

# Family's Experience In Care Of Patients With Malaria In Nolakla Village, East Sentani District, Jayapura Regency, Papua Province

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**Abstract:** *Malaria is a public health problem, including in endemic areas such as Jayapura Regency, so that people have a lot of experience in treatment, including in the care of family members who are sick with malaria in utilizing modern medical services and traditional medicine as well as meeting the needs of malaria sufferers. The purpose of the study was to determine the experience of families in caring for patients with malaria in the village of Nolakla, East Sentani District, Jayapura Regency, Papua Province*

*This type of research is descriptive qualitative research with a phenomenological approach. The population is families of malaria sufferers and 7 informants. Data were obtained using in-depth interviews and analyzed qualitatively.*

*The results of the study obtained 4 themes, namely treatment efforts, treatment concepts, types of traditional medicine and trying to meet all client needs. The family's experience in providing care for malaria sufferers in Nolakla Village is carried out using modern medicine, traditional medicine and a combination of medical and traditional methods. This is due to the family's experience with treatment. The types of traditional medicines used are boiled water of milk bark, papaya leaves and bitter leaves which are medicinal plants for malaria with a bitter taste that contain chemical compounds that are believed by the community to be in the treatment of malaria. The role of the family in malaria sufferers is mutually supportive of other family members in providing care to the family in fulfilling personal hygiene, nutrition, and shifting the role of the family in caring for sick family members.*

**Keyword:** *Experience, Family, Health Care, Malaria Patient*

## I. INTRODUCTION

Malaria is a parasitic infection of red blood cells caused by a protozoan species Plasmodium which is transmitted from mosquito saliva through the bite of the Anopheles mosquito to humans (Zonggonau, Dede & Sinaga, 2019). Malaria is still an endemic disease in the world. Every year the number of people with the disease transmitted by the Anopheles mosquito reaches more than 200 million people. Data from the

World Health Organization (WHO) stated that there were 219 million cases of malaria worldwide in 2019 (WHO, 2020).

The WHO report found that there were 229 million cases of Malaria, worldwide in 2019. Many countries in the world have struggled and survived against the disease transmitted by the bite of the Anopheles mosquito. WHO said long-term success to realize a Malaria-free world in one generation is far from certain. There will be an increase in deaths from Malaria in 2019, there are more than 409 thousand people worldwide, the majority of whom died consisting of children, around 20

thousand to 100 thousand in sub-Saharan Africa, most of whom were children. - children,"said Pedro Alonso, WHO Director for Malaria Management (WHO, 2020).

In Indonesia, the Annual Parasite Incidence (API) of Malaria in 2019 increased compared to 2018, from 0.84 to 0.93 per 1,000 population. 4 The achievement of elimination at the district or city level in 2019 was 300 districts or cities, while for the elimination at the provincial level no one has yet reached (Kemenkes RI, 2019). The five provinces that have the highest incidence and prevalence rates are Papua (9.8% and 28.6%), East Nusa Tenggara Province (6.8% and 23.3%), West Papua Province (6.7% and 19.4%), Central Sulawesi Province (5.1% and 12.5%). Based on Basic Health Research Data, Papua Province is the area with the highest malaria cases every year and has an Annual Parasite Incidence (API) of 41.31 per 1000 population in 2018 (Kemenkes RI, 2018).

The Papua Provincial Health Office has 216,380 Malaria sufferers or 86% specifically for Malaria sufferers in 2019. The five areas with the highest prevalence of Malaria or Annual Parasite Incidence (API) throughout 2020, the total number of malaria sufferers in Papua is 8,238. The areas with the highest number of malaria cases in Papua are Mimika Regency 87.31 cases, Boven Digoel 115.11 cases, Jayapura City 89.35 cases, Jayapura Regency 170.48 cases. (Secondary Data from the Provincial Health Office of Papua 2021).

Jayapura Regency has an area of 14,390.16 km<sup>2</sup> with a population of 119,383 people. Malaria morbidity rate in Jayapura Regency is still quite high with a prevalence of 45.4%.5. The results of Riskesdas 2013 show that 7.8% of Malaria sufferers are those who work as farmers, fishermen and laborers who have a habit of working at night or outside the home. People with these professions have a greater chance of contracting Malaria. This is one of the dominant variables associated with the incidence of Malaria. In 2010, according to the annual report of the Jayapura District Health Office, there were 15,113 patients with malaria, while in 2014 the number of malaria sufferers increased to 22,165. In 2017 there were 14,839 positive malaria sufferers and in 2018 there were 18,514 positive malaria sufferers (API 145.24%). The patient came from the city of Sentani which is one of the malaria endemic areas in Jayapura (Jayapura District Health Office, 2021).

The Harapan Health Center is located in the East Sentani District. This health center is easily accessible by means of smooth transportation every day using two-wheeled or four-wheeled vehicles and even walking. The Harapan Health Center is one of 19 health centers within the work area of the Jayapura District Health Office. The number of malaria cases in 2018 at the Harapan Health Center was 1722 out of 8522 residents or the API value was 202.06%. Based on the survey results, it was found that the Malaria RDT used at the Harapan Health Center in Jayapura Regency still had high effectiveness. The high sensitivity and specificity values mean that the Rapid Diagnostic Test (RDT) used can find positive cases and negative cases accurately. Malaria cases at the Harapan Health Center in 2019 jumped high with a total of 2399 Malaria patients, and in 2020 with a total of 144 Malaria patients (Hope Health Center, 2021).

The location of this research is in Nolakla Village, the work area of the Harapan Health Center is located in the East

Sentani District, Jayapura Regency. Data obtained from the Harapan Health Center shows that the total population, especially in Nolakla Village is 2,783 residents and Nolakla Village is the 4th order of the villages that come for treatment at PKM Harapan with an API number of 993 Malaria sufferers in 2019. Meanwhile in 2020 Nolakla Village reached first place with an API number of 74 Malaria sufferers. The high number of APIs is due to the physical environment outside the house that is not kept clean so that it has the potential to become a breeding ground such as ditches, puddles, ponds, used goods, and the dominant breeding sites for positive *Anopheles* sp mosquito larvae are found in three places, namely puddles, tire stamps. and second hand goods (Hastuty & Natalia, 2020).

According to Yahya (2017) people who are infected or indicated to be infected with malaria do not only practice various health treatments in tackling malaria, but also mix elements of treatment that are sourced from scientific medical traditions and local medical traditions. The diversity and jumble of health care practices is in addition to being conditioned by the assumption that all drugs are effective in curing disease, and that the cure of disease is determined by compatibility with the drug and God's blessing as the prime cause for disease and healing; also influenced by differences in understanding, experience and information networks about malaria that are accessed by each actor as well as attitudes in responding to the disease.

A phenomenological study that conducts research on family experiences in caring for sick family members. Kartika's research (2015) reveals that family experiences have different responses depending on the onset, duration, and prognosis of the disease as well as the stages of stress experienced by the family. Nurhidayah's research (2020) found that family experiences in caring for patients caused feelings of anxiety, sadness, limitations in social life and increased financial burden. Jaji's research (2020) that the concept of illness (modern and traditional), the cause of the illness suffered, trying to bring and treating sick clients, trying to meet all the client's needs, the client's condition is very time-consuming for the people around him, the shifting of roles, everything in the environment. surrender to the creator (surrender).

A preliminary study by conducting interviews with PKM Suter A officers, as the person in charge of Malaria at the Harapan Health Center in July 2021 revealed that malaria sufferers who came for treatment after being examined, were given medication and were given information about treatment at home according to the rules. There were several patients who underwent self-medication and some patients managed to recover, but it was also found that the condition of malaria patients who came with severe malaria conditions who were previously treated at home with traditional medicine or self-purchased drugs at the pharmacy, because there may be physical differences or complications of other diseases suffered by the patient and the lack of knowledge of the family in traditional medicine added to the severity of the patient's illness.

The results of interviews with 3 informants, namely 1 informant said that they treated malaria sufferers according to the recommendations of the health service after conducting an

examination at the Public Health Center. Meanwhile, 1 informant said that he did treatment at home using traditional medicines such as boiled papaya or bitter leaves and 1 other informant in addition to using medical drugs from health services also added traditional treatments such as steam baths given leaves such as castor leaves, betel leaves and lemongrass to speed up the healing process. patient healing.

Various phenomenology of the community in Nolakla Village in treating malaria sufferers at home so that the purpose of the study is to find out how the family experience in treating patients with malaria in Nolakla Village, East Sentani District, Jayapura Regency.

## II. SUBJECT AND RESEARCH METHODS

Based on the results of the research that has been done, basically the informants have an understanding of malaria according to their beliefs and experiences. Discussion of family experiences in treating patients with malaria obtained 4 themes, namely treatment efforts, treatment concepts, types of traditional medicine and trying to meet all client needs.

### A. MALARIA TREATMENT EFFORTS

The treatment efforts carried out by the family in the treatment of malaria in Nolakla Village include modern medical efforts and traditional medicine. This is in line with research conducted by Ester (2013) on the behavior of ethnic Papuans in Nabire Regency that malaria treatment carried out by the community sometimes uses modern medicine by visiting hospitals and health centers. However, there are also some people who prefer to use traditional medicine.

Families in Nolakla Village, Jayapura Regency who utilize health services from seven informants, there are 5 informants who claim to take care of their families in medical services. Family members check with health services to find out the type of illness suffered by the family to get the right treatment and one informant stated that if medical treatment could not be done, traditional medicine would be used.

Family confidence in modern or medical treatment in health services cannot be separated from the close support of health services and counseling about malaria treatment. The existence of close health service facilities in Nolakla Village such as the Harapan Health Center has an impact on malaria treatment behavior.

The results of this study indicate that the community already has a high enough awareness to treat the disease they suffer from malaria. This can be seen from the community's search for treatment, both traditional and modern. The search for treatment carried out by the community cannot be separated from the knowledge they have about malaria.

In addition to medical treatment, treatment efforts are carried out on family members with the use of traditional medicine. The results of the interview found that one family member took traditional medicine at the request of his parents who were accustomed to traditional medicine while another informant stated that he gave traditional medicine because he already knew the symptoms of his illness and had previous

experience of traditional medicine and recovered so that he got a good impression or experience in traditional medicine. .

The role of the family is very important, the family who is understanding and cooperative with the treatment and provides full moral support to the patient, will help a lot in the management of malaria treatment. In many cases, it turns out that the patient's response to treatment is at least determined by family and other factors in reacting to the disease he suffers or traditional beliefs in malaria treatment.

The researcher argues that the concept of healthy and sick with malaria is obtained with knowledge from the community, namely that malaria is a common disease and often occurs in the community so that they know about modern and traditional treatment. Medical and traditional treatments performed by the family are obtained from family experience. Positive experiences have an impact on each in choosing health services and traditional medicine

### B. MEDICINE CONCEPT

The concept of treatment obtained three sub themes, namely modern, traditional and a combination of modern and traditional. Based on the results of the interview, it was concluded that the informants used medical drugs because of their previous experience of traditional medicine because traditional medicine takes a long time to recover. The reason for using medical treatment is because it is considered safer than traditional medicine.

Family care with modern medical treatment is influenced by the culture formed in a long time as a result of the life of a community together. Culture is always changing, either slowly or quickly, according to human civilization. Normal behavior is one aspect of culture and then culture has a deep influence on behavior. In society there are differences in responding to interactions with disease. Society has diverse views on the concept of health and illness (Notoatmodjo, 2017).

The findings on two informants used traditional medicine because they felt it was suitable because the medical drugs used had side effects compared to traditional medicines, while one informant stated that using traditional medicines such as boiled papaya leaves and bitter leaves and recovered. This shows that a positive experience has an impact on the use of traditional medicine.

Symptoms of malaria that are categorized as mild or common disease by sufferers or by families of malaria sufferers tend to be responded to with and through self-medication or home remedies without the help of local medical practitioners and medical professionals.

In making traditional medicinal preparations there are things that must be considered because they greatly affect the efficacy and safety of using these traditional medicinal preparations for treatment. Before using herbal preparations as medicine, it must be ensured that the wrong plant material is not used. Using the wrong materials can cause unwanted effects or poisoning and also use clean equipment according to use (Darmawan, 2014).

In addition to using traditional medicine, there are people who combine modern and traditional medicine methods. The results of the interview concluded that two informants used medical and traditional medicine, namely medical medicine as

the main medicine, while traditional medicine was taken after recovery as a malaria prevention and can be taken at any time if you feel the signs and symptoms of malaria.

The diversity and jumble of medicinal elements sourced from different medical traditions (at least scientific medical traditions and local medical traditions) practiced by the residents of Kampung Nolakla are infected or indicated to be infected with malaria in malaria treatment indicates that the concept of medical systems as a conceptual model developed by researchers to understand how people in certain socio-cultural settings responding to health and disease become less relevant. It is said so because of the fact that the elements of the medical system which include knowledge, beliefs, skills, roles, norms, attitudes and practices are interrelated to meet the need for health.

What actually happens is that each actor chooses and utilizes the health care sector and certain treatment techniques to obtain healing based on the practical situation he faces with reference to his knowledge and experience, network and exchange of information as well as the characteristics of the attitude of each actor. Thus the existence of the medical system or health care system sector is only an enabling factor and does not determine the direction for each actor in choosing the health care system sector and the treatment techniques they will use to get cured when experiencing health problems.

#### C. TYPE OF TRADITIONAL MEDICINE

Malaria sufferers or who are indicated to be infected with malaria who do self-medication or treatment takes place at home without the involvement of professional medical practitioners and local medical practitioners does not appear to be using a uniform type of drug. That matter means that even if a person with malaria or indicated to be infected malaria is in one category in terms of sector utilization health care to respond to malaria, however health care they practice, especially in terms of the types of drugs they use are not uniform.

The types of traditional medicines used by families in Nolakla Village were obtained, namely ifong (milk wood), papaya leaves and bitter. Families who use the bark of milk boiled in 1 small glass into half a glass and drink after eating as a malaria drug. The antimalarial effect caused by the milk wood tree is thought to be due to the active compounds contained in the bark of the milk wood, namely flavonoids, saponins, and polyphenols, which are chemical compounds that can inhibit the growth of *Plasmodium berghei* (Kakisina and Ukratalo, 2011). Milk bark boiled into medicine contains secondary metabolite compounds such as flavonoids, saponins, and polyphenols that can inhibit the growth of malaria parasites (Gunawan, 2016).

Families who use traditional medicine in Nolakla Village use boiled papaya and bitter leaves after recovering from malaria or as malaria prevention. This research is in line with Darmawan's (2014) research in Jambi City which found that 27.1% of malaria patients used bitter boiled water and 22.9% of papaya leaves.

Some plants used as medicine such as papaya leaves, bitter and milk bark have been shown to have activity as

immunostimulants (Abdillah, 2014). Consuming these herbs can thus prevent the development of malaria in the body, and slow down the effects of the *Plasmodium* parasite. The bitter taste of traditional drinks contains compounds that are antimalarial, especially compounds from the alkaloid group such as alstonin, strychnine and brucine (Saxena, 2003).

The researcher concludes from the informant's statement that it shows that the action to self-medicate is mostly done by the community because they believe in themselves and already feel that based on experiences and efforts for self-medication have brought healing. This resulted in the search for medical treatment is no longer necessary. The findings of this study regarding traditional medicine used by the community are that everything that tastes "bitter" is considered a malaria drug, such as papaya leaves, bitter, milk bark. This shows that traditional medicine is part of community action. Traditional medicine which is a local culture is more accepted by the community than treatment from health workers.

#### D. STRIVE TO MEET ALL CLIENTS' NEEDS

Families as well as clients in family care both have a significant role change in their role in their lives. Family members in addition to experiencing changes in roles also have challenges in providing or fulfilling everything that is needed by families who are sick with malaria. All the needs of the sick family that must be met include: giving medicine, personal hygiene, nutritional needs and still trying to provide the best treatment, even alternative medicine. Efforts made in palliative care mainly focus on reducing patient complaints, so that the client remains active, and the client's quality of life increases.

The results of the interview concluded that the family's experience in treating malaria patients acted as a supervisor for taking medication by reminding and giving medication to parents, children and their partners. The mother is responsible for taking medicine for the child because the child must be persuaded to take it, while the parents are only reminded and assisted in preparing the medicine and the partner can be independent in taking the medicine.

Based on the results of the interview, it was concluded that the family's experience in caring for malaria patients in their family was by wiping with a wet cloth and helping to change clothes. However, it is different from 1 informant who provides personal hygiene to children as well as treatment by taking a steam bath boiled with castor leaves, namely the boiled water is put in the same way to the child and wrapped in a blanket for 5-10 minutes.

How to take a bath using a decoction or soaking ingredients medicinal plants is also a method that is often applied to Malaria sufferers from the results of wawncra were found to give patients a fresh taste so that they could accelerate the healing process of malaria sufferers from the fresh taste. In its application, the steam decoction of medicinal ingredients used for this method is believed to make the active drug substances easily enter the body through the skin pores, and thus can heal patients more quickly. This method is believed to be the most effective way to treat all the symptoms of malaria, not just fever or fever. Drinking medicinal herbs is



believed to cause the active drug substances to directly reach the "sick spot" and heal faster (Taek, 2020).

Based on the results of the interview, it was concluded that the family's experience in providing nutrition by providing warm food and according to taste because malaria suffered by a person made the appetite decrease due to a bitter taste in the mouth and to prevent vomiting after eating small portions but often. It is different with 1 informant who consumes warm and spicy foods such as papeda and meatballs so that he sweats so he can recover quickly.

Based on the results of the interview, it was concluded that the family experience in taking care of sick family members in sick parents was taken care of by their children, while the children were taken care of by their parents alternately, while the adult married couple could be independent but for the fulfillment of food when the sick wife bought food. in the shop for nutritional fulfillment.

Changes in the roles faced by family members are a challenge for family members, where the role of clients who are sick will be replaced by other family members, even though family members themselves have their own roles as well. It is the responsibility of family members to take care of their sick family members. The caring role of family members for malaria sufferers plays a very important role in providing and maintaining and maintaining the welfare of malaria sufferers at home. Even when the client himself cannot convey what is expected or felt, or cannot communicate with others, or even when making medical decisions, then another family member will replace him or represent him.

### III. CONCLUSION

Based on the results of research that has been carried out on family experiences in caring for malaria sufferers, there are 4 themes, namely treatment efforts, treatment concepts, types of traditional medicine and trying to meet all client needs. The family's experience in providing care for malaria sufferers in Nolakla Village is carried out using modern medicine, traditional medicine and a combination of medical and traditional methods. This is due to the family's experience with treatment. The types of traditional medicines used are boiled water of milk bark, papaya leaves and bitter leaves which are medicinal plants for malaria with a bitter taste that contain chemical compounds that are believed by the community to be in the treatment of malaria. The role of the family in malaria sufferers is mutually supportive of other family members in providing care to the family in fulfilling personal hygiene, nutrition, and shifting the role of the family in caring for sick family members.

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