

Factors Related to 3M Plus Behavior in RT 05 RW 01 Menteng Village in Tebet District in 2019

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Keywords: 3M Plus Behavior, Knowledge, Dengue Pain Experience, Level of Education, Support of Health Workers.

Abstract: 3M Plus behavior is a form of eradication of mosquito breeding activities, namely eradicating mosquito larvae. Based on data obtained from the Menteng Village Health Center in Tebet Subdistrict, the most frequent cases were in RW 01, especially in RT 05 with a total of 12 cases during 2017, in 2018 with a total of 14 cases, and in January-2019 with the number of cases is 11 cases. Based on ABJ data (larvae free rate) obtained from the Health Center of Menteng Dalam Village in January 2019 amounted to 91.41%, February 2019 amounted to 90.67% and March 2019 amounted to 89.39%. This research was conducted to find out the factors related to 3M Plus behavior in RT 05 RW 01, Menteng Village in Tebet Subdistrict in 2019. This type of research is quantitative with Cross-Sectional design, to obtain data in the field carried out by observation and interviews with 90 respondents using a simple random sampling technique. The results of the Chi-Square test show there is a relationship between knowledge ($p = 0,000$), illness experience ($p = 0.001$), level of education ($p = 0,000$) and support of health workers ($p = 0.004$) with 3M Plus behavior.

1 PRELIMINARY

Dengue hemorrhagic fever (DHF) is a public health problem that still occurs in Indonesia. This disease is classified as an acute disease transmitted by female *Aedes aegypti* and *Aedes albopictus* mosquitoes, most of which attack children aged <15 years, but can also affect adults (Kemenkes RI, 2016). DHF is transmitted through mosquito bites from the *Aedes* genus, especially *Aedes aegypti* (Ministry of Health Republic of Indonesia, 2016). Recent research shows 390 million dengue infections per year, of which 96 million manifests with clinical degrees. Other research states, the prevalence of DHF is estimated at 3.9 billion people in 128 countries at risk of being infected with dengue virus (WHO, 2016).

Based on global data, Asia ranks first in the number of dengue sufferers each year. From 1968 to 2009, the World Health Organization (WHO) recorded the country of Indonesia as the country with the highest DHF cases in Southeast Asia. In 2017 DHF cases in Southeast Asia amounted to 451,442 IR cases of 24 per 100,000 population with the number of DHF deaths of 1,669 people (CFR of

0.37%), in 2018 in America there were 446,150 cases, morbidity rate of 45.9 per 100 thousand inhabitants and 450 deaths (WHO, 2018).

The DHF morbidity rate in Indonesia in 2012 to 2016 experienced fluctuations, among others in 2012 with IR 37.27 per 100,000 population (90,245 cases), in 2013 IR 45.85% (112,511 cases), in 2014 IR 39.80% (100,347 cases), in 2015 IR 50.75% (129,650 cases), and in 2016 IR 78.85% (204,171 cases) (Ministry of Health Republic of Indonesia, 2016). By following the National DHF IR target of <49 per 100,000 population, Indonesia is still far from the national target. In 2015, DHF IR reached 50.75 per 100,000 population and in 2016 reached 78.85 per 100,000 population (Ministry of Health Republic of Indonesia, 2017). Based on data from the Indonesian Ministry of Health, in 2017 the number of DHF cases was 68,407 cases with 493 deaths, and in 2018 there were 53,075 cases with 344 deaths (RI Ministry of Health, 2018).

In 2015 Dengue Hemorrhagic Fever cases decreased to 11,905 cases and in 2016 experienced a significant increase to 39,487 cases. The highest incidence rate (IR) in DHF outbreak cases occurred in the South Jakarta region with 12.33 IRs (277

DHF sufferers) from 6 regions in Jakarta (DKI Jakarta Health Office, 2017). South Jakarta City Administration in the last 3 years experienced a fluctuation of DHF cases, namely in 2016 with 1,433 cases, in 2017 with 598 cases, and in 2018 with 678 cases (South Jakarta Health Sub-Department, 2018). One of the Puskesmas with the discovery of cases of DHF occurrences in South Jakarta is Tebet District Health Center, this Puskesmas ranks number 4 per South Jakarta Sub-district (Puskesmas Tebet District, 2017).

The high cases of dengue hemorrhagic fever are strongly influenced by people's behavior. Unhealthy behavior gives the *Aedes aegypti* mosquitoes free space to live and breed. Most people are aware of the dengue mosquito eradication program through the 3M plus activities (draining, burying, closing and not putting clothes hanging everywhere), but most of them do not implement it. One of the regions with the highest DHF cases over the past 3 years is the Menteng Dalam Village; in 2016 with 84 cases, in 2017 with 20 cases, in 2018 with 32 cases and in January 2019 with 28 cases (Puskesmas Tebet Kecamatan, 2018). According to data obtained from the Health Center of Menteng Village in Tebet Subdistrict, the most frequent cases were in RW 01, especially in RT 05 with a total of 12 cases during 2017, in 2018 with a total of 14. The latest data reported from the month January-March 2019 at RW 01 RT 05 with 11 cases.

2 METHOD

This research uses a cross-sectional design of the study is to take measurements or observations at the same time (all the time). This research was conducted in May and June 2019. The population in this study were randomly selected people (simple random sampling) based on the smallest house in RT 05 RW 01 Kelurahan Menteng Dalam Tebet.

The number of samples in this research were as many as 90 samples. The data source of this research using primary data (interviews and questionnaire) and secondary data (annual report Puskesmas). This research uses Validity and normality and the results of this study were analyzed using a Chi-Square test.

3 RESULT

3.1 Univariate Analysis

Table 1: Distribution of 3M Plus Behavior, Knowledge, Experience DBD Hospital, Level of Education, Health Officers Support in RT 05 RW 01.

| No. | Type Analysis | Number (n) | Percentage (%) |
|-----|-------------------------|------------|----------------|
| 1. | Behavior 3M Plus | 90 | 100.0 |
| | Bad | 42 | 46.7 |
| | Well | 48 | 53.3 |
| 2. | Knowledge | 90 | 100.0 |
| | Bad | 43 | 47.8 |
| | Well | 47 | 52.2 |
| 3. | Experience dengue | 90 | 100.0 |
| | No | 62 | 68.9 |
| | Yes | 28 | 31.1 |
| 4. | Education Level | 90 | 100.0 |
| | Low | 36 | 40.0 |
| | High | 54 | 60.0 |
| 5. | Health Officers Support | 90 | 100.0 |
| | Doesn't support | 39 | 43.3 |
| | Support | 51 | 56.7 |

3.1.1 Overview of 3M Plus Behavior in RT 05 RW 01 Menteng Dalam in 2019

From the table above it can be seen that out of 90 respondents, the highest number found on respondents with good behavior categories 3M Plus as many as 48 respondents (53.3%), while respondents with bad behavior categories 3M Plus as many as 42 respondents (46.7%).

3.1.2 Overview of Knowledge in RT 05 RW 01 Menteng Dalam 2019

From the table above it can be seen that from a total of 90 respondents, the highest number of respondents with good knowledge there are as many as 47 respondents (52.2%) while the number of respondents with poor knowledge of as many as 43 respondents (47.8%).

3.1.3 Overview of Dengue Fever Record in RT 05 RW 01 Menteng Dalam 2019

From the table above it can be seen that from a total of 90 respondents, the highest number found on respondents who do not have or no dengue fever

record in the amount of 62 respondents (68.9%) and respondents who have no record or found on respondents who do not have or no dengue fever record in the amount of 62 respondents (68.9%) and respondents who have no record or dengue fever record in the amount of 28 respondents (31, 1%).

3.1.4 Overview of Education Level in RT 05 RW 01 Menteng Dalam 2019

From the table above it can be seen that out of 90 respondents, the highest number found on respondents with higher education as many as 54 respondents (60.0%), while respondents with lower education were 36 respondents (40.0%).

3.1.5 Overview of Health Officers Support in RT 05 RW 01 Menteng Dalam 2019

From the table above it can be seen that from a total of 90 respondents, the highest number found on respondents who supported health officials as many as 51 respondents (56.7%), while respondents who do not have the support of health workers as much as 39 respondents (43.3%).

3.2 Bivariate Analysis

3.2.1 Relationship of Knowledge with 3M Plus Behavior in RT 05 RW 01 Menteng Dalam 2019

According to the table 2, can be seen that the highest proportion of respondents with bad knowledge are respondents who behave badly 3M Plus as many as 30 respondents (69.8%) and the highest proportion of respondents with good knowledge of respondents who behave well 3M Plus as many as 35 respondents (74.5%).

From the above table can also be known that was obtained by the Chi-Square test P-value = 0,000 with a value of $\alpha = 0.05$. Based on these results, it can be seen that the P-value <0.05. So, the conclusion is there is a significant relationship between knowledge of the behavior of the 3M Plus, While the analysis of prevalence ratio (PR) knowledge variable is equal to 2.733 (1.614 to 4.626) with 95% confidence interval CI, which means that respondents who have poor knowledge category have the risk of behaving 3M Plus 2,733 times worse than the respondents who have a good knowledge category.

Table 2: Relationship of Knowledge, Experience DBD Hospital, Level of Education and Health Officer Support with 3M Plus Behavior RT 05 RW 01 Menteng Dalam 2019.

| No | Variables | Category | Behaviour 3M Plus | | P-value | PR (95% CI) |
|----|------------------------|------------------|-------------------|---------------|---------|------------------------|
| | | | Bad | Well | | |
| 1 | Knowledge | Bad | 30 (69.8%) | 13 (30.2%) | 0,000 | 2.733 (1,614-4,626) |
| | | Well | 12 (25.5%) | 35 (74.5%) | | |
| 2 | Dengue Fever Record | There is no | 37 (59.7%) | 25 (40.3%) | 0,001 | 3.342 (1,471-7,590) |
| | | There is | 5 (17.9%) | 23 (82.1%) | | |
| 3 | Education Level | Low | 25 (69.4%) | 11 (30.4%) | 0,001 | 2.206 (1,408-3,457) |
| | | High | 17 (31.5%) | 37 (68.5%) | | |
| 4 | Support Health Officer | Does not support | 25 (64.1%) | 14 (35.9%) | 0,007 | 1.923 (1,222-3,027) |
| | | Support | 17 (33.3%) | 34 (66.7%) | | |

3.2.2 Relationship of Dengue Fever Record with 3M Plus Behavior in RT 05 RW 01 Menteng Dalam 2019

According to the table 2, can be seen that the highest proportion of respondents who do not have or no dengue fever record is the respondents who behave badly 3M Plus as many as 37 respondents (59.7%) and the highest proportion of respondents who have no dengue fever record or respondents well-behaved 3M Plus as many as 23 respondents (82.1%).

From the above table can also be known that was obtained by the Chi-Square test P-value = 0,001 with a value of $\alpha = 0.05$. Based on these results, it can be seen that the P-value <0.05. So, the conclusion is there is a significant correlation between dengue fever records with 3M Plus behavior.

While the analysis of prevalence ratio (PR) variable dengue fever record amounted to 3.342 (1.471 to 7.590) with 95% confidence interval CI, which means that respondents who have never had a dengue fever record had 3.342 times risk 3M Plus behaving worse than respondents who have never had a dengue fever record.

3.2.3 Relationship of Education Level with 3M Plus Behavior in RT 05 RW 01 Menteng Dalam 2019

According to the table 2, can be seen that the highest proportion of respondents with low levels of education are respondents who behave badly 3M Plus as many as 25 respondents (69.4%) and the highest proportion of respondents with a higher education level are respondents well 3M Plus behavior as many as 37 respondents (68.5%).

From the above table can also be known that was obtained by the Chi-Square test P-value = 0,001 with a value of $\alpha = 0.05$. Based on these results, it can be seen that the P-value <0.05. So, the conclusion is there is a significant relationship between the level of education and behavioral 3M Plus.

While the analysis of prevalence Ratio (PR) is the education level variable of 2.206 (1.408 to 3.457) with 95% confidence interval CI, which means that respondents who have low education category had 2,206 times the risk of badly behaved 3M Plus as compared to respondents who have a higher education category.

3.2.4 Relationship of Health Officer Support with 3M Plus Behavior in RT 05 RW 01 Menteng Dalam 2019

According to the table 2, can be seen that the highest proportion of respondents who do not have the support of health workers is the respondents who behave badly 3M Plus as many as 25 respondents (64.1%) while the highest proportion of respondents who received the support of health workers is the respondents who behave well 3M Plus as many as 34 respondents (66.7%).

From the above table can also be known that was obtained by the Chi-Square test P-value = 0,007 with a value of $\alpha = 0.05$. Based on these results, it can be seen that the P-value <0.05. So, the conclusion is there is a significant correlation between behavioral health provider's support with 3M Plus. While the analysis of prevalence ratio (PR) variable support health workers amounted to 1.923 (1.222 to 3.027) with 95% confidence interval CI, which means that respondents who have categories of health workers who do not support a risk 1,923 times 3M Plus behaving badly, compared with respondents who have categories of health workers are supportive.

4 DISCUSSION

4.1 Univariate Analysis

4.1.1 Overview of 3M Plus Behavior in RT 05 RW 01 Menteng Dalam 2019

Based on the research results, obtained the highest proportion of Conduct 3M Plus good 48 respondents (53.3%). In this study, the proportion of good behavior dominates 3M Plus as compared to the proportion of 3M Plus bad behavior.

The results are consistent with research conducted by Dewi & Azam (2017) in the Village Mulyoharjo, from 90 respondents obtained the highest proportion PSN action-DBD (3M Plus) by 51 (56.7%) households. Besides, these results are also in line with Kantohe et al., (2016) in the Village Girian Permai, of 104 respondents obtained the highest proportion PSN action (3M Plus) by 73 (70.2%) households.

Based on the results of the questionnaire research conducted in RT 05 RW 01 Kelurahan Menteng Dalam 90% obtained by draining and scrubbing water reservoirs, 83.4% fix clogged drains, closing shelters 71.2% water, 61.1% dispose of water

dispenser/refrigerator, 60% cover the existing hole/land, 54.5% use or dispose of used items that can hold water, 53.3% use a wire gauze, 51.1% regularly check for mosquito larvae, 18.9% dusted larvicidal (abate) and 8.9% use the nets.

Based on the results of research conducted in RT 05 RW 01 Kelurahan Menteng in most of 3M's Plus behavior good. 3M Plus behavior due to the high health centers program has been running quite well, the program is the Independent Movement and "Grebek 3M Plus Net Sunday". 3M Plus Mandiri aims to look at the development of local awareness in applying 3M Plus in our daily lives. Meanwhile, The Net Sunday Grebek program is a program carried out by the clinic to monitor the state of larva in the local community house unnoticed local community.

4.1.2 Overview of Knowledge with 3M Plus Behavior in RT 05 RW 01 Menteng Dalam 2019

Based on this research, it was found that out of the total 90 respondents obtained the highest proportion of good knowledge as much as 47 respondents (52.2%). In this study, the proportion of the knowledge of good is more dominant compared to the proportion of poor knowledge.

The results are consistent with research conducted by Azizah et al., (2017) in the Village Sendangmulyo, from 90 respondents obtained the highest proportion of good knowledge as much as 64 (71.1%) households. Besides, these results are also in line by Istiqomah et al., (2017) in the Village Kramas, from 90 respondents obtained the highest proportion of good knowledge by 51 (55.6%) households.

Based on observations in RT 05 RW 01 Menteng Village most communities have a high level of knowledge related to the behavior of the 3M Plus. The high knowledge because people already gained considerable knowledge through a program created by the local health center, such as counseling about the behavior of the 3M Plus given by puskesmas officers and cadres jumantik, the information obtained about the behavior of the 3M Plus via posters, leaflets, etc available in places general (health centers, halls RW and urban village and sub-district).

4.1.3 Overview of Dengue Fever Record in RT 05 RW 01 Menteng Dalam 2019

Based on this research, it was found that out of the total 90 respondents obtained the highest proportion

of respondents who do not have or no experience of dengue illness by 62 respondents (68.9%). In this study, the proportion doesn't have experience dengue illness is more dominant compared to the proportion of own experience of pain.

The results of this study are not consistent with the results of research conducted by Daughter (2016) in the Village of North Meruya, from 96 respondents who obtained the highest proportion ever have the experience of pain as much as 56.2%. Based on the results of research conducted in RT 05 RW 01 Kelurahan Menteng Dalam gained as much as 16.6% of respondents have experienced dengue illness in children, 7.8% of respondents had an experience of dengue illness in the wives/husbands and 6.7% of respondents had an experience of dengue illness himself. High respondents who have never had an experience of dengue illness due to the availability of the program from the clinic to the anticipation and prevention of dengue ie Jumantik Mandiri and PSN program.

4.1.4 Overview of Education Level in RT 05 RW 01 Menteng Dalam 2019

Based on the results of research, that of 90 respondents obtained the highest proportion of tertiary-level as much as 54 respondents (60.0%). In this study, the proportion of higher education is more dominant compared to the proportion of low education levels.

The results are consistent with the results of research conducted by Dewi & Azam (2017) in the Village Mulyoharjo, from 90 respondents who obtained the highest proportion of tertiary-level as much as 62.2%. Also, these results are consistent with research conducted by Istiqomah et al., (2017) in the Village Kramas, from 90 respondents obtained the highest proportion of tertiary-level as much as 54.4%.

Based on the results of research conducted in RT 05 RW 01 Kelurahan Menteng Dalam obtained as much as 41.1% of respondents educated high school, 24.4% of respondents junior high school education, 18.9% College-educated respondents and 15.6% of respondents educated Primary school.

4.1.5 Overview of Health Officer Support in RT 05 RW 01 Menteng Dalam 2019

Based on the results of research, that of 90 respondents obtained the highest proportion of respondents who support health workers as much as 51 respondents (56.7%). In this study, the proportion

of which has the support of health workers is more dominant than the proportion who did not receive the support of health workers.

The results are consistent with the results of research conducted by Widiyaning et al., (2018) in the Village Dopleng, of 107 respondents obtained the highest proportion who support health workers as much as 65.2%. Also, these results are consistent with research conducted by Istiqomah et al., (2017) in the Village Kramas, from 90 respondents obtained the highest proportion who support health workers as much as 82.2%.

Based on the results of questionnaires conducted in RT 05 RW 01 Kelurahan Menteng Dalam gained as much as 77.8% of respondents said health officials do partner with volunteer and community leaders in monitoring and evaluation PSN every week, 71.1% of respondents said health officials become movers and supervisors in mosquito nets eradication (3M Plus), 71.1% of respondents said health officials conducted a survey larvae and abatisasi, 67.8% of respondents said health workers make home visits during the last 3 months, 53.3% of respondents said health officials do counseling for the prevention of and controlling the incidence of dengue and 48.9% of health workers to socialize and move the simultaneous behavior of 3M Plus as directed implementation of dengue prevention.

4.2 Bivariate Analysis

4.2.1 Relationship Knowledge with 3M Plus Behavior in RT 05 RW 01 Menteng Dalam 2019

Based on the results of the analysis of the relationship of knowledge with 3M Plus community behavior in RT 05 RW 01 Kelurahan Menteng Dalam showed a significant correlation between a good knowledge of the behavior of the 3M Plus. Judging from the value Prevalence Ratio (PR) of 2.733 which means that the respondents were knowledgeable poorly risk 2.733 times did the behavior of the 3M Plus as compared to respondents who are known good behavior, 3M Plus.

Based on observations, it appears that the majority of public knowledge about the behavior of the 3M Plus is good enough. But seen from the results of the questionnaire, obtained the second question cannot be answered is the question of any premises should be drained and alternative questions in cleaning up the landfill to prevent mosquito breeding.

4.2.2 Relationship of Dengue Fever Record with 3M Plus Behavior in RT 05 RW 01 Menteng Dalam 2019

Based on analysis of dengue illness experience relationship with 3M Plus on community behavior in RT 05 RW 01 Kelurahan Menteng Dalam, showed a significant correlation between dengue fever record with 3M Plus behavior. Judging from the value Prevalence Ratio (PR) of 3.342 which means that respondents who have never had dengue fever record risk behaviors 3.342 times did 3M Plus as compared to respondents who have had dengue fever record with 3M Plus behavior.

Based on this research, it was found that respondents who have never had a dominating dengue fever record than respondents who have dengue fever record, seen from the observation that dominates society has dengue fever record are children are school-age children. In general, people who have dengue fever records will be more aware and concerned about the health and cleanliness of the environment and behavior, 3M Plus to prevent and control the incidence of dengue. The attitude of anticipation performed by people who have dengue fever records means that the community is aware and would need to conduct a series of 3M Plus daily life.

4.2.3 Relationship of Education Level with 3M Plus Behavior in RT 05 RW 01 Menteng Dalam 2019

Based on research conducted the analysis, obtained the highest proportion of respondents who have low education levels with 3M Plus bad behavior by 25 (69.4%) of households, while the highest proportion of respondents who have a higher education level with good behavior as much as 37 3M Plus (68.5%) households.

Based on the analysis of the level of education relationship with 3M Plus on community behavior in RT 05 RW 01 Kelurahan Menteng Dalam, showed a significant relationship between the level of education and behavioral 3M Plus. Judging from the value Prevalence Ratio (PR) of 2.206 which means that respondents who have low education levels 2,206 times the risk of not doing the behavior of 3M Plus as compared to respondents who have a higher education level behavior, 3M Plus.

Based on observations, most people in RT 05 RW 01 Kelurahan Menteng Dalam Tebet already have a high level of education, where the level of education is one of the main factors associated with

the mindset that may predispose a person to behave and act. This is by following the conditions of the level of public education in RT 05 RW 01 Kelurahan Menteng Dalam.

4.2.4 Relationship of Health Officer Support with 3M Plus Behavior in RT 05 RW 01 Menteng Dalam 2019

Based on the results of correlation analysis with health officer support 3M Plus behavioral on society in RT 05 RW 01 Kelurahan Menteng Dalam showed a significant relationship between behavioral health provider supports with 3M Plus. Judging from the value Prevalence Ratio (PR) of 1.923 which means that respondents who did not get the support of health workers do not risk 1,923 times the behavior of 3M Plus as compared to respondents who support health officer who perform the behavior 3M Plus.

Based on the results of the questionnaire, most of the RT 05 RW 01 Kelurahan Menteng Dalam has received support from the health officer. However, from these results to people who have not received the support of states that 51.1% of Health Officer support in terms of socialization and behavior of the 3M Plus drive simultaneously. This is due to limited manpower and time health workers in doing both.

5 CONCLUSIONS

From the data processing of research that has been done can be concluded that:

1. Overview of 3M Plus Behavioral with the highest proportion of respondents behave contained in 3M Plus both were 48 (53.3%) households.
2. Overview of Knowledge with the highest proportion of respondents who are either in the knowledge that 47 (52.2%) households.
3. Overview of Dengue Fever Record with the highest proportion found in respondents who have no dengue fever record was 62 (68.9%) households.
4. Overview of Education Level with the highest proportion of respondents who are highly educated as many as 54 (60%) households.
5. Overview of Health Officer Support with the highest proportion of respondents who are supported by 51 health workers (56.7%) households.
6. There is a significant relationship between knowledge with 3M Plus Behavioral in RT 05

RW 01 Menteng urban village in Tebet with a p-value of 0.000 with a value of $\alpha = 0.05$ and confidence interval CI 95% and obtained the PR value of 2.733.

7. There was a significant correlation between dengue fever record with 3M Plus Behavior in RT 05 RW 01 Menteng urban village in Tebet with a p-value of 0.001 with a value of $\alpha = 0.05$ and confidence interval CI 95% and obtained the PR value of 3.342.
8. There is a significant relationship between Education Level with 3M Plus Behavior in RT 05 RW 01 Menteng urban village in Tebet with a p-value of 0.001 with a value of $\alpha = 0.05$ and confidence interval CI 95% and obtained the PR value of 2.206.
9. There is a significant relationship between the Health Officer Support 3M Plus Behavioral in RT 05 RW 01 Menteng urban village in Tebet with a p-value of 0.007 with a value of $\alpha = 0.05$ and confidence interval CI 95% and obtained the PR value of 1.923.

6 SUGGESTION

Based on the results of research conducted can be given some advice, namely:

1. Knowledge with 3M Plus Behavior
 - a. It is expected that the clinic, you should:
 - 1) Increasing the quantity of time and place of education about 3M Plus series.
 - 2) Provide information support in the form of stickers/pamphlets related to the practice of 3M Plus.
 - b. Expected to society, should:
 - 1) Participate more actively to follow an independent jumantik program organized by the clinic.
2. Dengue Fever Record with 3M Plus Behavioral
 - a. It is expected that the clinic, you should:
 - 1) For people who have had experience dengue illness, need to do the data collection phase and phase approach to determine the condition of the people.
 - 2) For people who have never had an experience of dengue illness, participated in doing voluntary work for 2 months, aiming to get accustomed to the behavior of the 3M Plus.
3. Educational Level with 3M Plus
 - a. It is expected that the clinic, you should:

- 1) Build partner with the education (schools) in the case of education through movement PSN (3M Plus).
- b. Expected to society, should:
 - 1) Motivating the children, the importance of education especially in terms of morale.
 - 2) Provide direction and invites especially for school-age children to get used to living a clean one with 3M Plus.
4. Health Officer Support with 3M Plus Behavioral
 - a. It is expected that the clinic, you should:
 - 1) Meeting on Friday at weeks 1 and 3
 - 2) The addition of teams/personnel jumentik cadres who supported the PSN-3M Plus training for cadres jumentik candidate to be assigned by a health worker.
 - b. Expected to society, should:
 - 1) Utilizing the programs provided by the clinic.
 - 2) More motivated to achieve simultaneous Plus 3M behavior and willing to listen and willing to do what is directed by a cadre of trained jumentik.

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