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Socialization Prevent And Alert Dengue Fever Dengue (DBD) In RT 25 Urban Village Sawah Lebar Sub-District Ratu Agung Kota Bengkulu

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Abstract. Dengue fever is one of the health problems in Bengkulu City. DHF is one of the diseases that needs to be watched out for because it can cause death and can occur due to a less clean environment. Various efforts have been made to prevent the outbreak of DHF. The approach to eradicating DHF that is based on community awareness is one alternative in order to control the spread of this disease. The purpose of this study is to increase knowledge and awareness about the dangers of Dengue Fever. The method used in the research is through counseling. Results and Discussion in this KKN activity with the title “BDB Counseling in Rt. 25 Sawah Lebar Village, Bengkulu City”. Based on the results of this activity, it is to increase public knowledge about the dangers of dengue fever. The method of this activity is counseling. This activity is considered quite successful, where participants are enthusiastic to ask questions and feedback from participants this counseling is considered interesting, exciting, relevant and useful. Suggestion: As a result of this flood disaster counseling activity, it is hoped that the community will gain knowledge about dengue fever.

Keywords: *Arthritis Rematoid Exercise Health.*

INTRODUCTION

Dengue hemorrhagic fever (DHF) is a disease caused by the Dengue virus which infects humans through the mosquito vectors *Aedes aegypti* and *Aedes albopictus* (Murray et al., 2013). Until now, dengue fever is still a disease that is a world health problem. Apart from causing death, dengue fever, either directly or indirectly, can cause an economic burden that affects the lives of sufferers and their families (WHO, 2012). The highest incidence of dengue fever is found in tropical and subtropical climates. Around 100 countries are known to be endemic areas, Indonesia is one of them. In 2018, Bengkulu Province ranked third highest in Indonesia for morbidity due to dengue fever, and was the province with a dengue incidence rate (IR) that did not meet the minimum target of <49 per 100,000 population (Ministry of Health, 2019).

There were 1,439 cases of dengue fever recorded with a death rate of 12 cases (IR 72.28 per 100,000 population and CFR 0.84%) in Bengkulu Province. Based on data from the Bengkulu Provincial Health Service (2019), Bengkulu City is included in the high-risk area category and contributed to the highest increase in dengue fever cases in Bengkulu Province with a total of 427 cases and a death rate of 4 cases (CFR 0.9%). The incidence, morbidity and mortality rates due to dengue fever in society tend to persist and even increase every year, even though various prevention efforts have been made. Breaking the chain of dengue fever

transmission through vector control is still difficult because it is difficult to eliminate vector breeding habitats. One of the easiest and most effective efforts to eradicate dengue fever is to influence community behavior to carry out practices that support the prevention of transmission and eradication of dengue fever through the delivery of information to increase comprehensive knowledge, understanding and public awareness about dengue fever (Arslan et al., 2016; Lima et al., 2011; Kamgang et al., 2011).

Among them is information regarding disease etiology, transmission patterns, vectors, signs and symptoms of disease, management and treatment, complications, disease prognosis, as well as ways to control and prevent dengue fever. Based on consideration of this situation, in July - October 2022, a team from the Faculty of Medicine and Health Sciences, Bengkulu University carried out community service activities by providing outreach to increase public knowledge in an effort to support dengue prevention. Dengue Fever (DHF) cases continued to increase from January to March 2024. Data shows that the number of dengue fever cases has increased significantly, with a peak reaching 191 cases in March 2024.

Head of Disease Prevention and Control at the Bengkulu Provincial Health Service, Ruslian, said that the total number of dengue fever cases reported from January to March reached 531 cases. This disease spreads in 10 districts, with the highest number of cases recorded in South Bengkulu, Lebong and Seluma districts, while Kepayang district recorded the lowest number of cases. According to Ruslian, the increase in dengue cases is caused by weather factors, especially heat and rain patterns which trigger the breeding of the *Aedes aegypti* mosquito, the vector that causes dengue fever. Therefore, the public is asked to be active in prevention by carrying out 3M, namely draining water tanks, using used goods, and planting mosquito repellent plants such as lemongrass and chicken tai flowers. It is hoped that these efforts can control the spread of dengue fever in Bengkulu Province and reduce the negative impact it has on public health.

Based on this series of problems and in order to assist the government program in controlling dengue fever, education was carried out regarding dengue fever and preventive measures for the residents of Rt 25 Sawah Lebar sub-district which is expected to provide an understanding of dengue fever, as well as build public awareness and vigilance towards preventing an increase in dengue cases. in that environment.

RESEARCH METHODS

The KKN Group 3C activity through Community Service is entitled "DHF Disease Education at Rt. 25 Sawah Lebar Subdistrict, Bengkulu City" Implementation of this activity began with coordination between the Sawah Lebar Community Health Center UPTD Team, Field CI and DPL. This activity uses the method used in the form of counseling about the dangers of dengue fever which was carried out in the neighborhood of RT 25, Sawah Lebar Village on July 14 2024, where this is where students carry out Real Work Lecture (KKN) activities at the Faculty of Health Sciences, Dehasen University, Bengkulu. The target is the community on Rt. 25 Sawah Lebar Subdistrict, Bengkulu City.

RESULTS AND DISCUSSION

Residents looked enthusiastic and expressed their gratitude for the information provided so that they were no longer anxious about facing dengue fever. The activity was carried out using the community outreach method of RT 25 Sawah Lebar Village. This activity was welcomed by residents because it broadened their knowledge. A clean environment will be able to suppress the growth and development rate of *Aedes aegypti* and *Aedes albopictus* mosquitoes as dengue vectors (Rahayu & Ustiawan, 2013; Fadilla et al., 2015; Hendri et al., 2015). In addition, preventive behavior with 3M can reduce the success of mosquito larvae in becoming adult mosquitoes (Husna et al., 2016; Ernawati et al., 2018). The development period

for *Aedes aegypti* and *Aedes albopictus* mosquito larvae is relatively short, namely approximately 8 -12 days (Boesri, 2011; Jacob et al., 2014). This short development period can of course be interrupted or inhibited by implementing 3M and monitoring larvae regularly (Husna et al., 2016; Ernawati et al., 2018).

Next, the speaker explained the types of plants that can be used as mosquito repellent plants. Several types of plants that can be grouped as mosquito repellent plants include Zodia (*Evodia suaveolens*), Lemongrass (*Andropogon nardus* L.), Lavender (*Lavandula angustifolia*), geranium (*Pelargonium citrosa*), Rosemary. This plant has been proven to contain active substances that mosquitoes avoid. Apart from that, the leaflet also explains how to deal with dengue fever, including: drain the bathtub once a week, also clean other water storage containers, install screens and mosquito nets, don't pile up or hang clothes for too long, use anti-mosquito lotion or cream, wear closed clothes. when leaving the house, fogging, pruning and cleaning wild plants in the yard, decorating the house with natural anti-mosquito plants, dengue fever vaccine, and maintaining the body's immune system.

Delivery of the material was carried out directly using the lecture method supported by brochures distributed to participants. It is hoped that this method will make it easier for participants to understand the material presented. The impact of this activity is that there is additional knowledge among residents about the dangers of dengue mosquitoes and mosquito repellent plants. Prior to this activity, there had been no delivery of material on how to prevent fever mosquitoes and the dangers of dengue fever. In general, the community empowerment learning activities held were carried out well and smoothly.



Figure 1. Discussion Activities with Residents

CONCLUSION

The conclusion from this community empowerment learning activity is the importance of having sufficient knowledge about how to prevent dengue fever. The positive impact of this activity is increasing public knowledge to prevent the spread of dengue fever mosquitoes in the future.

REFERENCES

- Bisri, dkk. (2024). Kasus DBD di Bengkulu Meningkat. <https://www.rri.co.id/index.php/kesehatan/596573/kasus-dbd-di-bengkulu-meningkat>
- Boesri, H. (2011), Biologi dan peranan *Aedes albopictus* (Skuse) 1984 sebagai penular penyakit, *Aspirator*, 3(2): 117-125.
- Ernawati, Bratajaya, C. N., & Martina, S. E. (2018), Gambaran praktik pencegahan Demam Berdarah Dengue (DBD) di wilayah endemik DBD, *e-jurnal UMM*, 9(1): 17-24.
- Fadilla, Z., Hadi, U. K., & Setyaningsih, S. (2015), Bioekologi vektor demam berdarah dengue (DBD) serta deteksi virus dengue pada *Aedes aegypti* (Linnaeus) dan *Ae. albopictus* (Skuse) (Diptera: Culicidae) di kelurahan endemic DBD Bantarjati, Kota Bogor, *Jurnal Entomologi Indonesia*, 12(1): 31-38.
- FKUNIB. (2023) <https://fkik.unib.ac.id/index.php/unit/index/238> Pencegahan Demam Berdarah Dengue (DBD) Dengan Peningkatan Pengetahuan Masyarakat Di Kota Bengkulu
- Hendri, J., Santya, R. N. R. E., & Prasetyowati, H. (2015). Distribusi dan kepadatan vektor demam berdarah dengue (DBD) berdasarkan ketinggian tempat di Kabupaten Ciamis Jawa Barat, *Jurnal Ekologi Kesehatan*, 14(1): 17-28.
- Husna, R. N., Wahyuningsih, N. E., & Dharminto. (2016), Hubungan perilaku 3M plus dengan kejadian demam berdarah dengue (DBD) di Kota Semarang (Studi di Kota Semarang wilayah atas), *Jurnal Kesehatan Masyarakat*, 4(5): 170-177.
- Jacob, A., Pijoh, V. D., & Wahongan, G. J. P. (2014), Ketahanan hidup dan pertumbuhan nyamuk *Aedes* spp pada berbagai jenis air perindukan, *Jurnal e-Biomedik*, 2(3): 1-5.
- Rahayu DF, Ustiawan A. (2013). Identifikasi *Aedes aegypti* dan *Aedes albopictus*. *J of Balaba*. 9(1):7-10.
- Saharnauli Janna Verawaty Simorangkir. (2021) Penyuluhan Demam Berdarah Dengue (DBD) Kepada Pelajar-Pelajar Di Perguruan Kristen Methodist-2 Rantau Prapat.
- Yanuar, Firda., Arda dinata. (2007). Kenali tanaman pengusir nyamuk. *Jurnal alternatif*. Volume 2 No 2.