity and reliability test results of the fever self-medication knowledge questionnaire

Table 4. Knowledge Questionnaire Validity Test Results

No Question	R Count	R Table N = 69 (n-22)	Description
1	0,607	0,2369	Valid
2	0,781		Valid
3	0,805		Valid
4	0,781		Valid
5	0,805		Valid
6	0,731		Valid
7	0,781		Valid
8	0,607		Valid
9	0,805		Valid
10	0,731		Valid

Valid items are then tested for reliability using the Cronbach's Alpha test and an alpha value will appear.

Table 5. Knowledge Questionnaire Reliability Test Results

Reliability Statistics	
Cronbach's Alpha	N of Items
,911	10

From the Cronbach's alpha test, the alpha value of the questionnaire regarding fever self-medication behavior was 0.911. In general, reliability is considered satisfactory if it is ≥ 0.70 . If the alpha value > 0.70 means acceptable reliability, while > 0.80 suggests good reliability, then more than 0.90 means

excellent reliability and 1 means perfect reliability. (perfect reliability). If the alpha value is <0.70 then it is said to be low reliability (no reliability). So this data is said to be highly reliable because the alpha value is $0.911 > 0.90$, which can be said to be excellent reliability data (Nuryadi et al. 2017).

- b. Validity and reliability test results of the fever self-medication behavior questionnaire

Table 6. Validity Test Results of the Self-Medication Behavior Questionnaire

No Question	R Count	R Table N = 69 (n-2)	Description
1	0,834		Valid
2	0,922		Valid
3	0,550		Valid
4	0,886		Valid
5	0,797	0,2369	Valid
6	0,875		Valid
7	0,862		Valid
8	0,899		Valid
9	0,878		Valid
10	0,626		Valid

The items are valid, then a reliability test is carried out using Cronbach's Alpha test and an alpha value will appear.

Table 7. Behavioral Questionnaire Reliability Test Table

Reliability Statistics	
Cronbach's Alpha	N of Items
,939	10

From the Cronbach's alpha test, the alpha value of the questionnaire regarding fever self-medication behavior was 0.939. In general, reliability is considered satisfactory if it is ≥ 0.70 . If the alpha value > 0.70 means acceptable reliability, while > 0.80 suggests good reliability, then 0.90 means excellent reliability and 1 means perfect reliability. If the alpha value is <0.70 then it is said to be low reliability (no reliability). So this data is said to be highly reliable because the alpha value is $0.939 > 0.90$, which can be said to be excellent reliability data (Nuryadi et al. 2017).

4. Demographic Characteristics of the Research Sample

From the results of data collection by researchers, the total research sample that filled out the questionnaire completely was

69 respondents. The demographic characteristics of the research sample can be differentiated based on gender, age, education level, occupation, and income level.

5. Cross Tabulation of Respondents' Knowledge by Age

Table 8. Cross Tabulation Results of Knowledge with Age

	Self-medication Knowledge			Total
	Not enough	Enough	Good	
17 – 25	2 (2.9%)	9 (13.0%)	15 (21.7%)	26 (37.7%)
26 – 35	1 (1.4%)	2 (2.9%)	1 (1.4%)	4 (5.8%)
36 – 45	2 (2.9%)	3 (4.3%)	17 (24.6%)	22 (31.9%)
46 – 55	0 (0.0%)	6 (8.7%)	7 (10.1%)	13 (18.8%)
56 – 65	1 (1.4%)	0 (0.0%)	3 (4.3%)	4 (5.8%)
Total	6 (8.7%)	20 (29.0%)	43 (62.3%)	69 (100.0%)

Based on Table 8, it is known that the results of the cross-tabulation of age and knowledge of fever self-medication are in a good category. Where many of those aged 17 – 45 years have good self-medication knowledge, 52 respondents (75.4%). This is not in line with research (Probosiwi 2022) where in his research it is stated that many people do self-medication at the age of 26 - 35 years and (Sayuti et al. 2022) in his research it is stated that many people do self-medication at the age of 50 - 60 years, this is because aged 17 – 25 years in Telago Biru Village often feel more independent in managing their health and tend to look for quick solutions to health problems such as fever.

6. Cross Tabulation of Respondents' Knowledge by Gender

Table 9. Results of Cross Tabulation of Knowledge by Gender

		Self-medication Behavior			Total
		Not enough	Enough	Good	
Gender	Man	0 0.0%	2 2.9%	12 17.4%	14 20.3%
	Woman	6 8.7%	18 26.1%	31 44.9%	55 79.7%
	Total	6 8.7%	20 29.0%	43 62.3%	69 100%

Based on Table 9, it is known that the

results of cross-tabulation of gender with knowledge of fever self-medication are in a good category. Where most women carry out self-medication well, amounting to 79.7%, while the lowest number of men is 20.3%. This is in line with research (Probosiwi 2022) and (Putri et al. 2022) that many women carry out self-medication.

7. Cross Tabulation of Respondents' Knowledge with Last Education

Table 10. Results of Cross Tabulation of Knowledge with Last Education

		Self-medication Behavior			Total
		Not enough	Enough	Good	
Last education	Elementary	0	0	6	6
	School/Equivalent	0.0%	0.0%	8.7%	8.7%
	Middle	1	0	0	1
	School/Equivalent	1.4%	0.0%	0.0%	1.4%
	High	4	10	19	33
	School/Equivalent	5.8%	14.5%	27.5%	47.8%
Total	College	1	10	18	29
		1.4%	14.5%	26.1%	42.0%
		6	20	43	69
		8.7%	29.0%	62.3%	100.0%

Based on Table 10, it is known that the results of the tabulation of the most recent educational intervals of respondents with self-medical knowledge were mostly from high school/equivalent level (47.8%) and at least 1 respondent from junior high school/equivalent level (1.4%). The results of this research are in line with research by (Natalia, 2021 (Rachmadi 2022), and (Sari 2020) that the highest level of education of respondents was high school graduates/equivalent. It can be seen that the level of education in high school or equivalent has a higher level of knowledge about self-medication for fever, this is in contrast to the results obtained by (Restiyono, 2016), that the higher a person's level of education, the easier it is to receive information, so that they have a lot of knowledge, such as self-medication.

8. Cross Tabulation of Respondents' Knowledge by Occupation

Based on Table 11, it can be seen from the cross-tabulation results of respondents'

occupations with knowledge of self-medication, that respondents had the most work as housewives (31.0%) and the least as workers 0 respondents (0.0%).

Table 11. Cross Tabulation Results of Knowledge and Occupation

		Self-medication Knowledge			Total
		Not enough	Enough	Good	
Work	Employees (Public/Private)	1	7	11	19
		1.4%	10.1%	15.9%	27.5%
	Laborer	0	0	0	0
		0.0%	0.0%	0.0%	0.0%
	Self-employed	0	3	4	7
		0.0%	4.3%	5.8%	10.1%
Medical personnel	Medical personnel	0	1	0	1
		0.0%	1.4%	0.0%	1.4%
	TNI/Police	0	0	1	1
		0.0%	0.0%	1.4%	1.4%
	IRT	4	1	18	23
		5.8%	1.4%	26.1%	33.3%
Etc	Etc	1	8	9	18
		1.4%	11.6%	13.0%	26.1%
	Total	6	20	43	69
		8.7%	29.0%	62.3%	100.0%

This is in line with research conducted by (Sari 2020) and (Putri et al. 2022) that the work of housewives dominates the research results. The more activities a person has, the easier it is to get information, where the information obtained will be a provision to support a person's needs, such as health problems. The more information a person obtains, the easier or more capable it will be for a person to maintain their health.

9. Cross Tabulation of Knowledge with Income Level

Table 12. Results of Cross Tabulation of Knowledge with Income Level

		Self-medication Knowledge			Total
		Not enough	Enough	Good	
Income Level	< 1,000,000	3	5	17	25
		4.3%	7.2%	24.6%	36.2%
	2,000,000 –	0	5	18	23
	3,000,000	0.0%	7.2%	26.1%	33.3%
	3,000,000 –	3	6	2	11
	4,000,000	4.3%	8.7%	2.9%	15.9%
Total	> 4,000,000	0	4	6	10
		0.0%	5.8%	8.7%	14.5%
		6	20	43	69
		8.7%	29.0%	62.3%	100.0%

Based on Table 12, it is known that the cross-tabulation results of respondents' income level with knowledge of self-medication show that the income of respondents who carry out self-medication is

at most < Rp. 1,000,000 as many as 25 respondents (36.2%) and at least those with income < Rp. 4,000,000 as many as 10 respondents (14.5%). This is in line with research conducted by (Putri et al. 2022) and (Sari 2020). Income will affect a person's social status, the higher a person's income, the easier it is to meet their health needs.

10. Cross Tabulation of Respondent Behavior with Age

Table 13. Cross Tabulation Results of Behavior with Age

	Self-medication Behavior			Total
	Not enough	Enough	Good	
Age	17 – 25	2	8	16
		2.9%	11.6%	23.2%
	26 – 35	2	2	0
		2.9%	2.9%	0.0%
	36 – 45	2	6	14
		2.9%	8.7%	20.3%
	46 – 55	0	7	6
		0.0%	10.1%	8.7%
	56 – 65	1	3	0
		1.4%	4.3%	0.0%
	Total	7	26	36
		10.1%	37.7%	52.2%
				100.0%

Based on Table 13, it is known that the results of the cross-tabulation of behavior and the age of respondents who carried out self-medication for fever were in a good category. Where many of those aged 17 - 25 years carry out self-medication well, namely 26 respondents (37.7%) and the least are those aged 26 - 35 years and 56 - 65 years. This is not in line with research (Probosiwi 2022) where in his research it is stated that many people do self-medication at the age of 26 - 35 years and (Sayuti et al. 2022) in his research it is stated that many people do self-medication at the age of 50 - 60 years, because in 17 – 25-year-olds in Telago Biru Village often feel more independent in managing their health and tend to look for quick solutions to health problems such as fever. As one gets older, one's responsiveness increases. As one becomes more mature, one will have more levels of experience, which will affect the level of knowledge one has.

11. Cross Tabulation of Respondent Behavior by Gender

Based on Table 14, it is known that the results of the cross-tabulation between

gender and the implementation of self-medication for fever are in a good category.

Table 14. Results of Cross Tabulation of Behavior by Gender

		Self-medication Behavior			Total
		Not enough	Enough	Good	
Gender	Man	0	3	11	14
		0.0%	4.3%	15.9%	20.3%
	Woman	7	23	25	55
		10.1%	33.3%	36.2%	79.7%
	Total	7	26	36	69
		10.1%	37.7%	52.2%	100.0%

Where many women carry out self-medication well, namely 79.7%, while men are 20.3%. This is in line with research (Probosiwi 2022) and (Putri et al. 2022) that many women carry out self-medication. Women tend to be more concerned about health issues, their concern is not only for themselves but also for their children and families (Kurniawati, 2019). Women have a good role in handling complaints of illness both for themselves and for their families in maintaining and handling health problems.

12. Cross Tabulation of Respondent Behavior with Last Education

Table 15. Results of Cross Tabulation of Behavior with Last Education

		Self-medication Behavior			Total
		Not enough	Enough	Good	
Last Education	Elementary	1	4	1	6
	School/Equivalent	1.4%	5.8%	1.4%	8.7%
	Middle School/Equivalent	1	0	0	1
		1.4%	0.0%	0.0%	1.4%
	High School/Equivalent	4	12	17	33
		5.8%	17.4%	24.6%	47.8%
	College	1	10	18	29
		1.4%	14.5%	26.1%	42.0%
	Total	7	26	36	69
		10.1%	37.7%	52.2%	100.0%

Based on Table 15, it is known that the results of the cross-tabulation of education and self-medication behavior mostly came from the high school/equivalent level, 33 respondents (47.8%). The results of this research are in line with research by (Natalia, 2021 (Rachmadi 2022) and (Maulidah, Wiwin Rohma. Ardianto, Nanang. Salmasfatah 2021).

13. Cross Tabulation of Respondent Behavior by Occupation

Based on Table 16, it is known that the results of the cross-tabulation of respondents'

occupations with self-medication behavior of respondents have the most work as housewives, 23 respondents (33.3%) and the least as workers, 0 respondents (0.0%). This is in line with research conducted by (Sari 2020) and (Sayuti et al. 2022) that the work of housewives dominates the research results.

Table 16. Cross Tabulation Results of Behavior and Occupation

		Self-medication Behavior			Total
		Not enough	Enough	Good	
Work	Employees (Public /Private)	2	7	10	19
		2.9%	10.1%	14.5%	27.5%
	Self-employed	0	3	4	7
		0.0%	4.3%	5.8%	10.1%
	Laborer	0	0	0	0
		0.0%	0.0%	0.0%	0.0%
	Medical personnel	0	0	1	1
		0.0%	0.0%	1.4%	1.4%
	TNI/Police	0	0	1	1
		0.0%	0.0%	1.4%	1.4%
	IRT	4	8	11	23
		5.8%	11.6%	15.9%	33.3%
Etc		1	8	9	18
		1.4%	11.6%	13.0%	26.1%
Total		7	26	36	69
		10.1%	37.7%	52.2%	100.0%

14. Cross Tabulation of Respondent Behavior with Income Level

Table 17. Cross Tabulation Results of Behavior with Income Level

		Self-medication Behavior			Total
		Not enough	Enough	Good	
Income Level	< 1,000,000	4	8	13	25
		5.8%	11.6%	18.8%	36.2%
	2,000,000 – 3,000,000	0	8	15	23
		0.0%	11.6%	21.7%	33.3%
	3,000,000 – 4,000,000	3	6	2	11
		4.3%	8.7%	2.9%	15.9%
	> 4,000,000	0	4	6	10
		0.0%	5.8%	8.7%	14.5%
	Total	7	26	36	69
		10.1%	37.7%	52.2%	100.0%

Based on Table 17, it is known that the cross-tabulation results of respondents' income levels with fever self-medication behavior show that the income of respondents who carry out fever self-medication at most earns < Rp. research conducted by (Putri et al. 2022) and (Putri et al. 2022).

15. The Relationship between Knowledge and Fever Self-Medication Behavior in the Community of RT 2 Telago Biru Village, Siulak District, Kerinci Regency in 2024

Self-medication for fever plays an important role for the body in maintaining

health. To assess the fever implementation variable, a questionnaire was used. The following are the results of the Chi-Square test of fever self-medication knowledge and fever self-medication behavior.

Table 18. Relationship between knowledge and fever self-medication behavior

Self-Medication Knowledge * Self-Medication Behavior Crosstabulation						
		Self-medication Behavior			Total	
			Not enough	Enough	Good	
Self-medication Knowledge	Not enough	Count	6	0	0	6
		Expected Count	.6	2.3	3.1	6.0
		% within Self-Medication Knowledge	100.0%	0.0%	0.0%	100.0%
		% of Total	8.7%	0.0%	0.0%	8.7%
	Enough	Count	0	18	2	20
		Expected Count	2.0	7.5	10.4	20.0
		% within Self-Medication Knowledge	0.0%	90.0%	10.0%	100.0%
		% of Total	0.0%	26.1%	2.9%	29.0%
	Good	Count	1	8	34	43
		Expected Count	4.4	16.2	22.4	43.0
		% within Self-Medication Knowledge	2.3%	18.6%	79.1%	100.0%
		% of Total	1.4%	11.6%	49.3%	62.3%
	Total	Count	7	26	36	69
		Expected Count	7.0	26.0	36.0	69.0
		% within Self-Medication Knowledge	10.1%	37.7%	52.2%	100.0%
		% of Total	10.1%	37.7%	52.2%	100.0%

Based on the research results in Table 18, it is known that the relationship between knowledge of fever self-medication and fever self-medication behavior is in a good category, namely 34 respondents (79.1%), 8 respondents with good knowledge behave quite well (18.6%), 1 respondent with good knowledge behaves less (2.3%). %), then people with sufficient knowledge with good behavior were 2 respondents (10.0%), enough knowledgeable with good behavior were 18 respondents (90.9%), enough knowledgeable with poor behavior were 0 respondents (0.0%), and people with poor knowledge with good behavior good by 0 respondents (0.0%), less knowledgeable with

good behavior by 0 respondents (0.0%), less knowledgeable with less behavior by 6 respondents (100.0%).

Table 19. Chi-Square Test Results

Chi-Square Tests						
	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)	Point Probability
Pearson Chi-Square	89.225 ^a	4	,000	,000		
Likelihood Ratio	66,227	4	,000	,000		
Fisher's Exact Test	58,028			,000		
Linear-by- Linear Association	41.617 ^b	1	,000	,000	,000	,000
N of Valid Cases	69					

Based on Table 19 of the Chi-Square Test results, it is known that the calculated Chi-Square value > Chi-Square table is $89,225 > 9.488$. So there is a significant relationship between knowledge and fever self-medication behavior where the significance value obtained is $0.000 > 0.005$. This is in line with research (Widyaningrum, Admaja, and Khusna 2021) where there is a relationship between knowledge and self-medication behavior.

CONCLUSION

Characteristics of respondents involving 69 respondents showed that women were more likely to self-medicate for fever (79.97%), age range 17 – 25 years (37.7%), high school/equivalent education (47.0%), most occupation was housewife (33.3%), and respondent's income < Rp. 1,000,000 (36.2%), with Good knowledge (62.3%), good behavior (52.2%) and the relationship between knowledge and fever self-medication behavior shows Good (62.3%), Fair (29.0), and Poor (87%).

Based on the results of the Chi-Square Test, it is known that the calculated Chi-Square value > Chi-Square table is $89,225 > 9.488$. So there is a significant relationship between knowledge and fever self-medication behavior where the significance value obtained is $0.000 > 0.005$.

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CONFLICT OF INTEREST

The author declares that there are no competing conflicts of interest.

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