Contents lists available at IOCScience

Science Midwifery

journal homepage: www.midwifery.iocspublisher.org

The Relationship Of Hands Washing With The Event Of Diarrhea In Children Aged 7-8 Years Old In Class I Sd Negeri 050685 Tanjung Selamat Kebun Jalan Besar Batang Sarangan, Padang Tualang TA. 2018/2019

Ponidi Aswa[1], Srinur Nilawati[2], Ardianto[3], Andrianto[4], Sofyan[5], Risa Riyanti[6]

Program Studi D-III Keperawatan, Sekolah Tinggi Ilmu Kesehatan (Stikes) Putra Abadi Langkat

A R T I C L E I N F O

Keywords:

Hand Wash
Diarrhea

ABSTRACT

This study aims to determine the relationship between hand washing and the incidence of diarrhea in children aged 7-8 years in Class I SD Negeri 050685 Tanjung Selamat Kebun Jalan Besar Batang Serangan, Padang Tualang District in 2018. The research method used to determine the relationship between hand washing and the incidence of diarrhea in Children aged 7-8 years is a descriptive correlative research using a cross sectional analytic study design. In this study, the sampling technique was carried out using a total sampling technique of 48 people. Based on the results of data analysis and discussion, it can be concluded that the majority of hand washing was carried out by 31 respondents (64.6%) and the minority was not carried out by 17 respondents (35.4%). The majority of the incidence of mild diarrhea were 24 respondents (50, 0%) and the heavy minority as many as 6 respondents (12.5%). The results of hypothesis testing to see the relationship between variable X and variable Y are with a significant level (α) = 5% (0.05) and df = 2, the results are p.value = 0.000 at df = 2 where sig < (0.000 < 0 0.05), it can be seen that there is a relationship between hand washing and the incidence of diarrhea in children aged 7-8 years in Class I SD Negeri 050685 Tanjung Selamat, Jalan Besar Batang Serangan, Padang Tualang District in 2018.

E-mail:

ponidiaswa@gmail.com

1. Introduction

Maintaining children's health is the responsibility of parents, however, public schools and the Ministry of Health have contributed to efforts to improve children's health by providing a healthy school environment, health services, and health education that emphasizes health practices (Wong, 2019).). In the life of the nation, school children cannot be ignored, because they are the next generation of the nation. School is an extension of the family's hand in laying the basis for behavior for the next life of children, including health behavior (Notoatmodjo, 2016).

Health behavior problems in school-age children are usually related to personal and environmental hygiene, one of which is the habit of washing hands with soap. The 2016 Health Service Program survey on perceptions and behaviors towards hand washing habits found that soap has reached almost every home in Indonesia, but around 3% of those who use soap for hand washing, in villages the figure could be even lower. According to research by the World Health Organization (WHO), hand washing can reduce the risk of diarrhea by up to 50% (WHO, 2015).

Washing hands has become one of the movements launched by the government. Hand washing is able to reduce diarrhea rates by 45%, but the use of soap for hand washing only reaches about 3% of all people who use soap to wash their hands. The low hand washing behavior in the community

can pose a risk of spreading infectious diseases. The group of people who are most susceptible to infectious diseases are preschoolers. This is due to a lack of knowledge in preschool children so that they do not understand the importance of hand washing to maintain health (Pangesti, 2016).

According to data from the World Health Organization (WHO) in 2015 diarrhea is the number one cause of under-five mortality in the world, and UNICEF reports that every second one child dies from diarrhea. This happens a lot in developing countries such as Indonesia because of poor personal hygiene behavior and community sanitation which is influenced by low levels of social, economic and education (Wijayanti, 2016). Personal hygiene behavior such as not being aware of washing hands before activities, for example before and after eating, children's activities after playing games. Lack of awareness in washing hands is influenced by the lack of educating children to wash their hands

As many as 6 million children die each year due to diarrhea, most of these deaths occur in developing countries. It is estimated that more than 10 million children aged less than 5 years die every year, around 20% die from diarrheal infections (Ministry of Health, 2016). Basic Health Research data in 2016, found 16% of diarrhea cases in children aged 1–4 years. The behavior of washing hands with soap (CTPS), especially after contact with feces (after going to the latrine and helping children to the latrine), can reduce the incidence of diarrhea by 42–47% (Curtis and Cairncross, 2015). In addition to reducing the incidence of diarrhea, CTPS behavior can also reduce ARI transmission by more than 30%, even in environmental conditions with very high fecal contamination and poor sanitation (Rabie and Curtis, 2015).

Based on the results of Listyorini's research (2015) shows that there is a relationship with the habit of washing hands with the incidence of diarrhea in children. Hand washing is an important factor in preventing the spread of disease, but sometimes children don't really care. Wirawan (2015) explained that the benefits of washing hands for 20 seconds are that it can prevent the risk of contracting flu, fever and other infectious diseases by up to 50% and reduce the risk of diarrhea and other digestive diseases by 59%.

The results of Rangga's research (2015) entitled The Relationship of Family Knowledge About Handwashing With Diarrhea Incidence at Rt 06 Rw 01 Menur Pumpungan Surabaya showed that 63% of 121 respondents already had knowledge of hand washing, but the incidence of diarrhea in children was still 34. %.

The results of a preliminary study/initial survey conducted by researchers in Class I SD Negeri 050685 Tanjung Selamat Kebun Jalan Besar Batang Serangan, Padang Tualang District, showed that students had experienced diarrhea for the last six months with the percentage of males being 36.6% and women as much as 63.4%. And the results of interviews conducted by researchers with 10 students, 5 of whom had diarrhea.

2. Research methods

2.1 Conceptual Framework and Research Variables

The conceptual framework in this study was compiled based on a literature review where researchers wanted to find out the relationship between hand washing and the incidence of diarrhea in children aged 7-8 years in Class I SD Negeri 050685 Tanjung Selamat Kebun Jalan Besar Batang Serangan, Padang Tualang District in 2018 with research objectives, the variables can be described as follows:

Independent Variables Dependent Variables

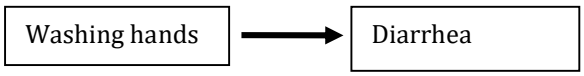

Figure 1. Conceptual Framework and Variables

2.2 Research Hypothesis

The hypothesis is a temporary answer that must be tested for truth in the research the proposed hypothesis is:

Ho : There isn't anyThe Relationship of Handwashing with the Incidence of Diarrhea in Children aged 7-8 Years in Class I SD Negeri 050685 Tanjung Selamat Gardens Jalan Besar Batang Serangan District Tualang Field

Contents lists available at IOCScience

Science Midwifery

journal homepage: www.midwifery.iocspublisher.org

Ha : There is a relationship between hand washing and the incidence of diarrhea in children aged 7-8 years in Class I SD Negeri 050685 Tanjung Selamat Kebun Jalan Besar Batang Serangan, Padang Tualang District

2.3 Types of research

This type of research is a descriptive correlative research using a cross sectional analytic study design. The research objective is to determine the relationship between hand washing and the incidence of diarrhea in children aged 7-8 years in Class I SD Negeri 050685 Tanjung Selamat Kebun Jalan Besar Batang Serangan, Padang Tualang District in 2018..

2.4 Place and time of research

The research will be carried out in Class I SD Negeri 050685 Tanjung Selamat, Jalan Besar Batang Serangan, Padang District. The research was carried out starting in September 2018

2.5 Population and Sample

The population taken in this study were 48 students at SD Negeri 050685 Tanjung Selamat Kebun Jalan Besar Batang Serangan, Padang District. In this study, the sampling technique was carried out using a total sampling technique of 48 people.However, researchers still optimize respondents as research objects to explore data. The sample criteria include inclusion criteria and exclusion criteria, where these criteria determine whether or not the sample can be used

The inclusion and exclusion criteria in this study are:

a. Inclusion Criteria

Inclusion criteria are criteria where research subjects can represent in research samples that meet the requirements as samples (Notoatmodjo, 2016), namely:

Class I studentsSD Negeri 050685 Tanjung Selamat Gardens Jalan Besar Batang Serangan, Padang District

b. Exclusion Criteria

Exclusion criteria are criteria where research subjects cannot represent the sample because they do not meet the requirements as research samples (Notoatmodjo, 2016). The exclusion criteria for this study are as follows:

Not a Class I studentSD Negeri 050685 Tanjung Selamat Gardens Jalan Besar Batang Serangan, Padang District

TABLE 1
OPERATIONAL DEFINITION

No	Variable	Operational Definition	Measuring instrument	Measurement result	Scale
1.	Washing hands	The process of removing dirt and dust mechanically from the skin of both hands using soap and water.	Questionnaire	Done (Score 6-10) Not Done (Score 0-5)	ordinal
2.	Diarrhea	Defecation in toddlers more than 3 times a day accompanied by changes in the consistency of the stool to liquid with or without mucus and blood	Questionnaire	Mild (Score 0-5) Medium (Score 6-10) Weight (Score 11-15)	ordinal

2.6 Method of collecting data

The data collection method used in this research is to use a questionnaire or questionnaire (questionnaires). Arikunto (2016) states that questionnaires are a number of written questions that are used to obtain information from respondents in terms of reports about their personalities, or things they know. To facilitate the analysis, a score (scoring) is given to each answer for the independent and dependent variables as follows:

1. Hand Wash Questionnaire

   According to Arikunto (2016), the research instrument is a tool when research uses a method. The data collection tool used in this study was a questionnaire about hand washing where the questionnaire consisted of 10 statements. The scoring criteria:

   a. Score 1 if you answer yes
   b. Score 0 if you answer no

2. Diarrhea Incidence Questionnaire

The questionnaire about the incidence of diarrhea consisted of 10 statements. The scoring criteria:

a. Score 1 if you answer yes
b. Score 0 if you answer no

2.7 Research Instruments

The research instrument used in this study must be tested. The trial was conducted to determine the validity of the item scores aimed at determining the level of validity of the questions listed in the instrument. While the reliability test is carried out to prove the level of consistency or confidence in the questions.

Validity test was conducted to determine the level of validity of an instrument. An instrument is said to be valid if it is able to measure what is desired and can reveal data from the variables studied appropriately (Arikunto, 2016).

To test the validity of the allegations using the SPSS test program*product moment*by looking for r counts for each question/statement item and then compared with r tables. It is said to be valid if r count > from r table. Valid items are taken and invalid items are revised or replaced or discarded.

TABLE 2
VALIDITY AND RELIABILITY TEST RESULTS OF HAND WASHING QUESTIONNAIRE

No	Smoking Behavior	Validity test		Questionnaire	Reliability Test (Cronbach Alpha)	Questionnaire
		r count	*r table*			
1	P1	0.847	0.3610	valid	0.853	reliable
2	P2	0.34	0.3610	valid	0.853	reliable
3	P3	0.847	0.3610	valid	0.853	reliable
4	P4	0.837	0.3610	valid	0.853	reliable
5	P5	0.834	0.3610	valid	0.853	reliable
6	P6	0.847	0.3610	valid	0.853	reliable
7	P7	0.847	0.3610	valid	0.853	reliable
8	P8	0.834	0.3610	valid	0.853	reliable
9	P9	0.831	0.3610	valid	0.853	reliable
10	P10	0.834	0.3610	valid	0.853	reliable

TABLE 3
RESULTS OF THE VALIDITY AND RELIABILITY TEST OF THE QUESTIONNAIRE FOR THE EVENT OF DIARRHEA

No	Diarrhea	Validity test		Questionnaire	Reliability Test (Cronbach Alpha)	Questionnaire
		r count	*r table*			
1	P1	0.866	0.3610	valid	0.869	reliable
2	P2	0.871	0.3610	valid	0.869	reliable
3	P3	0.894	0.3610	valid	0.869	reliable
4	P4	0.870	0.3610	valid	0.869	reliable
5	P5	0.870	0.3610	valid	0.869	reliable
6	P6	0.892	0.3610	valid	0.869	reliable
7	P7	0.961	0.3610	valid	0.869	reliable
8	P8	0.881	0.3610	valid	0.869	reliable
9	P9	0.861	0.3610	valid	0.869	reliable
10	P10	0.871	0.3610	valid	0.869	reliable
11	P11	0.888	0.3610	valid	0.869	reliable
12	P12	0.871	0.3610	valid	0.869	reliable
13	P13	0.888	0.3610	valid	0.869	reliable
14	P14	0.872	0.3610	valid	0.869	reliable
15	P15	0.871	0.3610	valid	0.869	reliable

The results of the reliability of the hand washing instrument that were obtained after processing the data were 0.835 and the instrument for the incidence of diarrhea was 0.869, which means that the questionnaire was reliable.

2.8 Data processing

After all the data was collected, the researchers processed the data through several stages, namely:

1. *editing,*is to evaluate the completeness and consistency of all respondents' answers to the questionnaire, so that there are no empty answers from respondents.

Contents lists available at IOCScience

Science Midwifery

journal homepage: www.midwifery.iocspublisher.org

2. *coding,*The results of the answers to each question are coded according to the instructions to make it easier for researchers to process data.
3. *Tabulation*, is to facilitate data analysis, processing and drawing conclusions, the results of data collection are entered into the frequency distribution table.
4. *Entry*, enter all data into the computer by processing using computerized techniques

2.9 Data analysis

After all the data on the questionnaire was collected, then the data analysis was carried out through several stages. First, review the completeness of the respondent's identity and data and ensure that all answers have been filled in. Then the researcher classified the data by tabulating the data that had been collected. In this study data processing using a computer program.

Analysis of the data in this study using several techniques, namely:

a. Univariate analysis
   Data analysis was carried out on research variables which were only used roduce distributions and percentages of each variable.
b. Bivariate analysis
   To find out whether there is a relationship between the variables, this study uses the chi-square test.
   An indicator that the data can be tested using the formula*X2*with Hypothesis criteria:

a. If x2 count > x2 table then Ho is rejected, Ha is accepted.
b. If x2 count < x2 table then Ho is accepted, Ha is rejected.

3. Results and Discussion

3.1 Univariate Analysis

The results of data collection from respondents through this studyaboutThe Relationship between Handwashing and the Incidence of Diarrhea in Children aged 7-8 Years in Class I SD Negeri 050685 Tanjung Selamat Gardens at Jalan Besar Batang Serangan, Padang Tualang District withbro, the number of respondents is 48 peoplecan be presented in the form of a table as follows:

TABLE 4
HAND WASHING FREQUENCY DISTRIBUTION ONCHILDREN AGED 7-8 YEARS OLD IN CLASS I ELEMENTARY SCHOOL 050685 TANJUNG SELAMAT KEBUN JALAN BESAR BATANG SERANG STRAP, PADANG TUALANG DISTRICT YEAR 2018 (N=48)

No	Category	Total (n)	Percentage (%)
	Are not done	17	35.4
	Conducted	31	64.6
	Total	48	100

In table 4it can be seen that of the 48 respondents the majority of hand washing was carried out by 31 respondents (64.6%) and the minority was not carried out as many as 17 respondents (35.4%).

TABLE 5
DISTRIBUTION OF THE FREQUENCY OF DIARRHEA INCHILDREN AGED 7-8 YEARS OLD IN CLASS I SD NEGERI 050685 TANJUNG SELAMAT KEBUN JALAN BESAR BATANG SERANG SERANG SUB-DISTRICT PADANG TUALANG IN 2018 (N=48)

No	Category	Total (n)	Percentage (%)
	Light	18	37.5
	Currently	24	50.0
	Heavy	6	12.5
	Total	48	100

In table 5 it can be seen that from 48 respondents the majority of mild diarrhea cases were 24 respondents (50.0%) and severe minority were 6 respondents (12.5%).

3.2 Bivariate Analysis

TABLE 6

FREQUENCY DISTRIBUTIONTHE RELATIONSHIP OF HANDS WASHING WITH THE EVENT OF DIARRHEA IN CHILDREN AGED 7-8 YEARS OLD IN CLASS I SD NEGERI 050685 TANJUNG SELAMAT KEBUN JALAN BESAR BATANG RANGRANG SUB-DISTRICT PADANG TUALANG IN 2018 (N=48)

No	Washing hands	Diarrhea						Total		*p.value*	*df*
		Light		Currently		Heavy					
		n	%	n	%	n	%	n	%		
1	Are not done	7	38.9	9	37.5	1	16.7	17	35.4	0.000	2
2	Conducted	11	61.1	15	62.5	5	83.3	31	63.6		
	Total	18	100	24	100	6	100	48	100		

Based on table 6, it can be seen that of the 48 respondents the majority of hand washing was carried out by 31 people (63.6%) and the minority as many as 17 respondents (35.4%).

The results of hypothesis testing to see the relationship between variable X and variable Y are with a significant level (α) = 5% (0.05) and df = 2, the results are p.value = 0.000 at df = 2 where sig < (0.000 < 0 0.05), it can be seen that there is a relationship between hand washing and the incidence of diarrhea in children aged 7-8 years in Class I SD Negeri 050685 Tanjung Selamat, Jalan Besar Batang Serangan, Padang Tualang District in 2018.

3.3 Discussion

1. Frequency DistributionThe Relationship between Handwashing and the Incidence of Diarrhea in Children aged 7-8 Years in Class I SD Negeri 050685 Tanjung Selamat Kebun Jalan Besar Batang Serangan, Padang Tualang District, 2018 (N=48)

The results showed that of the 48 respondents the majority of hand washing was carried out by 31 respondents (64.6%) and the minority was not carried out as many as 17 respondents (35.4%) and the majority of the incidence of mild diarrhea were 24 respondents (50.0%) and the severe minority. as many as 6 respondents (12,5%).

The results of the statistical test showed that using a significant level of 0.05 and the statistical test results showed that there was a relationship between hand washing and the incidence of diarrhea in children aged 7-8 years in Class I SD Negeri 050685 Tanjung Selamat Kebun Jalan Besar Batang Serangan, Padang Tualang District. can be seen from the significant value 0.000 <0.05.

The results of hypothesis testing to see the relationship between variable X and variable Y are with a significant level (α) = 5% (0.05) and df = 2, the results are p.value = 0.000 at df = 2 where sig < (0.000 < 0 0.05), it can be seen that there is a relationship between hand washing and the incidence of diarrhea in children aged 7-8 years in Class I SD Negeri 050685 Tanjung Selamat, Jalan Besar Batang Serangan, Padang Tualang District in 2019.

Maintaining children's health is the responsibility of parents, however, public schools and the Ministry of Health have contributed to efforts to improve children's health by providing a healthy school environment, health services, and health education that emphasizes health practices (Wong, 2019).). In the life of the nation, school children cannot be ignored, because they are the next generation of the nation. School is an extension of the family's hand in laying the basis for behavior for the next life of children, including health behavior (Notoatmodjo, 2016).

Washing hands has become one of the movements launched by the government. Hand washing is able to reduce diarrhea rates by 45%, but the use of soap for hand washing only reaches about 3% of all people who use soap to wash their hands. The low hand washing behavior in the community can pose a risk of spreading infectious diseases. The group of people who are most susceptible to infectious diseases are preschoolers. This is due to a lack of knowledge in preschool children so that they do not understand the importance of hand washing to maintain health (Pangesti, 2016).

Based on the results of Listyorini's research (2015) shows that there is a relationship with the habit of washing hands with the incidence of diarrhea in children. Hand washing is an important factor in preventing the spread of disease, but sometimes children don't really care. Wirawan (2015) explained that the benefits of washing hands for 20 seconds are that it can prevent the risk of contracting flu, fever and other infectious diseases by up to 50% and reduce the risk of diarrhea and other digestive diseases by 59%.

The results of Rangga's research (2015) entitled The Relationship of Family Knowledge About Handwashing With Diarrhea Incidence at Rt 06 Rw 01 Menur Pumpungan Surabaya showed that 63% of 121 respondents already had knowledge of hand washing, but the incidence of diarrhea in children was still 34. %.

Contents lists available at IOCScience

Science Midwifery

journal homepage: www.midwifery.iocspublisher.org

The results of a preliminary study/initial survey conducted by researchers in Class I SD Negeri 050685 Tanjung Selamat Kebun Jalan Besar Batang Serangan, Padang Tualang District, showed that students had experienced diarrhea for the last six months with the percentage of males being 36.6% and women as much as 63.4%. And the results of interviews conducted by researchers with 10 students, 5 of whom had diarrhea.

Researchers in this case are interested in looking at handwashing behavior in school-age children in order to determine the number of cases of diarrhea in children caused by bad handwashing behavior or not in accordance with existing SOPs that have been set by the health department.

Based on this, it is expected that health workers or School Health Businesses (UKS) will always provide information about hand washing and teach how to wash hands properly and correctly in order to avoid disease and always live a healthy life, which is one of the diseases caused by frequent hand washing. not good and true is diarrheal disease.

4. Conclusion

Based on the results of data analysis and discussion, it can be concluded that the majority of hand washing was carried out by 31 respondents (64.6%) and the minority was not carried out by 17 respondents (35.4%). The majority of cases of mild diarrhea were 24 respondents (50.0%) and severe minorities were 6 respondents (12.5%).

The results of hypothesis testing to see the relationship between variable X and variable Y are with a significant level (α) = 5% (0.05) and df = 2, the results are p.value = 0.000 at df = 2 where sig < (0.000 < 0 0.05), it can be seen that there is a relationship between hand washing and the incidence of diarrhea in children aged 7-8 years in Class I SD Negeri 050685 Tanjung Selamat, Jalan Besar Batang Serangan, Padang Tualang District in 2018.

References

Arikunto, S. (2016). *Prosedur Penelitian Suatu Pendekatan Praktik*. Jakarta: Rineka Cipta.

Anggota IKAPI. (2017).*Pengelolaan Kelas yang Dinamis*. (Yogyakarta: Kanisus).

Arisa Kristianti, Ari Pradhanawati Dan Sri Listyorini. (2015). *Pengaruh kebiasaan mencuci tangan dengan kejadian diare pada anak. Jurnal Khasanah Ilmu,Vol.7 No.1*

Amabel, S. (2018). *Diare Pada Anak. Available : https://ml.scribd.com/doc /61043992/Diare-pada-Anak(12/06/2018 23:22)*

Ana. (2015). *Cara mencuci tangan yang benar dan steril. Diakses pada 2 Maret 2016 dari http://halosehat.com/gaya-hidup/cara-hidup-sehat/cara-mencuci-tangan-yang-benar-dan-steril*

Cecily Lynn betz & Linda A.Gowden. (2019). *Buku saku keperawatan pediatrik, ed.5.* Jakarta : EGC.

Cahyono, Dwi AB, Dyah A. (2017). *Mudah dan Hemat Hidup Sehat.* Solo: Pustaka Arafah.

Dahlan dan Umrah. (2015). *Buku ajaran Ketrampilan Dasar Praktik Keparawatan Dan Kebidanan.* Malang: Intimedia.

Dwienda, Octa,dkk. (2016). *Asuhan Kebidanan Neonatus, Bayi/Balita Dan Anak Prasekolah.*Yogyakarta: Deepublish.

Hidayat A. A. A. (2018). *Pengantar Ilmu Keperawatan Anak 1.* Jakarta: Salemba Medika.

Health Unit. (2015). *Handwashing lesson plans: Pre-school. Healt Unit.*

Juffrie dan Soenarto, (2015). *Buku Ajar Gastroenterologi-Hepatologi. Jilid 1. Pp 122.* Jakarta: Badan Penerbit IDAI.

Kementrian Kesehatan RI. *Profil Kesehatan Indonesia (2016). Jakarta: Kementrian Kesehatan RI, 2016.*

Maryunani, A. (2017). *Ilmu Kesehatan Anak Dalam Kebidanan.* Jakarta : Trans Info Media.

Merati, Tuti Parwati dan Djauzi, Samsuridjal. (2016). *Buku Ajar Ilmu Penyakit Dalam Edisi V. Balai* Penerbit Fakultas Kedokteran Universitas Indonesia: Jakarta.

Ngastiyah. (2015). *Asuhan Keperawatan Penyakit Dalam*. Edisi I. Jakarta: EGC.

Notoatmodjo, S, (2015). *Metode Penelitian Kesehatan*, Jakarta : Rineka Cipta.

Pangesti. (2015). *Pengaruh Pendidikan Kesehatan Menggunakan Storytelling Dan Permainan Ular Tangga Terhadap Tingkat Pengetahuan Mencuci Tangan Pakai Sabun Di TK Al Hidayah Ajung Kabupaten Jember. Skripsi. Universtias Jember.*

Rangga, (2015). *Hubungan Pengetahuan Keluarga Tentang Cuci Tangan Dengan Kejadian Diare di RT 06 RW 01 Menur Pumpungan Surabaya.*

Suharyono. (2018). *Diare Akut Klinik dan Laboratorik.* Jakarta: Rineka Cipta.

Suraatmaja, Sudaryat (2017). *Gastroenterologi Anak. Penerbit: Ilmu Kesehatan Anak Fk UNUD / RS Sanglah Denpasar*

Tarwoto dan Wartonah., (2015). *Kebutuhan Dasar Manusia dan Proses Keperawatan* . Edisi:4 .Jakarta

Wijayanti, Fitriana (2016). *Hubungan antara Perilaku Sehat dengan Angka Kejadian Pedikulosis Kapitis pada Santriwati Pondok Pesantren Darul 'Ulum Jombang.*

Wirawan. (2015). *Manajemen Sumber Daya Manusia Dan Kesehatan.* Jakarta: PT Raja Grafindo Persada.

William. (2015). *Pedoman Klinis Pediatri.* Penerbit Buku Kedokteran ECG : Jakarta.

Wong, D.L. (2019). *Buku Ajar Keperawatan Pediatrik.* Jakarta: EGC.

WHO. World Health Statistics (2015). *World Health Organization; 2015.*