



The Effect of Providing Education About Dengue Hemorrhagic Fever (DHF) on Public Knowledge and Attitudes

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Abstrak

Latar Belakang: Demam Berdarah Dengue (DBD) termasuk penyakit berbasis lingkungan yang angka kejadiannya dapat diturunkan dengan melakukan tindakan pengendalian vektor, yaitu dengan gerakan pemberantasan sarang nyamuk (PSN). Metode: Desain penelitian yang digunakan adalah Quasi Eksperimen Pre Test dan Post Test. Populasi pada penelitian dilihat dari data kunjungan bulan April sebanyak 105 orang, pada bulan Mei sebanyak 111 orang dan pada bulan Juni sebanyak 109 orang. Jadi rata – rata kunjungan tiga bulan terakhir adalah 108,3 atau 109 orang. Sampel pada penelitian ini adalah semua pasien yang berkunjung pada saat melakukan penelitian. Hasil: Berdasarkan analisis diketahui Nilai mean atau nilai rata-rata pengetahuan post test 8,52 lebih besar dibandingkan dengan nilai mean atau nilai rata-rata pengetahuan pre test 4,96 dan nilai Standar. Deviation pengetahuan post test 1.767 lebih besar dibandingkan dengan nilai Standar. Deviation pengetahuan pre test 1.046. Berdasarkan analisis diketahui Nilai mean atau nilai rata-rata sikap post test 36,20 lebih besar dibandingkan dengan nilai mean atau nilai rata-rata pengetahuan pre test 22,36 dan nilai Standar. Deviation pengetahuan post test 6,689 lebih besar dibandingkan dengan nilai Standar. Deviation pengetahuan pre test 3,500. Kesimpulan: Berdasarkan analisis diketahui hasil uji statistik Paired T Test didapatkan p Value 0,000 maka dapat disimpulkan bahwa ada pengaruh penyuluhan terhadap pengetahuan penyakit berbasis lingkungan (DBD) di UPT Puskesmas Muaradua Kabupaten OKU Selatan. Hasil uji statistik Paired T Test didapatkan p Value 0,000 maka dapat disimpulkan bahwa ada pengaruh penyuluhan terhadap sikap penyakit berbasis lingkungan (DBD) di UPT Puskesmas Muaradua Kabupaten OKU Selatan.

Abstract

Introduction: Dengue Hemorrhagic Fever (DHF) is an environmentally based disease whose incidence can be reduced by carrying out vector control measures, namely by means of mosquito nest eradication (PSN) movements. Method: The research design used was a quasi-experimental pre-test and post-test. The population in this study, based on data from visits in April, was 105, followed by 111 in May, and 109 in June. Therefore, the average number of visits over the past three months was 108.3, or 109 people. The sample in this study was all patients who visited during the study period. Results: Based on the analysis, it is known that the mean value or average value of post-test knowledge is 8.52, which is greater than the mean value or average value of pre-test knowledge of 4.96 and the Standar. Deviation value of post-test knowledge is 1.767, which is greater than the Standar. Deviation value of pre-test knowledge of 1.046. Based on the analysis, it is known that the mean value or average value of post-test

Keywords:

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attitude is 36.20, which is greater than the mean value or average value of pre-test knowledge of 22.36 and the Standar. Deviation value of post-test knowledge is 6.689, which is greater than the Standar. Deviation value of pre-test knowledge of 3.500. Conclusion: Based on the analysis, it is known that the results of the paired t-test statistical test obtained a p Value of 0.000, so it can be concluded that there is an influence of counseling on the knowledge of environmental-based diseases (DBD) at the Muaradua Community Health Center UPT, South OKU Regency. The results of the paired t-test statistical test obtained a p Value of 0.000, so it can be concluded that there is an influence of counseling on the attitude of environmental-based diseases (DBD) at the Muaradua Community Health Center UPT, South OKU Regency.

INTRODUCTION

Dengue Fever *Dengue* Dengue fever (DHF) is an environmentally-based disease whose incidence can be reduced by vector control measures, namely through mosquito nest eradication (PSN) activities. PSN is an activity to eradicate mosquito eggs, larvae, and pupae *Ae. aegypti* in their breeding grounds (Eryando, Susanna, Lasut, & Pratiwi, 2013; Hidayati & Rahmat, 2025; Indra et al., 2020; Iryanti, Raharjo, Martini, Setiani, & Joko, 2025; Lestari et al., 2025; Zicof, Nelianis, Darwel, & Erika, 2022). The National Dengue Fever (PSN) program is a top priority implemented directly by the community according to local conditions and culture (Ramayanti et al., 2022). Fever is a condition where the body temperature is above normal, namely a body temperature above 30°C. Dengue fever is characterized by high fever, headache, muscle and joint pain, skin rash, and light bleeding. In more severe cases, dengue fever can cause death (WHO, 2020).

Dengue Fever *Dengue* Dengue fever (DHF) is a disease transmitted by the bite of the *Aedes aegypti* mosquito. This disease remains a public health issue in Indonesia, with the highest incidence among Southeast Asian countries. *dengue* is a viral disease that carries a risk of death within a short time. The clinical sign of dengue fever is a high fever that lasts for 27 days. Before the signs and symptoms of epistaxis appear, there are usually characteristic signs in the form of red spots (*petechiae*) in the body of the sufferer, especially the sufferer can be shaken and die (Ministry of Health, 2022)

Causes of disease *Dengue* is *Arthropod Borne Virus*, family *Flaviviridae*, genus *Flavivirus*. This small virus (50 nm) has *single standart* RNA. The virion consists of a nucleocapsid with a symmetrical cubic shape and is enclosed in a lipoprotein envelope. The genome (chromosomal sequence) of the dengue virus is approximately 11,000 nucleotides long and is composed of three structural proteins, namely *nucleocapsid atau protein core* (C), *membrane-associated protein* (M) and *aprotein envelope* (E) and *gen protein non structural* (NS). There are four known virus serotypes, namely DEN-1, DEN-2, DEN-3, and DEN-4 (Indonesian Ministry of Health, 2019).

The incidence of dengue fever has increased dramatically worldwide in recent decades, with the highest number of dengue cases recorded in 2023, affecting more than 80 countries across all WHO regions. Since the beginning of 2023, continued transmission, combined with an unexpected surge in dengue cases, has resulted in a record high of over 6.5 million cases and over 7,300 dengue-related deaths reported. The disease is now endemic in more than 100 countries across the WHO regions of Africa, the Americas, the Eastern Mediterranean, Southeast Asia, and the Western Pacific. The Americas, Southeast Asia, and the Western Pacific are the worst-affected regions, with Asia representing approximately 70% of the global disease burden (WHO, 2024).

According to data from the South Sumatra Provincial Health Office, the highest number of dengue fever cases in 2022 was Palembang City with 908 cases and the lowest was OKU Regency with 45 cases. The details of dengue fever cases in South Sumatra Province are Palembang City with 908 cases, Lubuk Linggau with 261 cases, Lahat with 212 cases, OKUT with 144 cases, Musi Banyuasin with 137 cases, Prabumulih with 132 cases, Ogan Ilir with 102 cases, Musi Rawas with 93 cases, Muratara with 84 cases, OKI with 71 cases, PALI with 55 cases, Empat Lawang with 54 cases, OKU with 45 cases, Pagar Alam with 41 cases, and OKUS with 81 cases. Banyuasin 242 cases, Muara Enim 239 cases, 32 cases of death due to dengue fever with a CFR of 3.7, namely in Empat Lawang Regency (South Sumatra Provincial Health Office, 2023).

According to a report from the Health Office in South OKU Regency, Dengue Fever Cases. Based on data from the Muaradua Community Health Center, the number of dengue cases in 2023 was 81 cases and in 2024 experienced a decrease with the number of cases recorded by the South OKU Regency Health Office amounting to 57 cases (Profile of the South OKU Regency Health Office, 2025)

Factors that influence the incidence of dengue fever in the community are clean and healthy living behavior factors by implementing activities of draining, burying, covering, monitoring potential places as mosquito breeding grounds and making additional efforts to avoid mosquito bites (4M Plus) as a form of preventing the breeding of *Aedes* sp. mosquitoes which are vectors of dengue fever, where in implementing these prevention practices requires good knowledge and attitudes from the community. Mothers have a very important role in carrying out dengue fever prevention activities, especially at the home level because those who have a social role in maintaining environmental cleanliness, maintaining health, and caring for the family and household are mothers (Putri, et al, 2023).

Eradication of dengue fever will not be optimal without dengue fever prevention behavior by the community. Behavior according to Lawrence Green is influenced by 3 (three) factors, namely predisposing factors (age, gender, education, occupation, knowledge, attitudes, actions and perceptions), enabling factors (infrastructure, draining landfills, use of mosquito nets, use of mosquito repellent / lotion, installation of mosquito nets, habits of hanging clothes, and availability of information) and reinforcing factors (the role of health workers, the role of religious leaders and community leaders and family support) (Fitriani, et al, 2024).

Dengue virus infection can activate macrophages, which phagocytose non-neutralizing virus-antibody complexes, allowing the virus to replicate within the macrophages and activate T-helper and cytotoxic T cells, leading to the secretion of various chemical mediators, leading to endothelial cell dysfunction and plasma leakage. Increased C3a and C5a levels occur through activation by the virus-antibody complex, which also results in plasma leakage (Sasmita, 2022).

The main pathophysiological phenomena of DHF are increased permeability of blood vessel walls, decreased plasma volume, and the occurrence of *hypotension, thrombocytopenia and hemorrhagic diathesis*. From the onset of fever to the peak of shock, plasma leaks throughout the course of the disease. An increase in the hematocrit (hemoconcentration) occurs, coinciding with plasma leaking through the vascular endothelium. This increase in the hematocrit raises the suspicion that shock occurs as a result of plasma leakage into the extravascular space through damaged capillaries (Sungkar, 2019).

Efforts to break the chain of dengue fever transmission are called mosquito nest eradication (PSN) 3M Plus. PSN 3M Plus is an activity to reduce contact with *Aedes* mosquito bites by eliminating dengue vector mosquito nests. The PSN 3M activity involves draining bathtubs or water reservoirs, tightly covering water reservoirs, and reusing or recycling used items that have the potential to become breeding grounds for mosquito larvae (Tuba et al., 2023).

Health education is a health education activity that disseminates messages, builds trust, increases public knowledge and awareness, and deepens public awareness, knowledge, and understanding of health. Several educational methods and media are used to improve knowledge, attitudes, and behaviors in dengue fever control, including lectures, audiovisuals (videos), leaflets, and booklets (Ramayanti et al., 2022).

Healthy living behaviors themselves have government-mandated targets. The target for household healthy living behaviors is 70%, which includes dengue fever prevention behaviors by eradicating mosquito nests (Fitriani et al., 2024). Based on the description above, researchers are interested in examining the effect of providing education about dengue fever (*Dengue*(DBD)) on the knowledge and attitudes of the community at the Muaradua Community Health Center UPT, South OKU Regency in 2025, which must be carried out by all residents continuously, regularly and simultaneously. So that residents understand the eradication of mosquito nests regularly so that residents can prevent dengue fever as early as possible.

METHOD

The research design used is *Quasi Experiment Pre Test and Post Test* namely research that aims to describe and explain a situation in a community and then explain that situation, through collecting or

measuring correlation variables that occur in the research object in a stimulating manner and at the same time (Notoatmodjo, 2018).

The population in the study, based on visit data, was 105 people in April, 111 in May, and 109 in June. So, the average number of visits over the last three months was 108.3, or 109 people. The sampling technique used in the study was *Accidental Sampling*.

Primary data was taken from the results of the pre-test and post-test questionnaires, then secondary data was taken from the OKUS District Office Profile Data and the Muaradua Community Health Center Profile Data. Data analysis was carried out using univariate analysis, namely an analysis that aims to explain or describe the characteristics of each research variable before and after the counseling (Notoatmodjo, 2018). Bivariate analysis was used if the data obtained met the parametric requirements (data *homogeneous* and normal data) then the analysis used is the two-group mean test analysis (*paired t-test*). When the data does not meet the parametric requirements (the data is not normal and/or *nothomogeneous*) then the analysis used is analysis *Wilcoxon signed rank test with p value < 0,005*

RESULTS AND DISCUSSION

The Muaradua Community Health Center (UPT) has a working area in part of the Muaradua sub-district which oversees 9 villages, namely Mahanggin Village, Datar Village, Pendagan Village, Pelangki Village, Batu Belang II Village, Sukaraja II Village, Gunung Tiga Village, Suka Banjar Village, and Gedung Lepihan Village. With an area of 549,394 hectares. Covering 5 sub-districts, namely Kisau Village, Pancur Pungah Village, Pasar Muaradua Village, Batu Belang Village, and Bumi Agung Village. Geographically, it is located at the foot of the Bukit Barisan Mountains. The working area of the Muaradua Community Health Center (UPT) is located in the city center of South Oku Regency, which consists of 9 villages and 5 sub-districts.

Univariate Analysis

Results of Pre-Counseling Values Regarding Knowledge

Table 1
Results of Pre-Counseling Values Regarding Dengue Fever (DBD) Knowledge at the Muaradua Community Health Center (UPT) in South OKU Regency
Statistics

		Pre Test
N	Valid	25
	Missing	0
Mean		4.96
Median		5.00
Std. Deviation		1.767
Minimum		3
Maximum		14

Based on table 1, it can be seen that the knowledge before being given counseling had a median value of 5.00 and the mode was a value of 4, namely 6 (24.0%) with a value of *Standard Deviation* 1.767 and the mean value or average value before being given counseling was 4.96.

In general, the average score of 4.96 out of a maximum possible score of 8 indicates that prior knowledge was still considered inadequate, as the average respondent only correctly answered 4.96 of the 10 questions. This means that the average respondent was only able to answer half of the questions correctly.

Results of Values After Counseling on Knowledge

Table 2 Results of Values After Counseling on Knowledge of Dengue Fever Disease (DBD) at the Muaradua Community Health Center UPT, South OKU Regency

Statistics		
	Pre Test	Post Test
Valid	25	25
Missing	0	0
Mean	4.96	8.52
Median	5.00	9.00
Std. Deviation	1.767	1.046
Minimum	2	7
Maximum	8	10

Based on table 2, it can be seen that the knowledge skills after being given counseling had a median value of 9.00 and the mode was a value of 9, namely 8 (32.0%) and the value *Standard Deviation* 1.046 and the mean value or average value of the knowledge given by the counseling was 8.52.

In general, the average score of 8.52 out of a maximum possible score of 10 indicates that knowledge after the counseling session was considered good, as participants were able to answer an average of 8.52 of the 10 knowledge questions correctly. This means that participants were able to answer more than half of the questions correctly, on average.

Results of Values Before Counseling on Attitudes

Table 3 Results of Values Before Counseling on Attitudes (DBD) at the Muaradua Community Health Center UPT, South OKU Regency

Statistics		
		Pre Test
N	Valid	25
	Missing	0
Mean		22.36
Median		22.00
Std. Deviation		6.689
Minimum		10
Maximum		36

Based on table .3, it can be seen that the attitude before being given counseling, the median value was 22.00 and the post-counseling value was 22.00. *Standard Deviation* 6.689 and the mean value or average value before being given counseling was 22.36. In general, when viewed from the average obtained, which is 22.36 from the maximum possible score of 36, it shows that the attitude before the counseling was still considered not good because the average respondent was only able to answer questions correctly by 22.36 out of a total of 10 questions. This means that the average respondent was only able to answer half of the questions correctly.

Results of Values After Counseling on Attitudes

Table 4 Results of Values After Counseling on Attitudes to Dengue Fever (DBD) at the Muaradua Community Health Center UPT, South OKU Regency

Statistics	
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	Pre Test	Post Test
Valid	25	25
Missing	0	0
Mean	22.36	36.20
Median	22.00	36.00
Std. Deviation	6.689	3.500
Minimum	10	28
Maximum	36	40

Based on table 4, it can be seen that the attitude before being given counseling, the median value was 36.00 and the value *Standard Deviation* 3,500 and the mean value or average value before being given counseling was 36.20. In general, when viewed from the average obtained, which is 36.20 out of a maximum possible score of 40, it shows that the attitude after the counseling was categorized as good because the average respondent was able to answer questions correctly amounting to 36.20 out of a total of 10 questions. This means that on average they were able to answer more than half of the questions with correct answers.

Bivariate Analysis

Bivariate analysis was conducted on two variables suspected to be related. The variables analyzed used statistical tests. *paired t test*. If the data is not normally distributed, then use the test *wilcoxon signed ranks test* with a confidence level of ≤ 0.05 .

The results of the normality test before the knowledge extension was carried out using the test method *One Sample Kolmogorov-Sminov Test* with *p value* $0.657 \leq 0.05$ and before attitude counseling *p value* $0.393 \leq 0.05$. It was concluded from the data that the data was normally distributed and the results of the homogeneity test after conducting counseling using the test method. *One Sample Kolmogorov-Sminov Test* with *p value* 0.287 and *p value* $0.285 \leq 0.05$. It is concluded from the data that the data is distributed homogeneously.

Results of homogeneity test using the *t* method *test of homogeneity of variances* The results of knowledge with a sign of $.529 \leq 0.05$ and attitudes with a sign of $.560 \leq 0.05$ can be interpreted that the data is distributed homogeneously. From the Normality and Homogeneity tests, it was found that all data were normal and homogeneous, so that the test analysis was used. *paired t test*.

Table 5 Results of the Analysis of the Influence of Counseling on Counseling on Knowledge of Dengue Fever (DHF) Disease at the Muaradua Community Health Center UPT, South OKU Regency

Knowledge	Mean	SD	<i>P-Value</i>	N
Pre test	4.96	1.767	0,000	25
Post test	8.52	1.046		

Based on table 5, the value is known *mean* or average knowledge score *post test* 8.52 is greater than the value *mean* or average knowledge score *pre test* 4.96 and value *Standard Deviation* knowledge *post test* 1,767 is greater than the value *Standard Deviation* knowledge *pre test* 1.046. Statistical test result *paired t test* obtained *p value* 0.000, it can be concluded that there is an influence of providing education about Dengue Hemorrhagic Fever (DHF) on community knowledge at the Muaradua Community Health Center UPT, South OKU Regency.

Table 6 Results of the Analysis of the Influence of Counseling on Counseling on Disease Attitudes (DBD) at the Muaradua Community Health Center UPT, South OKU Regency

Attitude	Mean	SD	<i>P-Value</i>	N
Pre test	22.36	6.689	0,000	25
Post test	36.20	3.500		

Based on table 5.6, the value is known *mean* or average attitude value *post test* 36.20 is greater than the value *mean* or average knowledge score *pre test* 22.36 and value *Standard Deviation* knowledge

post test 6.689 is greater than the value *Standard Deviation* knowledge pre test 3,500. Statistical test result *paired t test* obtained *p value* 0.000, it can be concluded that there is an influence of providing education about Dengue Hemorrhagic Fever (DHF) on the attitudes of the community at the Muaradua Community Health Center UPT, South OKU Regency.

Based on the results of statistical tests *paired t-test* obtained *Value mean* or average knowledge score post test 8.52 is greater than the *value mean* or average knowledge score pre test 4.96 and *value Standard Deviation* knowledge post test 1,767 is greater than the *value Standard Deviation* knowledge pre test 1.046.

Statistical test result *paired t test* obtained *p value* 0.000, it can be concluded that there is an influence of providing education about Dengue Hemorrhagic Fever (DHF) on community knowledge at the Muaradua Community Health Center UPT, South OKU Regency.

Knowledge or cognitive is a very important domain for the formation of a person's actions). That a person who has a good attitude will carry out good practices and to make an attitude into a real action or action, supporting factors or conditions are needed, such as facilities, means and infrastructure, and support from other parties (Notoatmodjo, 2018)

Based on research (Fitriani et al., 2024), of the 30 respondents, 21 (70.0%) had good knowledge of dengue fever prevention behaviors, while 55 (55.0%) had poor knowledge of dengue fever prevention behaviors, out of a total of 70 respondents. The statistical test results showed that the *value p-Value* = 0.002. The conclusion is that there is a relationship between knowledge and dengue fever prevention behavior in the 4 Ulu Community Health Center area of Palembang City in 2024. The results of the OR analysis obtained 4.472, meaning that respondents with poor knowledge have a 4.472 times risk of behaving poorly in dengue fever prevention compared to respondents with good knowledge in dengue fever prevention in the 4 Ulu Community Health Center area of Palembang City in 2024.

Based on the research results (Marini & Noyumala, 2019), it was found that of the 13 respondents (37.1%) who had good knowledge about dengue fever, 8 respondents (22.8%) also had good preventive behavior. Of the 22 respondents (62.9%) who had poor knowledge about dengue fever, which resulted in poor dengue preventive behavior, 19 respondents (54.3%) had poor knowledge about dengue fever, resulting in poor preventive behavior. *uji chi-square* obtained *value p value* = 0.007 < α 0.05. It can be concluded that there is a significant relationship between knowledge and dengue fever prevention behavior. Analysis of the closeness of the two variables obtained OR = 1.60, meaning that respondents who have good knowledge are 1.60 times more likely to have good behavior towards dengue fever prevention compared to respondents who have less knowledge.

Researchers believe that the increase in respondents' knowledge is due to the respondents having received education about preventing Dengue Fever through "Health Counseling" which respondents received through the sense of sight using the eyes which is able to facilitate the reception of information clearly to respondents. This is proven by the increase in average knowledge before and after the implementation of "Health Counseling".

Therefore, most heads of households have good knowledge about dengue fever, but respondents still have poor knowledge, with no efforts to prevent dengue fever. This is indicated by the heads of households' lack of understanding of the signs and symptoms of dengue fever, resulting in inadequate implementation of dengue fever prevention in the community.

Based on the results of statistical tests *paired t-test* obtained *value mean* or average attitude *value post test* 36.20 is greater than the *value mean* or average knowledge score *pre test* 22.36 and the *value Standard Deviation* knowledge post test 6.689 is greater than the *value Standard Deviation* knowledge pre test 3,500.

Statistical test result *paired t test* obtained *p value* 0.000, it can be concluded that there is an influence of providing education about Dengue Hemorrhagic Fever (DHF) on community attitudes at the Muaradua Community Health Center UPT, South OKU Regency.

Based on research (Marini & Noyumala, 2019) it is known that of the 16 respondents (45.7%) who had a positive attitude, 11 people (31.4%) also had good behavior in preventing dengue fever, and of the 19 respondents who had a negative attitude, 16 people (45.7%) also had an impact on bad behavior in preventing dengue fever. There is a significant relationship between attitudes and behavior in preventing dengue fever with *p value* = 0.009 < α 0.05. Analysis of the closeness of the two variables obtained OR = 7.10, meaning that respondents who have a positive attitude have a 7.10 times

greater chance of having good behavior in preventing dengue fever compared to respondents who have a negative attitude.

Based on the research results (Ranteallo, Handayani, & Almar, 2019) the results of the statistical test with the test *T paired T-test* In the pre-test prevention efforts, there were 87 people, of which 12 people (13.8%) had good prevention, and 75 people (86.2%) had poor prevention. Meanwhile, in the post-test, there were 87 people, of which 80 people (92%) had good prevention, and 7 people (8%) had poor prevention. $r < 0.000$ means there is an effect of dengue fever prevention efforts on families before and after health education. Based on the data analysis and description above, it can be concluded that there is an effect of dengue fever prevention efforts on families after health education, namely that dengue fever prevention efforts experienced a significant increase after health education. Researchers believe that the increase in respondents' attitudes is due to increased knowledge and the ability of respondents to act. Providing education to respondents can provide an understanding of Dengue Hemorrhagic Fever prevention. This can help respondents to better understand and be able to apply the information provided and have a positive attitude towards Dengue Hemorrhagic Fever prevention, as evidenced by the difference in the average attitude of respondents before and after the implementation of "Health Education". Therefore, the community will carry out PSN well when the community knows and understands that dengue fever is a disease that can cause death transmitted by the *Aedes aegypti* mosquito vector. Dengue Hemorrhagic Fever can be prevented by conducting PSN DBD regularly, so that the community will have the behavior to carry out prevention by conducting PSN DBD regularly.

CONCLUSION AND SUGGESTIONS

Based on the results of the research that has been carried out and the discussion that has been presented, the following conclusions can be drawn: 1) Based on the analysis, the value is known *mean* or average knowledge score *post test* 8.52 is greater than the value *mean* or average knowledge score *pre test* 4.96 and value *Standard Deviation* knowledge *post test* 1.767 is greater than the value *Standard Deviation* knowledge *pre test* 1.046. 2) Based on the analysis, the value is known *mean* or average attitude value *post test* 36.20 is greater than the value *mean* or average knowledge score *pre test* 22.36 and the value *Standard Deviation* knowledge *post test* 6.689 is greater than the value *Standard Deviation* knowledge *pre test* 3.500. 3) Statistical test results *Paired T Test* obtained *p value* 0.000, it can be concluded that there is an influence of providing education about Dengue Hemorrhagic Fever (DHF) on public knowledge at the Muaradua Community Health Center UPT, South OKU Regency. 4) Results of statistical tests *Paired T Test* obtained *p value* 0.000, it can be concluded that there is an influence of providing education about Dengue Hemorrhagic Fever (DHF) on community attitudes at the Muaradua Community Health Center (UPT) in South OKU Regency. Suggestions for the community health center are to increase public education and put up posters about preventing dengue mosquito bites. Officers can also conduct counseling directly to residents' homes by bringing posters or sheets containing information about DHF prevention. So that respondents are more interested and pay more attention to officers when providing counseling materials. For further researchers, it is necessary to conduct research that does not only involve knowledge, because knowledge is only one of the determining factors in the formation of perceptions and attitudes. So it is necessary to conduct research that involves other variables.

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