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KNOWLEDGE AND EXPERIENCE OF THE BANJAR COMMUNITY IN OVERCOMING FEVERS BASED ON CULTURE AND HEALTH

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ABSTRACT
Fever is a health problem that needs to be appropriately handled; mishandling fever, especially in children, will have fatal consequences. Various alternatives for treating fever include applying complementary therapies and actions that contain cultural elements such as data, massage, giving coconut oil and shallots, and wind removal. This research describes the knowledge and experience of the Banjar community in dealing with cultural and health-based fever. This type of research is descriptive of the population of the Banjar district community and is taken using a random sampling technique. The sample was 68 respondents, taking into account the inclusion criteria, variables of knowledge, and experience of the Banjar community in dealing with fever. Data was collected using a questionnaire containing 28 knowledge questions and 11 experience statements. Descriptive analysis uses a computer program presented with a frequency distribution table. The knowledge of the Banjar community in dealing with fever was in a suitable category at 95.6%, while the Banjar community's experience in dealing with fever well was only 51.5%. Aspects of public knowledge in dealing with fever include knowledge in handling fever at home is good at 88.2%, understanding and causes of fever are good at 79.4%, managing fever at health services is good at 75%, signs and symptoms of fever are good at only 60.3%, and good fever classification was only 32.4%. The knowledge and experience of the Banjar community in dealing with fever is generally in the excellent category.

Keywords: culture of the Banjar community; experience; handling fever; health; knowledge

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INTRODUCTION

Fever is said to be a natural response of a person's body in the process of fighting infection. It indicates the presence of a disease (Enikmawati, Yuniarsih, & Yuningsih, 2022) or inflammation caused by bacteria, viruses or other pathogens (Ariani, E.M.Gaghauna, & Kurniawati, 2022). Clinically, fever is characterized by an increase in body temperature of 1°C (1.8°F) or more than the usual average body temperature (Sari & Ariningpraja, 2021). Fever is generally not dangerous, but at a child's age, it can cause serious problems, especially if not treated properly (Rukmana, Husen, & Aini, 2022). According to data from the World Health Organization (WHO), there are 17 million cases of fever worldwide, with an incidence of 16-33 million and an incidence of 500-600 thousand deaths each year. In developed countries, 10-20% seek outpatient treatment and emergency rooms due to fever (Ariani et al., 2022). The incidence of fever in Indonesia is not explained directly, but data from the Indonesian Ministry of Health in 2019 states that there are several infectious diseases accompanied by fever symptoms (Safitri, Argarini, & Widiastuti, 2022).

The development of infectious diseases in Indonesia can be seen from several infectious disease data such as Acute Respiratory Infections (ARI) with a prevalence of 9.3%, pneumonia 4.0%, pulmonary tuberculosis 0.42%, hepatitis 0.39%, diarrhoea 8.0 %, malaria 0.37%, and filariasis 0.8% (Riskesdas, 2020), dengue hemorrhagic fever (Agustian & Darmawan, 2022) and typhoid fever (Rukmana et al., 2022). Cases of this infectious disease often occur in the South Kalimantan region, which has a tropical climate, and are accompanied by symptoms of fever in both children and the elderly (Rukmana et al., 2022). An increase in body temperature occurs due to a vasoconstriction mechanism that is not in harmony between internal and external temperatures. Fever arises as a symptom of the first mechanism for infection in the body (Safitri et al., 2022), an adaptive, coordinated and systematic response to immune stimuli (Sari & Ariningpraja, 2021) as an essential symptom marker of a disease caused by infection or a change in status. a clinical person who experiences it (Sari & Ariningpraja, 2021). This has an impact on the metabolism of the sufferer's body, causing complications of febrile seizures, decreased consciousness and even death if given inappropriate treatment (Enikmawati et al., 2022).

Efforts that can be made to overcome fever are to provide various therapies that lead to improved health immediately. This therapy consists of compressing with water and medicine to reduce fever, as well as directly taking treatment to a health service facility if the fever does not go down. Another thing that people do in general, especially Banjar people, as the results of interviews conducted with 10 Banjar people previously concluded, is that things they do to overcome fever include doing pidara by applying whiting and turmeric to several parts of the body. This is in accordance with research by Nugraheny (2021), where data is an alternative treatment used by the Banjar community to treat disease. Apart from that, based on experience, Banjar people also do massages, ask the teacher for banyu (water), and rub onion oil or coconut oil on areas of the body in an effort to overcome fever. Based on this, researchers have found out more about the description of the knowledge and experience of the Banjar people in their efforts to overcome culture and health-based fever with several cultural therapies, which so far only a few have explored in depth.

METHOD

Quantitative descriptive research design with a Banjar Regency population population of 579,910 (BPS, 2023) with targets based on age and area not known with certainty. The sample taken was 68 respondents randomly or random sampling. The number of samples was taken based on the rules of thumbs formula according to Tabachnick $n \geq 50+8(m)$ where "m" is the number of independent variables and taking into account the main inclusion criteria of understanding and having carried out or given birth control and other culturally based actions in dealing with fever.Respondents were chosen based on ethical principles. They previously received a written explanation of the research objectives, procedures, rights and obligations, and advantages and disadvantages during the research. Only respondents who had provided informed consent were involved in this research.

Data were collected using a questionnaire related to variables in the form of cultural knowledge and experience of the Banjar (Bepidara) community in dealing with fever. The knowledge variable consists of 28 questions, while the experience variable consists of 11 statements previously tested for validity and reliability with the respective Cronbach's alpha values of 0.785 and 0.663. Data collection results were tabulated and analyzed discretely using a computer program based on frequency distribution tables. This research is part of research that received ethical approval from the Stikes Intan Martapura Ethics Committee with approval number 016A/KE/YBIP-SI/V/2023.

RESULTS

Based on the results of data collection, the following bold results were obtained based on the characteristics of the respondents.

Table 1.
Characteristics of research respondents, knowledge and experience of the Banjar community in dealing with cultural and health-based fever (n=68)

Respondent Characteristics	**f**	**%**
Gender		
Man	23	33,8
Woman	45	66,2
Age		
17-25 Years	23	33,8
26-35 Years	17	25
36-45 Years	15	22,1
46-45 Years	8	11,8
Last Education		
Elementary School	3	4,4
Middle School	11	16,2
High School	42	61,8
College	12	17,6
Work		
Not Working/Homework	38	55,9
Private (Farmers/Traders)	30	44,1

From the data, it is known that the majority of respondents were female, 45 (66.2%), the majority age range was 17-25 years, 23 (33.8%), 42 (61.8%) had a high school/equivalent education, and did not have work or housewives as many as 33 (55.9%).The results of the descriptive analysis regarding the knowledge and experience of the Banjar (Bepidara) community of respondents in dealing with fever are as follows in the following table:

Table 2.
Categories of knowledge and experience of the Banjar community in dealing with cultural and health-based fever (n=68)

Variables/Parameters	Good (%)	Not good (%)
Knowledge of the Banjar community in dealing with fever	65 (95,6%)	3 (4,4%)
Definition and causes of fever	54 (79,4%)	14 (20,6%)
Signs and symptoms of fever	41 (60,3%)	27 (39,7%)
Classification of fever	22 (32,4%)	46 (67,6%)
Handling fever at home	60 (88,2%)	8 (11,8%)
Treating fever in health services	51 (75%)	17 (25%)
The experience of the Banjar community in dealing with fever	35 (51,5%)	33 (48,5%)

In general, respondents' knowledge was almost perfect, with the majority 65 (95.5%) being exemplary. However, specifically, respondents' knowledge based on parameters in the good category is less than 90 per cent, including knowledge about handling fever at home by families in the good category 60 (88.2%), understanding and causes of fever in the excellent category 54 (79.4%), handling fever in health services 51 (75%) had good categories, 41 (60.3%) had good fever signs and symptoms, and only 22 (32.4%) had reasonable fever classifications. Meanwhile, the category of community cultural experience in dealing with fever is also still in the excellent category, with only 35 (51.5%).

DISCUSSION

Knowledge of the Banjar people in dealing with fever

The knowledge of the Banjar community, in general, about treating fever is in a suitable category, almost 100 per cent. In particular, based on knowledge parameters regarding the understanding and causes of fever, signs and symptoms of fever, classification of fever, handling fever at home and handling fever in health services are also in the excellent category, but still not close to the general knowledge category or less than 90 per cent.The community has good knowledge about treating fever in terms of health and cultural aspects due to frequent exposure to information from health workers, especially community health centre officers and village midwives who have provided health education regarding febrile convulsions and the first treatment of fever at home. Someone who gets the information will know and gain experience about the data obtained, including about fever. This is in accordance with research by Ramatillah et al. (2021) and the service of Widyastuti & Rejeki (2023) regarding increasing knowledge of the community and mothers in dealing with febrile seizures through education or health promotion.

Another factor is the excellent knowledge of the community because the majority are women. Women are better able to respond to fevers, especially fevers experienced by children. So, this experience can arouse more significant curiosity compared to men. Age, education and occupation also influence people's knowledge about treating fever. The higher the age, the more experience a person will have and get enough information about fever. This is in accordance with research by Nursa'iidah & Rokhaidah (2022), where age and education influence a person's level of knowledge. Still, the work factor in this research is independent of learning. Efforts that can be made to maintain good knowledge from the public must, of course, always be evaluated and provided with the latest information regarding fever management. In the aspect of understanding the causes of fever, it needs to be emphasized that fever is not only a condition where the body temperature is above average but also due to the emergence of disease germs in the body, the body's natural process of fighting infection, the input of pathogens such as germs, bacteria, viruses and other small animals causes fever. In the body, the balance of heat production and expenditure is not balanced.

In terms of signs and symptoms of fever, there is an increase in body temperature starting > 37.2°C as measured using a thermometer suitable for the armpit, mouth and anus areas, rapid heartbeat and breathing, dehydration or lack of fluids, the tips of the feet and hands feel cold. The hardest part can cause damage to brain and muscle tissue and even death, which is prone to occur, especially in children. Handling fever at home or in health care facilities also needs to be conveyed well. Treating fever at home includes applying compresses with warm water or using compresses on the forehead, armpits and groin, giving fever-reducing drugs such as paracetamol; this is also in accordance with research by Sorena et al. (2019), whose results state that warm compresses are effective in reducing fever. Hot. Other treatments include drinking lots of fluids to maintain hydration and wearing clothes that are not too thick when you have a fever.

The treatment of fever is related to culture and is carried out by the dominant Banjar community through traditional massage from masseurs as a complementary therapy. This is because, according to the public's perception in the research of Official et al. (2016), massage can make children feel comfortable and relaxed, thereby alleviating fatigue. Regarding health, massage can improve blood circulation, thereby providing a relaxing effect (Nahirniak et al., 2019). Banjar people also use coconut oil and shallots to treat fever. This is because red onions contain an antipyretic in the form of the compound Allylcysteine sulfoxide (Aliin), which works centrally to reduce the body's regulatory centre in the hypothalamus, which is followed by physiological

responses, including decreasing heat production, increasing blood flow to the skin, and increasing heat release through the skin by radiation, convection. , and evaporation (Mahasuari et al., 2020).

Other things that are done are doing pidara, asking for banyu (water) from people who are considered capable of giving blessings and doing wind removal. The three treatments carried out by the Banjar community were suggestions based on their perceptions. Specifically, Bepidara is believed by the public to have benefits for curing fever. Pidara is done by applying lime and turmeric water to certain parts of the body, usually the palms of the hands, feet and head area, with the addition of reading verses from the Koran. When related to the health realm, turmeric can act as an anti-inflammatory, antioxidant, antibacterial, antifungal and antiviral. Meanwhile, the benefits of reading verses to sick people include increasing relaxation, increasing the production of endorphins in the brain, maintaining mood and thoughts, and relieving stress and anxiety (Megawati et al., 2022). Culturally based fever management should be supported by health care by utilizing health service facilities such as independent practices, health centres, clinics and hospitals. Public understanding in this matter is also good, where health services will carry out questions and answers regarding complaints, signs and symptoms; fever-reducing medication and even antibiotics will be given according to the dosage; vital signs such as body temperature, blood pressure, pulse and respiration are measured, and even weight and height are measured; and laboratory examinations are carried out to check blood to find out infectious agents and others.

The experience of the Banjar community in dealing with fever

The Banjar community's experience in dealing with fever in a cultural and health context is only 50 per cent, so it still needs to be improved. The community's experience includes providing help to families who have fever or illness by providing fever-reducing medication in the form of paracetamol, families trying to identify health problems, deciding to choose alternative treatments both traditional and in the health sector, and using warm compresses as first aid for fever. The similarities in actions and experiences carried out by the community in general still prioritize treating fever in the cultural aspect by carrying out treatment independently at home first. However, it does not rule out treatment at health service facilities by visiting independent practices, health centres, health clinics and hospitals, even though it is the last alternative chosen. Culturally based fever treatments are carried out in the form of data, massage, asking for banyu (water) from people who are believed to be able to provide prayers and kindness, removing the wind, and applying onion oil. Some of these actions can be associated with the health realm because the ingredients used, such as turmeric for pidara, contain anti-inflammatory, antioxidant, antibacterial, antifungal and antiviral, and Allylcysteine sulfoxide (Aliin) in shallots. Some of the actions taken also have a relaxing and calming effect, such as massage and prayer (Megawati et al., 2022) (Mahasuari et al., 2020)

The reason why people still carry out cultural traditions in treating fever is that they still feel that it is helpful as first aid and is very effective and efficient, and "cheap". People also often associate what they do with religion, especially the act of asking for banyu (water) from people who are considered capable of offering prayers of goodness and turmeric, which are recited verses from the Koran as a part of the ingredient. Health workers, especially nurses, can make efforts by providing education regarding the relationship between the activities carried out and the health sector. These relationships include the beneficial contents of turmeric for pidara, the relaxing effect of massage, and other things as a complementary therapy, including belief and suggestion. According to Kurniawati et al. (2023), complementary therapy can provide health benefits to reduce disease symptoms.

The excellent experience of the community in caring for families with fever needs to be appreciated and improved by providing relevant information based on scientific evidence. The decision to carry out the five family duties must also be conveyed; according to Wahyuni (2019), family duties are expected to allow the family to recognize the signs and symptoms and prevent diseases affecting family members. The family can decide to take appropriate action, for example, taking them to a health service facility; if the family's illness is still possible, it is hoped that the family will be able to provide care at home. The family can make environmental modifications to prevent the development of disease by adopting a healthy lifestyle and making maximum use of health service facilities.

CONCLUSION

This research concludes that the knowledge and experience of the Banjar community in dealing with fever is in a suitable category. Suggestions that can be made to health workers are to provide education and create a common perception regarding culturally based fever management within the health sector so that the community and families are also able to carry out family duties well.

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