

CORRELATION OF MOTHER'S KNOWLEDGE OF CHILDREN'S FEVER SELF-MEDICATION IN JELAPAT VILLAGE, SOUTH BARITO REGENCY

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Abstract

Self-medication or self-medication is part of the community's efforts to maintain their own health. Fever is one form of the body's defense against problems that occur in the body. The purpose of this study was to analyze the correlation between mother's knowledge about self-medication of child fever using paracetamol in Jelapat Village, South Barito Regency. Analytical observational method with a cross sectional design using a sampling method with purposive sampling technique, the data collection instrument used in this study was the google form. The results of the knowledge of respondents in the good category were 66 people (55.8%), sufficient as many as 46 people (38.3%), and less as many as 7 people (5.8%). The results of rational use of paracetamol by respondents were 64 people (53.3%) and irrational were 55 people (46, 7%). The results of the Spearman Rho test obtained are a significance value of >0.05, namely 0.162, a correlation coefficient of 0.128 and a positive correlation direction. There is no relationship between knowledge of fever self-medication and the use of paracetamol by mothers. Knowledge of fever self-medication is not related to the rational use of paracetamol. The need to add information about the rational use of paracetamol.

Keywords: Correlation, Knowledge, Self Medication, Child Fever

Introduction

The World Health Organization (WHO) estimates that the number of fever cases worldwide is 18-34. 95% of mothers are confused when their child has a fever, the mother's reason is that fever in infants causes seizures (69%), brain damage (16%), coma (14%), symptoms of severe illness (11%), even fever can cause death .

Fever cases in South Barito Regency from January-November reached 690 people (South Barito District Health Office, 2019). The number of cases of fever that occurred in children in Jelapat Village

and given paracetamol in 2019 reached 182 children and in 2020 from January to November 56 children (Jelapat Assistant Health Center, 2020).

Children for parents are a valuable asset that must be guarded and protected. Parents will be happy when they see their children grow and develop in a healthy manner, but when children are sick it creates a concern that will arise in parents and cause expressions of behavior that are not as usual (Notoatmodjo, 2012).

Fever is one form of the body's defense against problems that occur in the body. Fever is generally harmless, but a high fever can cause serious problems in children. The problem that often occurs with an increase in body temperature above 38°C is febrile seizures (Ngastiyah, 2012 in (Regina Putri, 2017). When a fever occurs, it is hoped that as a mother, you don't have to worry too much and prioritize efforts related to the initial steps in overcoming fever is self-medication or self-medication. Self-medication or self-medication is part of the community's efforts to maintain their own health. Self-medication must be carried out according to the disease experienced, its implementation as far as possible must meet the criteria for rational drug use. The criteria for rational drugs include the accuracy of drug selection, the accuracy of drug dosage, the absence of side effects, the absence of contraindications, the absence of drug interactions, and the absence of polypharmacy (Muharni, 2015).

In practice, self-medication or self-medication can become a drug-related problem (Drug Related Problem) due to limited knowledge about drugs and their use (Nur Aini, 2017). The drug used is Paracetamol. Paracetamol or acetaminophen is an antipyretic drug that is widely used by the public to treat fever. Fever-lowering drugs such as paracetamol are widely used by parents to treat fever in children. Not all parents give the drug in the right dose and some of the doses are too large. Giving paracetamol in too much dose can trigger an overdose.

Handling fever in children is very dependent on the role of the mother. Mothers who have knowledge about fever and have a good attitude in treatment can determine the best management of fever for their children. Someone who wants to have good health must have good knowledge, to improve health need sufficient knowledge.

Knowledge is a term used to describe the results of someone's experience about something. According to WHO (word health organization) theory, one form of health object can be described by knowledge gained from own experience (Wawan, 2010). Knowledge related to health, one of which is a condition that interferes with health that occurs in everyone, especially in children, namely fever.

This research was conducted in the Jelapat Village area which is included in the South Barito Regency.Based on the results of questions with 10 respondents, 10 respondents kept the fever medicine at home, 7 respondents knew the right dose and 3 respondents did not know, 4 respondents

knew the proper duration of use and 6 others did not know, and 10 respondents knew the maximum dose of paracetamol in a day.

Method

The research method used in this study is an analytic observational method with a Cross Sectional design. Research with a cross sectional design or cross-sectional study is obtained by means of observation or collecting data at one time and at a certain time. The sampling method in this study used a purposive sampling technique,Purposive sampling technique is a sampling process that is carried out based on considerations made by researchers with predetermined criteria. The sample in this study was the community of Kelurahan Melayu The sample was calculated using the slovin formula with a 95% confidence level.

The research variables used in this study were independent variables and dependent variables. The independent variables in this study aremother's knowledge. The dependent variable in this study was self-medication for fever in children. The type of data used in this study is quantitative data. Quantitative data is data related to numbers, obtained from measurement results or values obtained from data.

Results

The distribution based on the sex of the respondents is obtained as follows:

| No. | Gender | Frequency | percentage |
|-----|--------|-----------|------------|
| 1. | Woman | 119 | 100% |

Table 1 Distribution by Gender of Respondents

Based on table 1, the gender of the respondents shows that the majority of respondents are female as the sample of the study, as many as 119 respondents, because the criteria in this study are mothers who have children aged 5 years.

| Table 2 | Distribution | by Age | of Res | pondents |
|---------|--------------|--------|--------|----------|
| | | ~ () | ./ / | |

| No | Age | Frequency | Percentage |
|----|-----------------|-----------|------------|
| 1. | 20-30 years old | 62 | 52.1% |
| 2. | 31-40 years old | 49 | 41.1% |

Based on table 4.5 the age distribution of respondents shows that the majority of respondents with an age range of 20-30 years who are the research sample are 62 respondents.

| No | Education | Frequency | Percentage |
|----|--------------------|-----------|------------|
| 1. | senior High School | 115 | 97% |
| 2. | D3 | 2 | 1.5% |
| 3. | S1 | 2 | 1.5% |
| | Total | 119 | 100% |

Table 3 Distribution by Respondent's Last Education

Based on the results of table 4.6. The distribution of respondents' education shows that the majority of respondents have high school education who are the research sample, namely 115 respondents (97%).

| No. | | Correct | Wrong | |
|-------|-------------------------------|-----------|---------|--------------|
| About | Indicator | answer | answer | Total |
| 1 | Definition of self-medication | 113 (95%) | 7(5%) | 100% 100% |
| 2 | Definition of | 109(91%) | 11(9%) | 100% |
| 3 | fever | 36(30%) | 84(70%) | 100% |
| 4 | Causes of fever | 49(41%) | 71(59%) | 100% |
| 5 | NY 101 1 | 112(94%) | 8(6%) | 100% |
| 6 | Non-Pharmacol | 48(40%) | 72(60%) | 100% |
| 7 | ogical Therapy | 84(70%) | 36(30%) | 100% |
| 8 | Pharmacologica l therapy | 60(50%) | 59(49%) | 100% |
| 9 | Drug dosage | 71(59%) | 48(41%) | 100% |
| 10 | How to use | 92(77%) | 28(23%) | 100% |
| 11 | | 116(97%) | 4(3%) | 100% |
| 12 | Contraindicatio ns | 48(40%) | 72(60%) | 100% |
| 13 | Side effects | 117(98%) | 3(2%) | 100% |

Table 4 Mother's knowledge about fever self-medication

| 14 | Follow-up | 114(95%) | 6(5%) | 100% |
|----|-----------|----------|-------|------|
| | 1 | | 6(5%) | |

Based on the table of mother's knowledge about fever self-medication, it shows that the majority of respondents answered correctly but there were still some who did not understand the knowledge of fever self-medication as seen from the results of all questions.

| No | Category | Frequency | Percentage |
|----|------------|-----------|------------|
| 1. | Well | 66 | 55.8% |
| 2. | Enough | 46 | 38.3% |
| 3. | Not enough | 7 | 5.8% |
| | Total | 119 | 100% |

Table 6 Categories of Respondents' Knowledge Level

Based on the table of the mother's level of knowledge about fever self-medication, it shows that the majority of respondents have knowledge in the good category as many as 66 respondents (55%).

| | | Response | | Total |
|----|--|----------|-------|-------|
| No | STATEMENT | Yes | No | |
| 1. | I give my child paracetamol when he has a fever | 98% | 2% | 100% |
| 2. | I bought paracetamol without a doctor's prescription | 94.1% | 6% | 100% |
| 3. | I give paracetamol like antacid drugs | 55.4% | 45.3% | 100% |
| 4. | I give paracetamol to children on the advice of family or friends without going to the doctor | 92.4% | 7.5% | 100% |
| 5. | I reduce the amount of paracetamol if the child's fever feels better | 95% | 5% | 100% |
| 6. | If paracetamol is taken 4x1, then I give it to my child every 6 hours | 82.3% | 18.4% | 100% |
| 7. | I still give paracetamol even though my child is feeling well | 58% | 42% | 100% |
| 8. | I keep paracetamol and use it again when my child has a fever | 87.3% | 13.4% | 100% |
| 9. | If side effects occur when using paracetamol, then I stop using it | 95% | 5% | 100% |

Table 7. Use of Paracetamol by Mother

Based on the table on the use of paracetamol by the community, it shows that the majority of respondents answered YES to question 1.

The results of the knowledge category of respondents based on the scores obtained are as follows:

NoCategoryFrequencyPercentage1.Rational6453.3%

Table 8 Categories of Respondents' Paracetamol Drug Use

Irrational

Total

2.

55 119 46.7%

100%

Based on table 4.11 the use of paracetamol drugs shows that the majority of mothers or respondents use paracetamol drugs irrationally as many as 64 respondents (46.7%) and use paracetamol drugs rationally as many as 55 (46.7%) respondents.

The results of the relationship between the level of knowledge and the use of antibiotics using Spearman Rho analysis are as follows:

Table 12 Spearman Rho . Analysis

| Significance | Correlation | Correlation Direction |
|--------------|-------------|-----------------------|
| | coefficient | |
| 0.162 | 0.128 | + |

Spearman Rho's analysis results show that the significance value obtained is > 0.05, which is 0.162, meaning that there is no significant relationship, while the correlation coefficient value obtained is 0.128, meaning that the level of correlation strength or relationship is included in the weak category and the direction of the correlation is positive.

Discussion

Mother's knowledge about fever self-medication knowledge in this study was measured using a questionnaire with 14 statement items from (Ministry of Health RI, 2011) namely about indications of disease, dosage, time interval of use, duration of administration, side effects alert and appropriate information. The answer choices used in the knowledge questionnaire about fever self-medication are true and false. Respondents who answered correctly were given a score of 1 and respondents who answered incorrectly were given a score of 0.

Based on the results obtained that the majority of respondents answered the questions correctly, compared to respondents who answered the wrong questions on the knowledge questionnaire about fever self-medication. The question with the highest correct answer as much as 95% is on question number 13 about the side effects of using drugs during fever self-medication. The next question is question number 11 as many as 97% of respondents answered correctly about the rules for use of fever-reducing drugs and 3% of respondents answered incorrectly, this shows that respondents know about the interval of drug use. Question number 14 regarding follow-up on self-medication for fever, respondents answered 95% correctly and 5% incorrectly answered, question number 1 answered 95% correctly regarding the definition of self-medication,

In the next question, several respondents answered incorrectly or incorrectly, namely in question number 3 about fever is a disease not a symptom, respondents answered incorrectly as much as 70%, this shows that there are still many respondents who do not understand that fever is a symptom of a disease. Furthermore, question number 6 regarding non-pharmacological therapy regarding the use of compresses during fever respondents answered incorrectly as much as 60%, question number 12 about contraindications to fever-reducing drugs regarding patients with hypersensitivity and liver disease who were allowed to take long-term paracetamol drugs respondents answered incorrectly as many as 60 % this shows that there are still many respondents who do not know that the patient is not allowed to take paracetamol in the long term. According to the Food and Drug Administration (FDA), the safe dose of paracetamol for adults and children over 12 years is a maximum of 4 grams/day. Consumption of a toxic dose of paracetamol of 15 grams will cause liver damage (hepatotoxicity) and this liver damage will be accompanied by damage to other organs, one of which is the kidneys in the form of acute tubular necrosis (Rini et al, 2013).

Based on this, it can be seen that there are still many of the respondents who have the right knowledge about fever self-medication, from 14 question points, only 3 question points indicate an incorrect answer. The results of the category of respondents' knowledge level obtained are 4 people (3%) who are included in the less category, the sufficient category is 50 people (42%) and the good category is 66 people (55%), from these results show the highest category is good category. This shows that the majority of respondents have good knowledge about fever self-medication because the community or mothers are used to taking self-medication when their child has a fever or information obtained from the surrounding environment. The results of research by Kaushal et al., (2012) show that housewives perform self-medication based on previous prescriptions 49%, advertisements in newspapers and television 26%, information from friends 17% and others 8%.

The use of paracetamol by mothers in this study was measured using a questionnaire with 9 statement items about rationality according to the Indonesian Ministry of Health, namely about the right indication, right drug, right patient, right dose, alert for side effects. The answer choices used in the paracetamol drug use questionnaire were yes and no. If the respondent answers the statement correctly then it is given a score of 1, incorrectly it is given a score of 0.

Based on the research conducted, it can be seen that the results of the answers to statement number 1 I gave my child paracetamol when he had a fever, some respondents answered 98% correctly and not 2%. This indicates that respondents know that paracetamol is a drug to treat fever, a drug that is widely used in the treatment of fever. self-medication is paracetamol 38.2% (Tarazi, et al 2016), Next question

number 2, my question is buying paracetamol without a doctor's prescription, respondents answered yes as much as 94% and 6% no. This shows that respondents know that paracetamol can be purchased without a doctor's prescription. Question number 4 I gave pracetamol to children on the advice of family or friends without checking with a doctor the respondent answered exactly 95% and not 5%, This isshows that housewives do self-medication 17% get information from friends and others 8% Kaushal et al., (2012),then question number 5 about me reducing the amount of paracetamol if the child's fever feels better the respondent answers 95% and not 5%, question number 6 about if paracetamol is taken 4 x 1, then I give it to my child at a distance of 6 hours once the respondent answers correctly 82.3% and not 18.4%. Furthermore, based on the results obtained in question number 8, I store paracetamol and use it again when my child has a fever, respondents answered correctly as much as 87.3%, question 9 if side effects occur when using paracetamol, then I stopped using it, respondents answered correctly as much as 95%.

Furthermore, question number 7 I still give paracetamol even though my child is feeling well respondents answered incorrectly as much as 58%, question number 3 about me giving paracetamol drugs such as the use of antacid drugs as much as 55.4% of respondents answered incorrectly this shows that some respondents still cannot distinguish the use of paracetamol and antacid drugs. Based on the results of the category of use of paracetamol by respondents, the category of rational use of paracetamol was 64 (53.3%) and the category of irrational use of paracetamol was 55 people (46.7%). These results indicate that the majority of respondents use paracetamol rationally or appropriately, This is also supported by research conducted by Setyawati (2012), explaining that the selection of antipyretic analgesic drugs in the community

Based on the analysis value of Spearman Rho, the significance result obtained from this study is > 0.05, which is 0.162, this value is greater than the significance level. These results indicate that there is a significant relationship between the two variables because the significance value obtained is 0.162, it can be said that there is no significant relationship between knowledge of fever self-medication and the use of paracetamol. This is in line with the hypothesis obtained is Ho is accepted. Furthermore, the correlation coefficient value obtained in this study is 0.128, which is in the range of 0.00-0.25 this indicates that the close relationship between knowledge and use of paracetamol is in the very weak category, the value of the direction of correlation obtained in this study is positive. (+). The results of the positive correlation direction obtained in this study indicate that if the value of the knowledge variable is greater, the value of the use variable will also increase. Because the greater the value of a variable, the greater the value of the other variables(Dahlan, 2014).

Conclusion

Based on the results of the research obtained and what has been done on mothers who have children aged 5 years in the Jelapat Village area, it can be concluded that the mother's knowledge of self-medication of fever in children with the use of paracetamol is included in the good knowledge category, which is 55.8%. The use of paracetamol by the community of Jelapat Village is considered rational, namely 53.3%. The relationship between mother's knowledge of self-medication of child fever with the use of paracetamol drugs in Jelapat village, the significance value> 0.05 is 0.162, the coefficient value is 0.128 with a positive correlation direction, which means that there is an insignificant correlation between the two variables connected, the close relationship between knowledge and drug use paracetamol correlation strength obtained is included in the very weak category.

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Statements Of Interest

Author's statement that they have no conflict of interest.

References

Dahlan, M. Sopiyudin. 2014. Statistics for Medicine and Health Edition 6. Jakarta: Salemba Medika. South Barito District Health Office. 2019

- Ministry of Health RI, (2011). Rational Drug Use Module, Pharmaceutical Services Development, Jakarta.
- Kaushal, JG (2012). Self-medication patterns and drug use behavior in housewives belonging to the middle income group in a city in Northern India. India: Indian Journal of Community Medicine.
- Muharni, Septi., Fina Aryani., Maysarah Mizanni. (2015). Description of Pharmaceutical Workers in Providing Information to Self-Medication Actors at Pharmacies in Tampan District. Pekanbaru. Journal of Pharmacy & Clinical. 2(1):47-53.

Notoatmodjo, S. 2012. Health Research Methods. Jakarta: PT Rineka Cipta.

- Nur Aini Harahap, Khairunnisa, Juanita Tanuwijaya, 2017, Level of Patient Knowledge and Rationale of Self-Medication in Three City Pharmacy Connecting, Scientific and Clinical Journal. Indonesian Pharmacists Association. West Sumatra.
- Regina Putri, Desi. (2017). Nursing care for An.R and An.A with febrile seizures in the Mother and Child Room at Level III Hospital Dr. Reksodiwiryo Padang.
- Setyawati, E. (2012). Evaluation of the Use of Antipyretic Analgesic Drugs as a Self-Medication Effort in Pondok Karanganom Village, Klaten. Essay; Faculty of Pharmacy, University of Muhammadiyah, Surakarta.
- Tarazi, SA (2016). Prevalence of Self Medication Practice among Al-Azhar Medical Laboratory University Student Gaza Strip. Indian Journal of Research; 5; 231-234