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Relationship between Knowledge and Mother's Attitude About Clean and Healthy Living on the Incidence of Diarrhea in Toddlers in Perlis Village, Brandan District

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ABSTRACT

Diarrhea is the leading cause of death for children under five years old, diarrhea kills around 760,000 children under five every year and globally there are nearly 1.7 billion diarrheal diseases each year. The type of research used is descriptive correlation with a cross sectional approach to determine the relationship between knowledge and attitudes of mothers about clean and healthy living on the incidence of diarrhea in the elderly. The population in this study were all mothers who had children under five (1-5 years old) who suffered from diarrhea in the village of Brandan Timur Baru as many as 30 people. The sampling technique used a total sampling of 30 people. The results of statistical tests obtained that there was a relationship between knowledge about clean and healthy living on the incidence of diarrhea in children under five, with a degree of significance (α) = 0, 05 and df = 2, the calculation results are Sig (2-tailed) 0.032 < (α) = 0.05, there is a relationship between attitudes about clean living on the incidence of diarrhea in toddlers with the degree of significance (α) = 0.05 and df = 1, the calculation result is Sig (2-tailed) 0.007 < (α) = 0.05. Mother's knowledge can be increased through an intensive approach to the problem of diarrheal disease by providing counseling on clean and healthy living.

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1. Introduction

One of the efforts towards healthy behavior is through a program known as the Clean and Healthy Behavior (PHBS) program which is carried out systematically and coordinated. The Clean and Healthy Life Behavior Program (PHBS) is a form of embodiment to provide learning experiences or create a conducive condition for individuals, families, groups and communities to increase knowledge, attitudes and behavior in order to apply healthy ways of living in order to maintain, maintain , and improve health (Gani, 2013 in the journal 2015).

Clean and Healthy Living Behavior (PHBS) in the household has become one of the mandatory authorities for minimum service standards in the health sector for Regency/City Governments, various health problems, both infectious and non-communicable diseases, can be overcome if the community implements PHBS (Ministry of Health RI, 2011). in Eviana's 2014 research. According to Citra in Eviana's research, 2014 one of the diseases caused by factors of unhealthy human behavior and an unhealthy environment, where the two interact with each other is diarrhea.

According to WHO in Trisnawati's 2015 research, diarrheal disease is currently a global problem that can be found all over the world. According to WHO, diarrhea is defecation in the form of liquid more than three times in one day. The number of cases of diarrhea reaches two billion each year. In developing countries, the spread of diarrhea cases is very suitable because there are several factors, namely poor environmental sanitation conditions, insufficient supply of clean

water, poverty and low education. According to the World Health Organization (WHO) in Selviana's 2014 study, diarrheal disease is the cause of death for children under five years old, diarrhea kills around 760,000 children under five and globally there are nearly 1.7 billion diarrheal diseases each year.

In the 2012 Indonesian Health Profile data, the Case Fatality Rate (CFR) of diarrhea tends to decrease from 2008 to 2011 from 2.94% to 0.4%, however, in 2012 there was an increase in CFR to 1.45% even though the target CFR was diarrhea is expected to be <1%, thus nationally the CFR of diarrhea does not meet the program target (Kemenkes RI, 2012). Data from Basic Health Research (Riskesdas) in 2013 stated that based on population characteristics, the under-five age group was the group with the highest incidence of diarrhea (Riskesdas, 2013 in Selviana's 2014 study).

Green's theory states that behavior is influenced by 3 factors, namely Predisposing factors (covering knowledge and attitudes), Enabling factors (including facilities and infrastructure), and Reinforcing factors (including support and attitudes of health workers). Diarrhea can be prevented by implementing PHBS, from 10 household/family PHBS indicators there are 5 indicators related to the incidence of diarrhea in toddlers, namely exclusive breastfeeding, weighing toddlers every month, using clean water, washing hands with clean water and soap, and using clean water. healthy latrines (Selviana 2014).

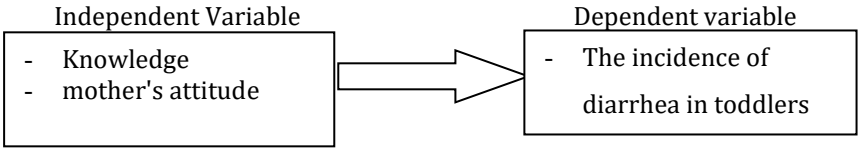
According to Lina Malikha in Kosasih's 2015 study, it was stated that the knowledge possessed by a person, especially the mother, greatly influences the mother's attitude in dealing with diarrhea in toddlers. The second study by Erisa Herwindasari in Kosasih's 2015 study stated that the mother's actions to treat diarrhea at home were influenced by the mother's level of knowledge, the better the mother's knowledge, the better her actions in dealing with diarrhea.

According to data from the Langkat District Health Office, diarrhea cases in 2017 were 55,529, of which 32.18% could be handled. This shows that there are still many cases of diarrheal disease in children under five in Langkat Regency (Profile of the Langkat District Health Office, 2017). Meanwhile, according to data from the Pangkalan Brandan Health Center, the findings of diarrhea sufferers in toddlers in 2016 were 117 toddlers, in 2017 the number of diarrhea in toddlers decreased to 98 toddlers, in 2018 the number of diarrhea sufferers in toddlers rose again to 114 toddlers. According to data from the Brandan Health Center, the discovery of diarrhea sufferers at the Brandan Health Center in the Brandan Timur Baru sub-district in 2017 there were 30 toddlers affected by diarrhea.

The results of a preliminary study conducted in the Brandan Timur Baru sub-district obtained data through interviews with 10 mothers who brought their children with diarrhea to the Brandan Health Center of whom there were 5 mothers who believed that if a child had diarrhea then it was a sign that the child would grows fast and there are 3 mothers who treat diarrhea by being given crushed leaves and then smeared on the stomach.

2. Method

Based on the description of the background and literature study, the researchers made a research concept framework as below.



2.3 Research Hypothesis

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

Ho : 1. There is no relationship between mother's knowledge about clean and healthy living on the incidence of diarrhea in children under five in Brandan Timur Baru village in 2018.

2 There is no relationship between mother's attitudes about clean and healthy living on the incidence of diarrhea in children under five in the Brandan Timur Baru sub-district in 2018.

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Ha 1. There is a relationship between mother's knowledge about clean and healthy living on the incidence of diarrhea in toddlers in the Brandan Timur Baru village in 2018.
2.There is a relationship between mothers' attitudes about clean and healthy living on the incidence of diarrhea in children under five in the Brandan Timur Baru sub-district in 2018.

2.4 Types of research

The design of this research is descriptive descriptive research using a cross sectional study design.

2.5 Research Location and Research Time

The research was conducted in the Brandan Timur Baru sub-district, the Brandan Health Center in Langkat Regency, the time of the study was from January 2019 to March 2019.

2.6 Population and Sample

The population in this study were mothers who had children aged under five (1-5 years) who suffered from diarrhea in the village of Brandan Timur Baru as many as 30 people. The sample is part of the population taken and is expected to represent the population. The sample in this study was a total sample of 30 respondents.

The criteria for sampling are through: Inclusion criteria are criteria or standards that are set before the research or review is carried out. Inclusion criteria are used to determine whether an individual can participate in a research study or whether individual research can be included in a systematic review. Inclusion criteria in this study include:

a. Is a resident who is domiciled (settled) and lives in the Brandan Timur Baru village
b. Mothers who have toddlers aged zero to five years
c. Willing to be a respondent.

Exclusion criteria or exclusion criteria are criteria or standards that are determined prior to research or review. Exclusion criteria are used to determine whether an individual should participate in a research study or whether individual research should be excluded from a systematic review. The exclusion criteria in this study are

a. Not a resident who is domiciled in the Brandan Timur Baru Village
b. Do not have toddlers aged zero to five years
c. Not willing to be a respondent

2.7 Method of collecting data

Primary data in this study is data sourced from respondents obtained through filling out questionnaires by asking questions in accordance with the research variables directly to (respondents) in the Brandan Timur Baru village. Secondary data is data sourced from related organizations/agencies. Secondary data is needed to complete the primary data deemed necessary for this study. Data obtained through Brandan Langkat Regency

3 Results and Discussion

2.3 Research result

This chapter describes the results of research and discussion of the relationship between knowledge and behavioral attitudes about clean and healthy living on the incidence of diarrhea in children under five in the Brandan Timur Baru sub-district in 2018. The data was obtained through a collection process with a total of 30 respondents.

2.4 Univariate Analysis

Univariate analysis was conducted to see the distribution of each research variable. Based on the results of research conducted which aims to determine the relationship of knowledge and attitudes about clean living to the incidence of diarrhea in toddlers in the Brandan Timur Baru village in 2018 with a total of 30 people. The frequency distribution based on the characteristics of age, education, mother's occupation, age under five and immunization status is as follows:

Table 1

Frequency distribution based on age, education, occupation, age under five and immunization status of respondents in Brandan Timur Baru village in 2018

No	Characteristics	N	Percent (%)
1	Age		
	a.Late teens (17-25)	16	53.3
	b.Early adulthood (26-35)	14	46.7
	Total	30	100
2.	Work		
	a. civil servant	4	13.3
	b. Private employees	12	40.0
	c. Self-employed	8	26.7
	d. Farmer	6	20.0
	Total	30	100
3.	Education		
	SD	3	10.0
	junior high school	12	40.0
	high school	13	43.3
	College	2	6.7
	Total	30	100
4.	toddler age		
	≥1 year	14	46.7
	≥2 years	16	53.3
	Total	30	100
5.	Immunization		
	Complete immunization	19	63.3
	Incomplete immunization	11	36.7

Based on the table above, it is known that of the 30 respondents the majority are in their late teens (17-25) with a total of 16 people (53.3) and the minority in early adulthood (26-35) with a total of 14 people (46.7), of the 30 respondents the majority of work private employees with a total of 12 people (40.0) and a minority of civil servants with a total of 4 people (13.3), of the 30 respondents the majority of high school education with a total of 13 people (43.3) and a university education minority with a total of 2 people (6.7), of the 30 respondents the majority under five years old > 2 years with a total of 16 people (53.3) and a minority > 1 year with a total of 14 people (46.7), of the 30 respondents the majority were fully immunized with a total of 19 people (63.3) and a minority of incomplete immunizations with a total of 11 people (36.)

Table 2.

Frequency Distribution of Respondents Based on Knowledge and Attitudes about Clean and Healthy Living on the Incidence of Diarrhea in Toddlers in Kelurahan New Eastern Brandan 2018

No	Category	Amount	Percentage
1	**Knowledge**		
	a. Not enough	7	23.3
	b. Enough	14	46.7
	c. Well	9	30.0
	Amount	**30**	**100**
2	**Attitude**		
	a. Negative	11	36.7
	b. Positive	19	63.3
	Amount	**30**	**100**
3	**Diarrhea**		
	a. Diarrhea	11	36.7
	b. No diarrhea	19	63.3
	Amount	**30**	**100**

Based on table 4.1, it is known that of the 30 respondents, the majority of sufficient knowledge amounted to 14 people (46.7%) and the minority of knowledge less amounted to 7 people (23.3%). Of the 30 respondents, the majority of positive attitudes amounted to 19 people (63.3%) and the minority of negative attitudes amounted to 11 people (36.7%). Of the 30 respondents, the majority of children under five did not have diarrhea, which amounted to 19 people (63.3%) and the minority had diarrhea, which amounted to 11 people (36.7%).

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3.3 Bivariate Analysis

Bivariate analysis was conducted to determine the relationship between the independent variable and the dependent variable. The analysis was carried out using the Chi-Square test at a 95% confidence level, so that if the results of statistical analysis p < 0.05 were found, the variables were stated to be significantly related.

a. The Relationship of Knowledge and Attitudes About Clean and Healthy Living to the Incidence of Diarrhea in Toddlers in the Brandan Timur Baru Village in 2018.
Based on the results of the study, the relationship between knowledge and attitudes of clean living behavior on the incidence of diarrhea in toddlers in the Brandan Timur Baru village in 2018 is shown in the following table:

Table 3.
The Relationship of Knowledge about Clean Living to the Incidence of Diarrhea in Toddlers in the New East Brandan Village in 2018

No	Knowledge	Diarrhea				Total		df	Sig (2-tailed)
		Diarrhea		No Diarrhea					
		N	%	n	%	N	%		
1.	Not enough	5	71.4	2	28.6	7	100	2	0.032
2.	Enough	2	14.3	12	85.7	14	100		
3	Well	4	44.4	5	55.6	9	100		

Based on table 4.2, it is known that of the 30 respondents who lack knowledge of diarrhea, the majority of the incidence of diarrhea is 5 people (71.2%) and the minority of knowledge that lacks the incidence of diarrhea is 2 people (28.6%). Of the 30 respondents who had sufficient knowledge, the majority did not have diarrhea, as many as 12 people (85.7%) and the minority had sufficient knowledge that diarrhea occurred as many as 2 people (14.3%). Of the 30 respondents with good knowledge, the majority did not have diarrhea, as many as 5 people (55.6%) and the minority had good knowledge of the incidence of diarrhea, namely 4 people (44.4%).

Table 4.
Relationship of Attitudes about Clean and Healthy Living to The Incident of Diarrhea in Toddlers in the Brandan Timur Baru Village 2018

No	Attitude	Diarrhea				Total		df	Sig (2-tailed)
		Diarrhea		No Diarrhea					
		N	%	n	%	N	%		
1.	Negative	7	70.0	3	30.0	10	100	1	0.007
2.	Positive	4	20.0	16	80.0	1	100		

Based on table 4.2, it is known that of the 30 respondents with negative attitudes, the majority of diarrhea cases were 7 people (70.0%) and the minority of negative attitudes were 3 people (30.0%). Based on table 4.2, it is known that of the 30 respondents with positive attitudes, the majority of cases of diarrhea did not occur as many as 16 people (80.0%) and the minority of positive attitudes toward diarrhea were 4 people (20.0%). Based on the results of the chi square test, it was found that there was a relationship between knowledge of clean living behavior and the incidence of diarrhea in children under five in the Brandan Timur Baru sub-district in 2018 with a degree of significance (α) = 0.05 and df = 2, the calculation results were Sig (2-tailed) 0.032 < ( ) = 0.05, then Ho is rejected and Ha is accepted. In conclusion, there is a relationship between knowledge and attitudes of clean living behavior on the incidence of diarrhea in children under five in the Brandan Timur Baru sub-district in 2018. Based on the results of the chi square test, it was found that the relationship between clean-living behavior attitudes towards the incidence of diarrhea in infants in the Brandan Timur Baru sub-district in 2018 with a degree of significance ( ) = 0.05 and df = 1, the calculation results are Sig (2-tailed) 0.007 < (α) = 0.05, then Ho is rejected and Ha is accepted. In conclusion, there is a relationship between the attitude of clean living

behavior on the incidence of diarrhea in toddlers in the Brandan Timur Baru village in 2018 05 and df = 1, the calculation results are Sig (2-tailed) 0.007 < (α) = 0.05, then Ho is rejected and Ha is accepted. In conclusion, there is a relationship between the attitude of clean living behavior on the incidence of diarrhea in toddlers in the Brandan Timur Baru village in 2018 05 and df = 1, the calculation results are Sig (2-tailed) 0.007 < (α) = 0.05, then Ho is rejected and Ha is accepted. In conclusion, there is a relationship between the attitude of clean living behavior on the incidence of diarrhea in toddlers in the Brandan Timur Baru village in 2018

3.4 Discussion

a. Characteristics of Respondents

Based on the table above, it is known that of the 30 respondents the majority are in their late teens (17-25) with 16 people (53.3) and the minority in early adulthood (26-35) with a total of 14 people (46.7). According to Gibson, in Dwi (2014) that age is an individual factor, basically the older a person gets, the more mature they will be and the more they absorb information. Increasing age will grow a person's personal capacity in overcoming a problem. Of the 30 respondents the majority of the work is private employees with a total of 12 people (40.0) and the minority is civil servants with a total of 4 people (13.3).

Respondents who work will have the opportunity to have good knowledge about the management of diarrhea in toddlers, as well as respondents who do not work have the same opportunity to have good knowledge. This is because respondents who do not work will spend more time taking care of their children and seeking more information about children's health. Moreover, nowadays in bookstores there are many books about children's health, especially about diarrhea and how to treat it at home. In addition, various health information broadcast by television media can be watched by mothers while paying attention to their children. Likewise, respondents who work, although their time will be divided between work and caring for children, they still have to first take care of the family, especially the children. By working, of course, social relationships will be established with colleagues so that by itself it will add insight and provide diverse perspectives. Working mothers can still enjoy their work, because through this work they can increase their knowledge, especially how to care for children with diarrhea, Dwi, (2014). Of the 30 respondents, the majority were high school education with a total of 13 people (43.3) and a minority with tertiary education with a total of 2 people (6.7). because through this work they can increase their knowledge, especially how to care for children with diarrhea, Dwi, (2014). Of the 30 respondents, the majority were high school education with a total of 13 people (43.3) and a minority with tertiary education with a total of 2 people (6.7). because through this work they can increase their knowledge, especially how to care for children with diarrhea, Dwi, (2014). Of the 30 respondents, the majority were high school education with a total of 13 people (43.3) and a minority with tertiary education with a total of 2 people (6.7).

A good level of knowledge tends to be owned by respondents with higher education than respondents with medium or low education. This is because someone who has a low educational background will generally find it difficult to absorb new ideas and make them more conservative. Because they don't know the best alternative available to them. On the other hand, highly educated people are more receptive to new ideas, because they have a more open mind to absorb new things. This statement is also supported by Notoatmodjo (2017) who says that knowledge can be obtained from improving education.

Of the 30 respondents who had mothers with children under five, the majority were aged > 2 years with a total of 16 people (53.3) and a minority > 1 year with a total of 14 people (46.7). Judging from the characteristics of the age of children under five, according to the results of the Demographic Survey, it was found that the younger the age of the children, the greater the tendency to get diarrhea, except in the age group of less than six months, which is because baby food is still dependent on breast milk. The high number of diarrhea in children under five who are getting younger is due to the lower age of the children, their body resistance to infectious diseases, especially diarrheal diseases, is getting lower, especially if the child has poor nutritional status and is in an inadequate environment (Suraatmaja, in Desi, 2015). .

b. Knowledge, Attitude and Diarrhea

Based on table 4.1, it is known that of the 30 respondents, the majority of sufficient knowledge amounted to 14 people (46.7%) and the minority of knowledge less amounted to 7 people (23.3%).

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Wijaya inDwi (2014) states that good knowledge is influenced by information received and experience factors. The experience factor is one of the main ways for humans to gain knowledge. The absorption of knowledge through experience is based on observing the symptoms that arise through the responses of the five human senses. Someone who has lived a long time must have experienced many things and obtained various information that will increase his knowledge. This is in accordance with the expression of a proverb which says that older people have eaten a lot of sour and salt.

The higher the level of knowledgewill cause a person to more quickly understand and understand the information conveyed and responsive to the environment. In addition, the level of knowledge is one of the factors that motivate individuals to behave in good health (Notoadmojo, 2017).

Of the 30 respondents, the majority of positive attitudes amounted to 19 people (63.3%) and the minority of negative attitudes amounted to 11 people (36.7%).

According to Azwar in Dwi (2014), attitude is a predisposing factor in a person's behavior. This is in accordance with the three postulates of the relationship between attitude and behavior, namely the consistency postulate, the independent variation postulate and the dependent consistency postulate, although each postulate has a different view between the influence of attitude and behavior in terms of the intensity of its influence, but overall the three postulates reveal a relationship and conformity of attitude with one's behavior.

According to Lawrence Green's theory (in Notoatmodjo, 2017) that a person's behavior is influenced by knowledge, attitudes, beliefs, and others. Meanwhile, according to Purwanto (2015) attitude is a view or feeling accompanied by a tendency to act in accordance with attitudes towards certain objects. So the negative attitude of the mother towards healthy living behavior is likely to cause diarrheal illness. The formation of attitudes is influenced by personal experience, culture, other people who are considered important, the mass media, the institution or educational institution itself and religious institutions, as well as emotional factors within the individual. Therefore, to increase the mother's positive attitude towards PHBS, it can be through an approach to community leaders, religious organizations (recitation, Taklim Council, etc.), and so on.

c. Relationship of Knowledge about Clean and Healthy Living to Incidents

Diarrhea in Toddlers in the New East Brandan Village in 2018 Based on the results of the chi square test, it was found that the relationship between knowledge about clean living and the incidence of diarrhea in children under five in the Brandan Timur Baru village in 2018 with a degree of significance (α) = 0.05 and df = 2 obtained the calculation results, namely Sig (2-tailed) 0.032> ( ) = 0.05, then Ho is rejected and Ha is accepted. In conclusion, there is a relationship between knowledge about clean living and the incidence of diarrhea in children under five in the village of East BrandanNew year 2018. According to Notoatmodjo (2017), knowledge is the result of knowing and this occurs after people have sensed an object. Sensing here is sight, hearing, smell, taste and touch. Most of human knowledge is obtained through the eyes and ears.

Knowledge or cognitive is a very important domain for the formation of one's actions. From experience and research it is proven that behavior based on knowledge will be more lasting than behavior that is not based on knowledge. Furthermore, from this knowledge, it causes an inner response in the form of the subject's attitude towards the known object. According to Beckler and Wiggins, attitudes obtained through experience will have a direct influence on subsequent behavior. Stimuli, namely objects that have been known and fully realized will lead to action on the stimulus or object so that an individual's life behavior is formed (Notoatmodjo, 2017).

According to the researcher's assumption that the better a mother's knowledge about diarrhea will ensure that her toddler does not get diarrhea, and vice versa, the lower the level of knowledge of a mother about diarrhea, the more likely it is that her toddler will suffer from diarrhea in accordance with the results of the study which showed that there was a significant relationship between knowledge of a person with the occurrence of diarrheal disease. This is because the spread and transmission of diarrheal disease is highly dependent on a person's knowledge of food and drink contaminated with bacteria and habits that do not support health.

d. Relationship of mother's attitude about clean and healthy life to events

Diarrhea in Toddlers in the Brandan Timur Baru Village in 2018 Based on the results of the chi square test, it was found that there was a relationship between attitudes about clean living on the

incidence of diarrhea in toddlers in the Brandan Timur Baru village in 2018 with a degree of significance (α) = 0.05 and df = 1, the calculation results obtained, namely Sig (2-tailed) 0.007> (α) = 0.05, then Ho is rejected and Ha is accepted. In conclusion, there is a relationship between clean living behavior and the incidence of diarrhea in children under five in the Brandan Timur Baru village in 2018.

Attitude consists of positive and negative attitudes. A positive attitude will bring someone to do good behavior, especially those related to health. Meanwhile, a negative attitude will lead a person in bad behavior to have a negative impact on health (Nasikin, in Sharah, 2018). A good attitude should encourage someone to stay away from negative behavior, namely still using river water, this means that the existing attitude has not yet reached the stage of taking good action. respondents. Attitude affects behavior, namely that the attitude that is believed by a person determines what he will do.

Attitude when viewed from an evaluation point of view. Attitude can be interpreted as a positive or negative evaluation system, namely a tendency to approve or reject. A positive attitude is formed when a stimulus or effect that comes to a person gives a pleasant experience or impression (Sudaryat, 2015). While a negative attitude will arise when the stimulus that comes gives an unpleasant experience or impression. The difference in attitude is related to the degree of one's liking or disliking of an object, in other words, attitude is related to the individual's readiness to react to certain objects based on the concept of positive-negative assessment. According to the researcher's assumption, the more positive the mother's attitude causes fewer babies to experience diarrhea and the more negative the mother's attitude causes the more babies to experience diarrhea. This is because the negative attitude of the mother causes the mother to not care about how to prevent diarrhea in her baby.

4 Conclusion

Based on the results of the research and discussion that have been described previously, the following conclusions can be drawn: From 30 respondents, the majority of respondents have sufficient knowledge of 14 people (46.7%) and the minority of people who lack knowledge are 7 people (23.3%). Of the 30 respondents, the majority of positive attitudes amounted to 19 people (63.3%) and the minority of negative attitudes amounted to 11 people (36.7%). Of the 30 respondents, the majority of children under five did not have diarrhea, which amounted to 19 people (63.3%) and the minority had diarrhea, which amounted to 11 people (36.7%). There is a relationship between knowledge and attitudes about clean and healthy living on the incidence of diarrhea in toddlers in the Brandan Timur Baru village in 2018.

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