

ABSTRACT

Background : *Dengue Hemorrhagic Fever is a health problem found in tropical and subtropical areas, especially in urban areas. WHO noted Indonesia as the country with the highest dengue fever case in Southeast Asia. In Indonesia, especially in DIY Province in 2011 reported as many as 985 cases of DHF, with the number of deaths as many as 5 cases. The Problem of difficulty of overcoming DHF because there is no effective program for the prevention of DHF and poor environmental management. Knowledge of dengue disease is very important, because it can affect attitude and behavior in response to dengue disease. Research this required to know difference level of attitude and behavior community about DHF between endemic high area and low endemic area in district Sleman, Yogyakarta*

Method : *Design research this is Cross Sectional Study conducted against 685 sample community that meet criteria inclusion. Sample the composed from 338 samples in high endemic area (Gamping) and 345 samples in low endemic area (Moyudan). Respondents given a questionnaire containing personal data along with work, education, history of DHF and disease question around DHF.*

Result : *The average yield scores attitudes and behavior in high endemic area (Gamping) = 78,87 and 57,71. While the average score attitudes and behavior in low endemic area (Moyudan) = 77,95 and 56,66. Mann-Whitney test analysis showing score attitudes and behavior in second areas that no significant different in attitude ($p=0,082$) and behavior ($p=0,305$). With another word, there is no difference of attitudes and community behavior about DHF between high endemic area and low endemic area in district of Sleman, Yogyakarta.*

Conclusion : *There is no differences from the stages of attitude and behavior about DHF between high endemic area and low endemic area in Sleman District of Yogyakarta.*

Key Word: *Knowledge in Society, Difference Attitude and Behavior, DHF, Endemic Area, District Sleman Yogyakarta*

INTISARI

Latar Belakang : Demam Berdarah Dengue merupakan masalah kesehatan yang ditemukan di daerah tropis dan subtropis, terutama di daerah perkotaan. WHO mencatat negara Indonesia sebagai negara dengan kasus DBD tertinggi di Asia Tenggara. Di Indonesia, Khususnya di Provinsi DIY pada tahun 2011 dilaporkan sebanyak 985 kasus DBD, dengan jumlah kematian sebanyak 5 kasus. Permasalahan sulitnya penanggulangan DBD karena belum adanya program efektif untuk pencegahan DBD dan manajemen lingkungan yang buruk. Pengetahuan akan penyakit DBD merupakan hal yang sangat penting, karena bisa mempengaruhi sikap dan perilaku dalam menanggapi penyakit DBD. Penelitian ini diperlukan untuk mengetahui perbedaan tingkat sikap dan perilaku masyarakat tentang DBD antara daerah endemik tinggi dan endemik rendah di Kabupaten Sleman, Yogyakarta.

Metode : Desain penelitian ini adalah *Cross Sectional Study* yang dilakukan terhadap 685 sampel masyarakat yang memenuhi kriteria inklusi. Sampel tersebut terdiri dari 338 sampel di wilayah endemik tinggi (Kecamatan Gamping) dan 345 sampel di wilayah endemik rendah (Kecamatan Moyudan). Responden diberi kuesioner yang berisi data diri beserta pekerjaan, pendidikan, riwayat penyakit DBD dan pertanyaan seputar DBD.

Hasil : Hasil rata-rata skor sikap dan perilaku di wilayah endemik tinggi (Gamping) = 78,87 dan 57,71. Sedangkan rata-rata skor sikap dan perilaku di wilayah endemik rendah (Moyudan) = 77,95 dan 56,66. Analisis Mann-Whitney tes menunjukkan skor sikap dan perilaku di kedua wilayah endemik tersebut tidak signifikan berbeda yaitu sikap ($p=0,082$) dan perilaku ($p=0,305$). Dengan kata lain, tidak adanya perbedaan sikap dan perilaku masyarakat tentang DBD antara daerah endemik tinggi dan daerah endemik rendah di Kabupaten Sleman, Yogyakarta.

Kesimpulan : Tidak adanya perbedaan sikap dan perilaku masyarakat tentang DBD antara daerah endemik tinggi dan daerah endemik rendah di Kabupaten Sleman, Yogyakarta

Kata Kunci: *Pengetahuan Masyarakat, Perbedaan Sikap dan Perilaku, DBD, Daerah Endemik, Kabupaten Sleman Yogyakarta*