

## **THE RELATION BETWEEN PRACTICAL KNOWLEDGE AND ATTITUDES TOWARD CONTROL OF RISK FACTORS FOR NON-COMMUNICABLE DISEASES IN THE POSBINDU PTM VILLAGE PONDOK LABU SOUTH JAKARTA**

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### **ABSTRACT**

Non-Communicable Diseases (NCDs) is a disease that often goes undetected because it is asymptomatic and had no complaints. Usually found in advanced stages so difficult to cure and end with a disability or premature death. NCDs can be prevented through the control of risk factors, namely smoking, lack of physical activity, unhealthy diet, and alcohol consumption. Increased awareness of, and public awareness of the risk factors are very important in controlling NCDs. The purpose of this research is knowing the relationship between knowledge and attitudes about risk factors of NCDs among clients with risk factor control practices in Posbindu PTM Pondok Labu Cilandak sub-district. The design used in the study is the analysis of correlation with cross sectional approach. Total sample was 104 respondents of 310 people who used the service in Posbindu PTM with purposive sampling approach. Data collection tool that is used in the form of a questionnaire comprising identity, respondents' knowledge, attitudes and practices of respondents NCDs control of risk factors. Data analysis using Chi-square to see the relationship between independent variables and the dependent variable. The results showed respondents who supported the NCD risk control practices were as many as 62 people (59.6%) and those who did not support the NCD risk factor control practice were as many as 42 people (40.4%). The results of the bivariate analysis showed no association with practical knowledge of NCDs risk factor control (p-value 0.001), while for the attitude showed no association of NCDs risk factors control practices. Suggestions from this study, there is a need to improve services or health promotion towards the public about the importance of controlling NCDs risk factors in Posbindu PTM or through other activities in the community by using various methods and media that are appropriate, the need for an effort to motivate people to be able to use services provided in Posbindu PTM optimally, by arranging timely implementation of activities so that all walks of life can access services performed in Posbindu PTM. Moreover, it is important to monitor and evaluate the implementation of Posbindu PTM, Posbindu PTM development and efforts in order to run optimally and is perceived by the community.

**Keywords:** *Knowledge, Attitude, Control of Risk Factors for NCDs.*

### **INTRODUCTION**

Non-communicable diseases (NCDs) is a major cause of death globally. WHO data shows that of the 57 million deaths that occurred in the world in 2008, as many as 36 million or nearly two-thirds were caused by non-communicable

diseases. In middle and poor countries, NCDs is responsible for

three of the years of life lost and disability (*disability adjusted life years =DALYs*) and nearly five times that of the death of

infectious diseases, maternal, perinatal and nutritional problems (WHO, 2011).

NCDs can be prevented by controlling risk factors. The prevention and control of the risk factors are relatively cheaper than the cost of NCDs treatment. One of the NCDs control strategies that efficiently and effectively is the empowerment of community participation. Posbindu PTM is a form of public participation in the conduct of early detection and monitoring of risk factors for NCDs and follow-ups are conducted in an integrated, routine and periodic timeline. Posbindu PTM relating to the activities carried out in various places in accordance with the Government Program, the Urban Village public health service of Pondok Labu Cilandak sub-district has established and implement guidance in every RW region where Posbindu works.

The control of NCDs risk factors in a person can be influenced by several factors, including the factors of knowledge, attitude and other factors that might support in the control of risk factors for NCDs. This study aims to determine the relationship between knowledge and attitudes towards the practice of risk factor control in Posbindu PTM Village of Pondok Labu, South Jakarta Cilandak sub-district.

## METHODS

This study is a cross-sectional analytic design or *cross-sectional* that the dependent variable measurement knowledge and attitudes, and practices of risk factor control NCDs as the determinant variable performed at the same time. Data collection was conducted from August to October 2016 through interviews using a questionnaire. The

population in this study is a population that regularly control at Posbindu PTM in Pondok Labu Urban Village public health center region, as many as 310 people. Samples were determined by *purposive sampling* with criteria are people who live in Pondok Labu village, can read and write, so that as many as 104 respondents were selected. Knowledge about risk factors for NCDs respondents is everything. Measurement of knowledge was using questionnaire 1 that consists of 15 multiple-choice questions about the risk factors of NCDs. Correct answer was given score 1 and wrong answer was given score 0. Knowledge  $\geq$  considered good when exceeding the median value and less when  $<$  median. Attitude is everything respondents are shown in the form of SS, S, TS, STS against NCDs risk factors. Attitude measurement questionnaire 2 that consists of 15 statements that must be answered with a selection of answers the respondents strongly agree, agree, disagree, and strongly disagree. Categorized positive attitude when  $\geq$  median and negative values when  $<$ median. The practice of preventive measures is everything that has been done by respondents in control NCDs risk factors. 3 measured by a questionnaire containing 15 statements about control response NCDs risk factors that are answered by selecting yes or no. NCDs control practices risk factors are categorized supportive when  $\geq$  medians and no supportive when  $<$ median. Factors concerning respondent characteristics (age, gender, education and occupation) joined measured and controlled as confounding variables.

Statistical analysis used were univariate and bivariate analysis using *chi square* test. The results of test *chi-square*

can only conclude whether there is any difference in proportion between groups or in other words, we can only infer the presence / absence category relationship between two variables, of which this study the dependent and independent variables are categorized.

**RESULTS**

The results showed that of 104 respondents, as many as 62 people (59.6%)

have good knowledge about risk factors of NCDs and 42 (40.4%) are less knowledgeable. Respondents who have good attitude towards NCDs risk factors is 57 people (54.8%), and 47 (45.2%) have less good attitude. 62 respondents (59.6%) show support towards NCDs risk factor control practices whereas the other 42 respondents (40.4%) do not supportive.

**Table 1. Distribution characteristics of respondents, knowledge, attitudes and practices of NCDs risk factor control in Pondok Labu Village, South Jakarta in 2016.**

Variable	Frequency	Percentage (%)
<b>Respondents Age</b>		
Young	61	58.7
Old	43	41,3
<b>Gender</b>		
Female	98	94.2
Male	6	5.8
<b>Education</b>		
Low	33	31.7
High	71	68.3
<b>Employment</b>		
Not working	81	77.9
Working	23	22.1
<b>Knowledge</b>		
Less	42	40.4
Good	62	59.6
<b>Attitude</b>		
Less	47	45.2
Good	57	54.8
<b>Practice of risk factor control</b>		
Support	62	59.6
do not support	42	40.4

Description: n = 104

Based on the characteristics of the respondents, it is showed that most respondents are young (under 40 years), as many as 61 people (58.7%) compared to old age as many as 43 people (41.3%). Most of the respondents are female, as many as 98 persons (94.2%) and male are

only 6 (5.8%). Of the 104 respondents, as many as 33 respondents (31.7%) have low education ( $\leq$  SMP) and 71 (68.3%) are educated. Most respondents, or as many as 81 people (77.9%) do not work and the remaining 23 (22.1%) work. Results of

univariate analysis are presented in Table 1.

Results of bivariate analysis using *chi square* test can be used to obtain information about existing / absence of proportion differences between groups or in other words the presence / absence of a relationship between knowledge and

practice of controlling risk factors of NCDs, and attitudes towards NCDs risk factor control practices. In this kind of survey / *crosssectional*, manufacture percentage based on the value of the independent variable. The results are presented in Table 2.

**Table 2. Determinants factors for control practices of NCDs risk in the Village of Pondok Labu, South Jakarta 2016**

Independent Variables	Control of NCDs Risk Factors Practice				Value P	OR (95% CI)
	Support		Does Not Support			
	n	%	n	%		
<b>Age</b>						
Young	35	57.4	26	42.6	0.725	0798
Old	27	62.8	16	37.2		(0.358 to 1.775)
<b>Gender</b>						
Female	58	59.2	40	40.8	1.000	1.379
Male	4	66.7	2	33.3		(0.241 to 7.894)
<b>Education</b>						
Low	18	54.5	15	45.5	0,614	18
High	44	62.0	27	38.0		(0.319 to 1.699)
<b>Jobs</b>						
Working	13	56.5	10	43.5	0.732	13
do not work	49	60.5	48	39.5		(0.333 to 2.167)
<b>Knowledge of</b>						
Good	46	74.2	16	25.8	0.001	4.672
Less	16	38.1	26	61.9		(2.010 to 10.859)
<b>Attitude</b>						
Good	39	68.4	18	31.6	0.070	2.261
Less	23	48.9	24	51.1		(0.397 to 5.028)

The results of the analysis about the knowledge of NCDs risk control practice

found that among both groups of respondents, people who knowledgeable

are as many as 16 respondents (25.8%) who do not support the practice of controlling risks's factor and as many as 46 respondents (74.2%) support. While among respondents who are less good knowledge of as many as 26 respondents (61.9%) do not support the NCDs risk factor control practice and 16 respondents (38.1%) do support. Statistical test results obtained by value  $p = 0,001$  it can be concluded that there is no difference in the proportion of NCDs risk factor control practices among respondents whose knowledge either good or less good (there is a significant relationship between knowledge and practice of NCDs risk factor control). From the results obtained by analysis of the value of  $OR = 4.672$ , meaning that respondents who are knowledgeable about controlling NCDs risk factors 4.672 times has the opportunity to practice risk factors control for NCDs.

The results of the analysis concerning the relationship between the attitudes of respondents and NCDs risk control practices found that among the group of respondents who have good attitude, there are a total of 39 respondents (68.4%) who support the practice of NCDs risk factor control and 18 respondents (31.6%) who do not support the practice of controlling NCDs risk factor. While among respondents who have poor attitude, as many as 23 respondents (48.9%) support the practice of NCDs risk factor control and 24 respondents (51.1%) do not support the practice of controlling risk factors for NCDs. Statistical test results obtained by value  $p = 0.07$  it can be concluded that there is no difference in the proportion of NCDs risk factors control practices among respondents who have good attitude and poor (no significant relationship between

attitudes and risk factor control practices of NCDs). The analysis also shows that proportion of respondents of NCDs risk factor control practices do not differ based on age, gender, education and employment. It can be seen from the obtained p-value which is less than 0.05 in Table 2.

## DISCUSSION

In terms of age, the majority of the sample studied are either young or old. Old people go to Posbindu if they have complaints about their health. There is a tendency among old person, the more often they suffer pain, the more often they need health services from Posbindu, such as the impact on client needs will be the maintenance of health (Miller: 1999, cited by Hardywinoto: 2007).

Judging from the characteristics of the respondents, the results showed that the majority of respondents who participated in the Posbindu PTM in the village of Pondok Labu were women as found in research results conducted by Rosyid (2009), Susiolowati (2014), this is due to the available time or greater opportunity for women to take advantage from Posbindu because most of the women were housewives or did not work.

Concerning the respondents' education in general, those who visited Posbindu were that of higher education. It is supported theoretically that high formal education will make someone has knowledge higher than one with low education and the person is expectedly faster and more easily to understand the importance of health and use of health (L.Green in Notoatmodjo 2003). Regarding work of the respondents who visited Posbindu PTM in the village of

Pondok Labu in general is not working due to the services provided at Posbindu were held on weekdays (09.00 s / d 11:00), thus it is difficult for the working residents to use the services at Posbindu PTM.

The results showed that based on *Chi-square* test on the variable of knowledge and practice of NCDs risk factor control, the value of  $p < 0.05$  can be concluded that  $H_0$  is rejected, it means that there is a relationship between the level of knowledge about risk factors for NCDs and NCDs risk factor control practices.

This study is also consistent with the study conducted by Dalyoko & Pithaloka (2010) that shows the relationship between knowledge ( $p: 0.016$ ) and efforts to control hypertension among elderly at the Posyandu. Research results made by Aaron et al (2016) also showed a significant correlation between knowledge ( $p = 0.000$ ) and adherence to healthy lifestyle of the patients after percutaneous coronary intervention.

Based on the results obtained information, there is a significant correlation between the respondents' attitudes and NCDs risk control practices that the chi square test showed the value of  $p > 0.005$ . In contrast to research conducted by Raharjo (2015) and Ismanto (2011) that stated the relationship between attitude and patient compliance to diet and DM Hypertension diet. According to Notoadmodjo (2001), stance is a readiness or willingness to act or not the implementation of certain motifs. Attitude is not an act or activity but is predisposition that follows a behavior, an attitude that is still a closed reaction and not a reaction to open or behavior that is open, attitude is a readiness to react to

objects in a particular neighborhood as an appreciation of the object.

## CONCLUSION

In general, respondents who need service from Posbindu PTM are young age (58%), female (94.2%), married (85.6%), highly educated (68.3%), not working (77, 9%), have a good knowledge about risk factors for NCDs (59.6%) and being nice about NCDs risk factor (54.8%). Most of the respondents support the practice of NCDs risk factor control (59.6%) while the people who do not support the practice of risk factor control in Posbindu PTM are (40.4%).

Knowledge about NCDs risk factors shows that there is no association with NCDs risk factors control practices, that  $p$ -value is 0.001. Respondents' attitudes about NCDs risk factors showed no association with NCDs risk factors control practices, that  $p$ -value is 0.070.

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