

DIFFERENCES IN KNOWLEDGE, ATTITUDE AND PERCEPTION OF EUTHANASIA IN JUNIOR HIGH SCHOOL STUDENTS IN MARTAPURA RIVERBANKS(Overview Based On School Origin, Parents Education, And Parents' Occupation)

Aminuddin Prahatama Putra¹, Edyson², Ika Kusuma Wardani³, Huldani⁴, Fauziah⁵, Julia Kasab⁶

¹Department of Biology Education, Faculty of Teacher Training and Education, Lambung Mangkurat University, Banjarmasin, South Kalimantan

²Department of Biochemistry, Faculty of Medicine, University of Lambung Mangkurat, Banjarmasin, South Kalimantan

³Faculty of Dentistry, Lambung Mangkurat University, Banjarmasin, South Kalimantan

⁴Department of Physiology, Faculty of Medicine, University of Lambung Mangkurat, Banjarmasin, South Kalimantan

⁵Doctor's Professional Education, Faculty of Medicine, Lambung

Email: aminuddinpatra@ulm.ac.id

Email: huldani@gmail.com

ABSTRACT

Background: Terminal disease causes pain that is unbearable by the patient. Euthanasia is an act of someone ending his life in order to relieve the pain he is suffering. Euthanasia is still prohibited in Indonesia. Education on ethical and basic knowledge between junior high schools located on the banks of the Martapura river may have differences due to local traditions regarding euthanasia, therefore research is needed to see differences in knowledge, attitudes and perceptions about euthanasia among SMPN 1 Astambul and SMPN 1 Karang Intan students. **Methods:** The research design used analytic observational with cross sectional method. The sample consisted of 100 students, the data were analyzed using the chi-square test with a 95% degree of confidence. **Result:** The results showed that the level of students' knowledge about euthanasia was still lacking, the majority of attitudes and perceptions about euthanasia were negative. **Conclusion:** There were no significant differences in knowledge, attitudes, perception regarding euthanasia based on their origin school. There were a significant differences in knowledge and attitudes based on parental education and occupation.

Key Words: Euthanasia, knowledge, attitude, perception, students

1. INTRODUCTION

There are quite a lot of terminal diseases in Indonesia and require handling of health services. The condition of the pain that is unbearable by patients with terminal illnesses creates a dilemma on several parties for the patient and their family. Euthanasia is known as an act of someone to end their own life because of the hopeless and missing the opportunities. This is usually done by people with severe disease with very little chance of survival. The action itself was in the form of "lethal injection" in order to ward off prolonged suffering. In many cases, euthanasia is done by someone request who is be in agony. But there are also cases of euthanasia by the doctors team, because the patient is no longer able to beg. From an ethical standpoint, whether or not euthanasia is still being debated by many circles. In fact, not all countries allow the practice of euthanasia (**Kristika, 2017**). Indonesian law does not allow the practice of euthanasia, as stated in article 344 and 338.

SMPN 1 Astambul and SMPN 1 Karang Intan are two junior high schools that are located on the banks of the Martapura River, but in different sub-districts. This difference in location allows for differences in cognitive, affective and perceptual aspects. Attitude aspects of the three were seen when researchers conducted a study on students of SMPN 1 Astambul and SMPN 1 Karang Intan.

There are cognitive differences based on the knowledge they have and experience with families who are seriously ill. Students still get it from lessons in class. Cognitive differences appear in the results of knowledge and experiences that have been lived now, tend to follow the conditions that occur. Breckler and Wiggins explained that the attitude obtained through experience will have a direct influence on behaviour (**Rada, 2013**).

The second difference is affective (attitude), which can be seen from feelings, emotions, judgments when responding to the conditions of the implementation of euthanasia. Students who have families who suffer from severe illness tend to agree with the practice of euthanasia. On the other hand, students whose families do not suffer from terminal illness tended to disagree with the practice of euthanasia.

The last difference is the perception of a person's readiness to react or the tendency to act on the object of the attitude he is facing, in this case, is the attitude-taking regarding the practice of euthanasia in Indonesia. Students with different levels of education, namely Islamic students and public schools who only think on one thing, such as lessons in the classroom, so they cannot integrate with reality. Their focus is more on learning in class. These differences make this phenomenon interesting to be studied further from a psychological point of view.

The purpose of this study was to see differences in knowledge, attitudes and perceptions about euthanasia at SMPN 1 Astambul and SMPN 1 Karang intan.

2. METHODS

The research design used analytic observational research with cross sectional approach method. The independent variables in this study were the origin of the school, namely SMPN

1 Astambul and SMPN 1 Karang Intan, parental education and parental occupation. The dependent variable includes knowledge, attitudes and perceptions of euthanasia.

The sampling technique used purposive sampling with a sample size of 100 students divided by 50 students of SMPN 1 Astambul and 50 students of SMPN 1 Karang Intan. Data were collected by means of a questionnaire and analyzed using the chi-square test with a 95% degree of confidence to see the differences in knowledge, attitudes and perceptions between SMPN 1 Astambul and SMPN 1 Karang Intan.

3. RESULTS AND DISCUSSION

The sample of this study amounted to 100 people, divided into 2 groups (50 people from each school). The sample characteristics are as follows.

Table 1.
Frequency Distribution of Respondent Characteristics According to Parents' Education and Occupation.

No.	Variable	N	Respondents
1.	Parents Education	100	
	SD		21
	Junior High		30
2.	High school	100	38
	College		11
	Parents' job		
	Trader / entrepreneur		34
	Farmer		37
	Private / Honorary Employees	22	
	Civil servants	7	

Based on the educational background of the respondent's parents, most had high school education (38%), followed by junior high school (30%), Elementary school (21%), and tertiary institutions (11%). Based on the type of work, the majority of respondents' parents work as farmers and traders (37% and 34% respectively), the rest are private employees (22%), and civil servants (7%).

Table 2
Distribution of Score Levels of Knowledge, Attitudes, and Perceptions

Variable	Mean	Median	Minimum	Maximum
Total knowledge level score	5.2	5	3	8
Total attitude score	41.5	42	30	49
Total perception score	41.8	42	32	49

Determining the level of knowledge, attitudes, and perceptions in general, is done by testing the normality of the data using SPSS first. The Kolmogorov-Smirnov

normality test results obtained the Asymp value. Sign of 0.00, it is concluded that the data are not normally distributed. So to determine the cut-of point score for the level of knowledge, the researcher used the median value as the boundary value. From the results of the questionnaire data collection, the following data were obtained.

Table 3.
Frequency distribution of the level of knowledge, attitudes, and general perceptions.

Variable	N	Respondents	%
Knowledge level	100		
Good		30	28
Less		70	59
Attitude	100		
Positive		25	25
Negative		75	75
Perception	100		
Positive		36	36
Negative		64	64

From the questionnaire data, the mean score for the knowledge level of the respondents was 5.2. The median value is 5 and is used as the cut off point. If the respondent's knowledge score is >5 , it's categorized as having good knowledge, and if the score <5 is categorized as having less knowledge. The distribution of respondents' knowledge level category in this study was generally as much as 30% with good knowledge and 70% with less knowledge. The distribution can be seen in Table 3.

The level of attitudes and perceptions using a Likert questionnaire, with a value of strongly agree 5, agree 4, neutral 3, disagree 2, and strongly disagree 1. From the questionnaire data collected, 25 respondents tended to have positive attitudes towards euthanasia, and 75 respondents tended to have a negative attitude towards euthanasia. In the perception aspect, 36 respondents responded positively and 64 respondents responded negatively to euthanasia.

The results of the distribution of knowledge levels related to the characteristics of respondents are presented in Table 4. The proportion of respondents with the highest level of knowledge was found in the SMPN 1 Astambul group (54.3%) with insignificant difference test results, junior high school parents education (35.7%) with significant difference test results, and respondents' parents who work as entrepreneurs/traders (44.3%) with a significant difference test results ($p < 0, 05$).

Table 4
Distribution and P value of knowledge level category based on school origin, parent's education, and parent's occupation.

No.	Variable	Knowledge level				Total	p-value
		Less	%	Good	%		

1	School Origin							
	Astambul 1 Junior High School	38	54.3	12	40	50		0.1
	SMP 1 Karang Intan	32	45.7	18	60	50		
2	Parents Education							0.00
	SD	18	25.7	3	10	21		
	Junior High	25	35.7	5	16.7	30		
	High school	24	34.3	14	46.7	38		
	College	3	4.3	8	36.7	11		
3	Parents' job							0.00
	Entrepreneur / Trader	31	44.3	3	10	34		
	Farmer	26	37.1	11	36.7	37		
	Self Employed	11	15.7	11	36.7	22		
	Employees							
	Civil servants	2	2.9	5	16.7	7		

The results of the attitudes level distribution towards euthanasia related to the characteristics of the respondents are presented in Table 5. The proportion of respondents with the most negative attitudes was found in the SMPN 1 Astambul group (52%) with insignificant difference test results, high school parent education (30.7%) with significant difference test results ($p < 0,05$), and the respondent's parents who work as entrepreneurs/traders (36%) with no significant difference test results ($p > 0, 05$).

Table 5.

Distribution and P value of attitude category based on school origin, parent's education, and parent's occupation.

No.	Variable	Attitude Level				Total	p-value
		Negative	%	Positive	%		
1	School Origin						
	Astambul 1 Junior High School	39	52	11	44	50	0.4
	SMP 1 Karang Intan	36	48	14	56	50	
2	Parents Education						0.01
	SD	20	26.7	1	4	21	
	Junior High	22	29.3	8	32	30	
	High school	23	30.7	15	60	38	
	College	10	13.3	1	4	11	
3	Parents' job						0.09
	Entrepreneur / Trader	27	36	7	28	34	
	Farmer	23	30.7	14	56	37	
	Self Employed	18	24	4	16	22	
	Employees						
	Civil servants	7	9.3	0	0	7	

The level of students' perceptions of euthanasia related to respondent characteristics is presented in Table 6. The proportion of respondents with the most negative perceptions was in the SMPN 1 Astambul group (51.6%) with insignificant difference test results, high school parent education (40.6%) with insignificant difference test results ($p > 0, 05$), and the

respondent's parents who work as farmers (34.4%) with no significant difference test results ($p > 0,05$).

Table 6.
Distribution and P value of the perception level category based on school origin, parent's education, and parents' occupation.

No.	Variable	Perception Level				Total	p-value
		Negative	%	Positive	%		
1	School Origin						
	Astambul 1 Junior High School	33	51.6	17	47.2	50	0.8
	SMP 1 Karang Intan	31	48.4	19	52.8	50	
2	Parents Education						0.7
	SD	12	18.8	9	25	21	
	Junior High	20	31.3	10	27.8	30	
	High school	26	40.6	12	33.3	38	
	College	6	9.4	5	13.9	11	
3	Parents' job						0.06
	Entrepreneur / Trader	20	31.4	14	38.9	34	
	Farmer	22	34.4	15	41.7	37	
	Self Employed	19	29.7	3	8.3	22	
	Employees						
	Civil servants	3	4.7	4	11.1	7	

The times have produced various thoughts and gave birth to many new technologies that have an impact on shifting perspectives, social and cultural values. Likewise, in the medical field, many new techniques and methods are found that play a major role in the process of diagnosis and management so that they are directly related to human life and death (Kristika, 2017).

One of the mandates contained in the 1945 Constitution is that health is a human right. Law Number 36 of 2009 concerning Health also states that health is a state of well-being in body, soul and society that enables everyone to live productively socially and economically. [2] So that people who suffer from serious illnesses undergo long treatment or conditions with morbidity rates and high mortality will experience psychological pressure even to the point of hopelessness to live and feel that the pain will only disappear when death comes. So that an action known by the term from the Greek term emerged, namely euthanasia. The language consists of the word eu which means good and thanatos which means death; euthanasia means death well without suffering. According to Sutarno, euthanasia is the act of killing a patient or letting the patient die naturally, in which the patient suffers from an incurable disease according to medical science, with the aim of shortening the patient's suffering (Zainafree, 2009).

Euthanasia raises many pros and cons from various aspects, be it medical, social, cultural, or religious. Contra groups have the view that euthanasia is considered to violate human rights to live. However, according to other groups, euthanasia does not violate human rights because it is carried out at the wishes and requests of the patient concerned as the holder of the right to determine his choice in health services and determine his own life as in article 1 of the International Covenant on Civil and Political Rights, namely "Everyone has the right

self-determination.”(LaBush, 2014). An active euthanasia actor who does without the request or consent of the patient and the patient's family according to jinnayah fiqh has the right to receive punishment according to the Qur'an surah Al-Baqarah verse 178, namely qishash or murder. Meanwhile, according to criminal law in Indonesia, sanctions for active euthanasia are the death penalty, life imprisonment or for a specified period of at most twenty years and imprisonment of up to twelve years and fifteen years(Azagra, 2002). In addition, every doctor has sworn to respect every human life starting from at conception. The pronouncement contains prohibitions for doctors to perform euthanasia (Budiningsih, 2008).

From a religious perspective, in Indonesia it has been formulated in an MUI fatwa that euthanasia is murder based on media considerations for sufferers of an incurable disease. However, the essence of life is that it is entrusted by God Almighty so that it cannot be ignored, let alone until it is deliberately eliminated. The law of killing in the Koran is very clearly haram, as in Surah Al-An'am verse 151 which means "*And do not kill a soul that is forbidden by Allah (to kill it) but with the right cause.*" Killing in this verse is all forms and types of murder, including euthanasia, in this case, especially active euthanasia, while what is meant by the right causes is for example in war against infidels.

While the prohibition to do passive euthanasia, one of which is found in the Koran in Surah An-Nisa verse 29 which means "*And do not kill yourself, Allah is most merciful to you.*" Even in the presence of infectious diseases, euthanasia should be avoided as much as possible. For example, for people with AIDS, isolation measures for sufferers are seen as a better solution than the loss of their lives (euthanasia) (Clymer, 2007). This means that humans still have hope in God and respect the life and life that He gives.

The views and ways of thinking of a person are certainly also influenced by education which plays a major role in shaping morals and character. Today, in Indonesia, a character education system is implemented as an effort made deliberately to improve character, the process of creating students as human beings who are very good in thinking, physically healthy and at heart with a process of knowing, loving and acting well(Franken, 2013).

The real thing that is happening in the world of health is the increasing number of cases of diseases that are difficult to cure. In fact, on the one hand, many drugs to cure diseases have been found and constitute a potential medical treatment to treat acute illnesses. Meanwhile, on the other hand, disease outbreaks continue to develop as population increases. The result is that the development of acute illnesses seems to be a portrait in modern society.

Problem *euthanasia* When viewed from the aspect of criminal law and human rights in Indonesia, there is still a debate that has yet to find an end, because between the granting of human rights and the contradiction of national laws, especially the Criminal Code which is enforced in Indonesia, but basically, euthanasia is still an act that is prohibited in the system criminal law and health law that exist in Indonesia, whatever and whatever the reasons are used and whoever submits both individuals who want themselves and their families are still prohibited from committing lethal injection, even health workers are still prohibited from performing lethal injection for any reason (Pradjonggo, 2016).

4. CONCLUSION

From the results of the study it can be concluded that the level of students' knowledge about euthanasia is still lacking, the majority of attitudes and perceptions about euthanasia are negative. There were no significant differences in knowledge, attitudes, and perceptions

regarding euthanasia based on school origins. There are significant differences in the level of knowledge and attitudes based on parental education and parents' occupation.

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