

PERCEPTION OF MALARIA PATIENTS ABOUT MALARIA TREATMENT IN MANOKWARI REGENCY, WEST PAPUA

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ABSTRACT

Background: Malaria still ranks first among the top 10 diseases in West Papua Province based on morbidity studies and the recording and reporting of health service facilities in districts/cities, both patients who receive treatment at health centers and hospitals. Manokwari Regency is an endemic malaria area. People's behavior in treating malaria is influenced by socioeconomic background, people with low economic levels tend to do self-medication by buying drugs at pharmacies, drug stores, and stalls, and choosing traditional medicine. The use of drugs that are not by the standards will cause plasmodium resistance,

Method: The design of this study is qualitative research using a phenomenological study approach to explore the perception of malaria patients about malaria treatment in Manokwari district, West Papua Province. The participants involved in this study were 5 people. The analysis was used using the method developed by Colaizzi.

Result: from the results of the analysis, 4 themes were obtained, namely: Perception of malaria, Perception of drug side effects, Perception of malaria treatment information from health workers

Conclusion: A good perception of malaria, treatment, drug side effects, and good information support from health workers will support the public to remain compliant and consistent in undergoing Malaria therapy.

Keywords: Patient Perception, malaria, malaria drug

INTRODUCTION

The malaria program is a global and national priority program, globally included in the Millennium Development Goals (MDGs) indicators and subsequently became an indicator of the Sustainable Development Goals (SDGs). In the National program according to the 2015-2019 National Medium-Term Development Plan (RPJMN), namely the target of districts/cities that have achieved malaria elimination, as well as the Ministry of Health's Strategic Plan (Renstra), namely the cumulative number of district cities with an *Annual Parasite Incidence* (API) of less than 1 per 1000 population (Ministry of Health, 2017).

Based on Indonesia's Health Profile in 2018, there has been a decrease in the incidence of malaria in the period 2009 to

2017, tending to decrease from 1.8 per 1000 at-risk population in 2009 to 0.99 per 1000 population in 2017. West Papua is an endemic malaria area and ranks second out of five provinces in Indonesia with the highest malaria incidence, namely the *Annual Parasite Incident* (API) rate of 14.97. In West Papua Province 90% of villages are malaria endemic areas which are generally regions. remoteness, limited transportation and communication, minimal economic and educational level, poor environment, and still lack of healthy behavior in the community (West Papua Provincial Health Office, 2017).

Malaria still ranks first among the 10 most common diseases in West Papua Province based on morbidity studies as well as recording and reporting from health service facilities in districts/cities, both patients who were treated at health centers and hospitals in

2017. The number of Malaria Patients in 2017 based on blood samples examined with positive results for malaria amounted to 14,181 (West Papua Provincial Health Office, 2017).

Malaria control towards a malaria-free Indonesia by 2030 is carried out with a strategy to strengthen stakeholder commitment to maintain malaria-free areas, strengthen the surveillance system, strengthen the management network to ensure the ability to diagnose early and treat appropriately, strengthen community independence in preventing the emergence of new cases of malaria, and strengthen partnership networks in the context of malaria prevention by functioning a monitoring team (Ministry of Health, 2018).

Efforts that have been carried out by West Papua province are carried out by the National Strategic Plan, namely by disseminating information about malaria, socialization, distribution of mosquito nets, and spraying insecticides (Paul, 2019). Another effort made to support Malaria elimination in West Papua in 2030 is the Collaboration between 2 Provinces, namely Papua and West Papua which is focused on strengthening community independence in preventing malaria the Malaria Free Family Program (Malaria Numbness), Village Malaria Free (Village Defense), Larval Detective (Seconds) and also Malaria Elimination by the Community (Gold). This program is the result of a short course Alumni project financed by the Australia Awards Scholarship (Australia Awards Indonesia, 2019).

This malaria eradication and prevention program has been carried out to achieve the target of malaria elimination. However, the rate of malaria illness and transmission is still high in the eastern region, especially West Papua. The active participation of the community to behave in a healthy life, healthy living behavior is an individual's response to something closely related to illness or disease, the health service system, and the

environment. Individual behavior toward illness or disease is how individuals respond, either passively or actively to the disease (Margaretha & Yenny, 2016).

According to Honrado in Khairi & Muna (2019) there are three behavioral factors associated with the incidence of malaria infection, namely: 1) behavioral and social factors that increase the spread and incidence of malaria, 2) behavioral predisposition factors that cause mild severity and complications, 3) behavioral risk factors that cause resistance to malaria treatment.

Research on the variation of household malaria treatment in six malaria-endemic provinces in Indonesia shows that the behavior of patients in households is very varied and tends to be influenced by socioeconomic background, people with low economic levels tend to do self-medication by buying drugs at pharmacies, drug stores, stalls and choosing traditional medicines, The use of drugs that are not by standards will cause plasmodium resistance, And in malaria-endemic areas, it is one of the causes of the high morbidity and mortality rate of malaria. The results of this study show that there are still problems in the administration and provision of malaria drugs, one of which is public behavior and knowledge about malaria treatment, (Ipa & Dhewantara, 2015).

METHOD

Qualitative Research Design uses a descriptive phenomenology study approach that aims to gain experience and perception of the perception of malaria patients about malaria treatment.

The population in this study is people who visit the Health Center and are diagnosed with Malaria Positive the **sampling** method uses *Purposive Sampling* and is based on data saturation or saturation. Data collection was carried out using *in-depth interviews* using interview guidelines, field notes, and recording tools. For **data analysis** in this

study, using an analysis developed by Colaizzi, and to ensure the validity of the data (Truthworthiness), the researcher will carry out *credibility, Dependability, Confirmability, and Transferability.*

RESULTS AND DISCUSSION

In the results of this study, there are main themes that describe the experience of malaria patients about malaria and malaria treatment, the participants involved in this research are 5 people. g based on the results of the analysis found 4 themes, namely:

1. Perception of malaria

Perception is a process that is preceded by sensing that causes stimuli to the process of being aware of what is seen, heard, and based on experience (Fitriyah & Jauhar, 2014). Views or perceptions about malaria that are not correct in the community such as the assumption that malaria is harmless (Suharjo, 2015). The public perception is also that malaria is not dangerous if the patient can still work so that there is no need to go to the health center or health services for treatment, this view can make it difficult to eradicate and treat malaria which eventually becomes severe and subsequently there will be malaria transmission in the surrounding residential environment. The participant's experience that described the perception of malaria was in the participant's

"My body is hot, dizzy, but I can still walk, I can still work, I can still go shopping" (P1)
mer" At first I felt a bit dizzy, but I thought yes it was a regular headache.. the second day I still felt dizzy but I still ignored it, ... on the third day he said why he still had a headache, this may be a wind" (P2)

"First I felt a headache and aches, so I thought I had a cold... but in the morning I defecated and finally I went to the health center" (P3).

The results of this study are in line with research conducted by Gamalia & Wijayati (2013) on perceptions, opportunities, actions,

and information as well as malaria prevention behaviors at the Sumpiuh Banyumas Health Center, showing that people feel that malaria does not cause health problems, does not cause death or impairs a person's physical function, and is even considered not to cause financial impact. The malaria crisis is not a concern of the community, so it affects the community not to take preventive measures. Perception of the severity of a disease is also related to beliefs that affect people in carrying out preventive behaviors.

2. Perception of malaria treatment

One of the best steps to prevent malaria is to take anti-malarial drugs. Malaria treatment should be started as soon as possible, the treatment of malaria in the patient, which drug regimen to treat the patient with malaria depends on the patient's clinical status, the type (species) of the infecting parasite, the area where the infection was acquired, and the status of drug resistance, pregnancy status, and finally the history of the drug. allergies, or other medications that the patient is taking (CDC, 2020). Participants expressed the following perceptions about malaria treatment:

"When we are sick, we go to the health center, but the medicine from the health center has no results... He wastes water,.. Finally, we dropped to the hospital early in the morning, we did not progress for a few days or how we finally went home and went to the doctor who gave medicine and immediately recovered" (P3)

"If you have malaria, buy 1 quinine drug with 12 strips, drink it until it runs out, and don't check your blood anymore because your body already feels good, if you are still sick, then check your blood (P5).

One of the biggest challenges in malaria treatment efforts in Indonesia is the occurrence of relapse or recurrence, besides that malaria treatment is also imperfect and also causes other problems, namely drug resistance (Safira & Krisanti, 2019). Since 1990, there has been reported resistance to

chloroquine drugs in all provinces in Indonesia and there has also been reported resistance of *Plasmodium Falsifarum* to sulfadoxin-Piramehanin (SP) in several places in Indonesia (Ministry of Health of the Republic of Indonesia, 2017).

This research is in line with research conducted by Wuryanto 2008 on the compliance of vivax malaria patients in taking medication and the factors that affect it. Malaria patients often do not comply with the rules of taking medication according to the treatment schedule, taking medication incorrectly according to the rules will cause drug levels in the blood that are no longer suitable to kill plasmodium, and plasmodium will be able to adapt which can eventually lead to cases of drug resistance. Non-compliance with treatment and not taking medication according to the rules is one of the factors that increase malaria prevention and result in the failure of malaria elimination programs, as well as the number of relapse cases in the community.

3. Perception of drug side effects

The World Health Organization (WHO) in 2001 recommended that all malaria-endemic countries switch to artemisinin-based combination therapy (ACT) for malaria treatment, There are several drug reactions experienced such as body weakness, abdominal pain, vomiting, ear and eye disorders, and dizziness (Adisa, Fakaye, Dike, 2018). In this study, participants expressed the perception of drug side effects as follows:

"After taking this medicine ... I was squeamish... berate may be the effect of a drug (chili sauce shows DHP wrappers)" (P1)

"I have taken this medicine the first day, the second day, the day but I still feel dizzy and still vomit" (P4).

The side effects of the drug disclosed by the participants in this study are in line with a qualitative study conducted by *Catio, et al* in northern Ghana on factors influencing the reporting of healthcare systems in cases of

side effects of Artemicin-based drugs. Participants who used artesunate-amodiaquine in treating malaria reported experiencing most of the side effects, The most common side effects experienced were weakness and dizziness, and some participants associated it with a poor diet before taking the drug.

4. Perception of malaria treatment information from health workers

Research conducted by Shafira and Krisanti in 2019 on drug adherence factors in vivax malaria patients shows that one of the factors that affect patients who comply with medication in health services is poor relationships with health workers, lack of communication skills from health workers, and no positive encouragement from health workers that leads to low medication adherence. The perceptions expressed by the participants were as follows:

"I have never received information about this malaria treatment from the health center officer. or they conduct counseling on malaria treatment" (P4).

"There has never been direct counseling from health workers, both from the health center about malaria treatment. I only got information from my aunt who is a sister" (P5).

The perceptions and experiences expressed by the participants in this study are in line with the research conducted by Rosita (2017) which shows that most of the respondents think that the efforts of health workers to prevent malaria in relapse patients in the Sawang sub-district, South Aceh regency are in the poor category because health workers rarely conduct counseling. One of the reinforcing factors in preventing malaria in relapsed sufferers is the effort of health workers such as providing counseling so that recurrence does not occur.

CONCLUSION AND SUGGESTION

Conclusion: A good perception of malaria, treatment, drug side effects, and good information support from health workers will support the public to remain compliant and consistent in undergoing Malaria therapy.

Suggestion: For the Health Office in malaria eradication, should coordinate across sectors in conducting continuous surveillance, establish village malaria posts, carry out cadre training related to early detection and prevention of malaria, and increase counseling programs on malaria treatment periodically.

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