

Effect of Education Health

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Effect of Education Health Wash Hands of Changes in Knowledge and Attitude of Women Taking Care of Children of Diarrhea in Hospital Wangaya Denpasar

Ida Erni Sipahutar¹, Ni Luh Kompyang Sulisnadewi¹, Ni Made Wedri¹, I Wayan Candra¹, Agus Sri Lestari¹, I Dewa Putu Gede Putra Yasa¹, Ni Nengah Runiari¹

¹Nursing Department, Polytechnic Health, Ministry of Health, Denpasar, Bali

ABSTRACT

Diarrhea is a bowel movement with a liquid consistency (diarrhea) three times or more in a day or 24 hours, Diarrhea is one of the main causes of Increased morbidity and mortality for all age groups in the world, especially in developing countries and most experienced of children under five years of age. The purpose of this study was to Determine Whether there is the influence of hand washing health education to changes in knowledge and attitudes of mothers in caring for children with diarrhea. The study design used is the one group pretest-Post test with consecutive sampling techniques. Respondents used are mothers of children hospitalized with diarrhea by 53 respondents. Results of the study found no effect of health education on knowledge and attitude changes in the care of children with diarrhea mother with P-Value = alpha of 0:05. The Advice is given that the mother can apply to perform and teach children to wash Reviews their hands before and after meals. Suggestions to the hospital to continue to provide health education on the prevention of diarrhea to parents Whose children are hospitalized so that diarrhea can be prevented.

Keywords: Health Education, Knowledge, Attitude, Diarrhea.

INTRODUCTION

According to the Department of Health (2005), diarrhea is a disease with signs of the change in the shape and consistency of the stool into the liquid and the frequency of bowel movements more than 3 times a day or 24 hours¹. In 2004 the World Health Organization (WHO) reported the State of Ethiopia including order 4 of the 15 countries that experienced the highest child mortality due to diarrheal illnesses that as many as 86 000 children². The cause of diarrhea in children are a variety of bacteria, viruses, and parasites with symptoms of bowel movements three times or more the consistency of the stool liquid, and generally can kill children aged less than five years each year³. Diarrhea is one of the main causes increased morbidity and mortality for all age groups in the world, especially in developing countries

and most experienced children under five years of age. Periods of diarrhea, in general, the world experienced by children under the age of five years is estimated at 1.7 billion and 36 million children have severe diarrhea cases and an estimated 700,000 deaths each year. State of Singapore as a developed country in 2011 there were 124 292 children under five years old have acute diarrhea and this is an increase of 10.3% compared to 2009.⁴

It is estimated that about 2.5 billion cases of diarrhea occur in children under the age of five every year. The incidence of diarrhea is generally relatively stable and most cases of diarrhea occur in Africa and South Asia⁵. Diarrhea is still a major health problem for the people of Indonesia because the morbidity and mortality of diarrhea is still high, as the results of a survey conducted Subdit Diarrhea Health Department from 2000 to 2010 was found in 2000 IR 301/1000 diarrheal disease population, in 2003 rose to 374/1000 population, 2006 rose to 423/1000 population and the population in 2010

Corresponding author :
Ida Erni Sipahutar
 email: ernii61@yahoo.com

to 411/1000. Extraordinary events diarrhea is still often the case with CFR are still high, the 2008 outbreak in 69 districts with the number of cases of 8133 people, with a death rate 239 (CFR2,94%). In 2009 an outbreak in 24 districts by 5756 the number of cases with 18 mortality rate of 100 people (CFR 1.74%) and in 2010 an outbreak of diarrhea in 33 districts with the number of 4204 cases and 73 people who died (CFR 1.74%), when viewed per group aged children who have the highest prevalence of diarrhea are children under the age of 14 years is 16.7% and by gender prevalence in men and women almost equally, men 8.9% and women 9.1%. Based on household health survey (Survey) on mortality studies and basic health research over the years that diarrhea is a major cause of infant mortality in Indonesia¹.

Gastrointestinal diseases such as diarrhea in the province of Bali is still high enough to find. In 2014 the number of cases of diarrhea in Bali as many as 87 845 people and the number is increasing compared with the year 2013 the number of cases of diarrhea as many as 86 493 people. Cases of diarrhea were handled as many as 69 817 cases (79.5%) and diarrhea morbidity 214 per 1000 population. Pattern 10 diseases are treated in public hospitals that exist in the region of Bali province in 2014 cases of diarrhea ranks second after dengue fever by the number of diarrhea cases as many as 4,121 people⁶.

Efforts to promote hand washing is now widely practiced in all countries so that people can improve their health status and children can be trained to wash hands to avoid the spread of diseases like diarrhea⁹. Health education hand washing is very important for people to understand the benefits of hand washing can reduce the incidence of diarrheal diseases and respiratory disease is the leading cause of death in children aged under 5 years, but the results were prove handwashing has been done community after being given intervention only 4 out of 30 respondents about 13%⁸.

MATERIALS AND METHOD

Research design methods **One Group Pretest-Post test** to measure changes in knowledge and attitudes of mothers in the care of children with diarrhea study was conducted by means of one measurement before (pre-test) prior to their treatment and after it was measured again (post-test). The treatment will be carried out give health education on how to wash hands properly to the mother whose child was treated with diarrhea.

RESULTS

Table 1. Distribution of the characteristics of the

Subjects Research Variables	n	%
The education level of the mother		
- Never schools	1	1.9
-No elementary school	1	1.9
-Graduated from elementary	4	7.5
- Graduated junior high school	11	20.8
- Graduated High School	27	50.9
- Bachelor	9	17
Occupation Mother		
-Mother Domestic	26	49
- Employee	15	28.3
- Teacher	2	3.8
- Health Officer	1	1.9
-Entrepreneur	9	17
Maternal age		
- 24-28 years	18	34
- 29-33 years	19	35.8
- 34-38 years	14	26.4
- 39-43 years	1	1.9
- 44-49 years	1	1.9

study

Based on Table 1 above characteristics of respondents by age group, most were in the age group 29-33 years of the 19 (35.8%). The education level of respondents is located mainly on the type of secondary school (high school) that 27 (50.9%). Based on the type of work the respondents are located mainly on the type of work housewives as many as 26 (49%).

Table 2. Analysis of dependent T Test knowledge before and after intervention

Based on table 2 above are found mean 6.698, the

	Paired Differences					T	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair before-after	-6.69811	3.82092	.52484	-7.75129	-5.64494	-12.762	52	.000

standard deviation of 3.820 and p-value = 0.000, it is no significant difference of knowledge of mothers before being given a health education intervention with after the given intervention because of the p-value obtained by <alpha (0.05).

Table 3. Analysis of Dependent T Test attitudes before and after the intervention

Paired Samples Test										
		Paired Differences					T	df	Sig. (2-tailed)	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference					
					Lower	Upper				
Pair 1	before – after	-.88679	.12537	-1.13837		.91274	-.63521	-7.073	52	.000

3 According to the table above are found mean standard deviation 0.886 0.912 and p-value = 0.000, this is no significant difference before the mother's attitude given health education intervention after a given intervention, because of the p-value obtained by $<\alpha$ (0.05).

Table 4. Analysis of Chi-Square the capital of Education Knowledge awarded Measures Prior

Education	Knowledge						Total		P Value
	Low		Medium		High			N%	
		N%		N%		N%			
Secondary Education	4	22	13	72	1	5.6	18	100.0	0.301
Higher	2	5.72	27	77.14	6	17.14	35	100.0	
Amount	6	11.32	40	75.47	7	13.21	53	100.0	

Based on table 4 above are found most mothers have a moderate knowledge of higher educational backgrounds as many as 27 respondents (77.14%), with

P-Value = 0.301.

Table 5. Analysis Chi-Square Mom with Attitude Education awarded Measures Prior

Education	Knowledge				Total		P Value
	No Good		Good			N%	
		N%		N%			
Secondary Education			17	100,0	17	100,0	0.128
Higher Education	2	7.4	34	92.6	36	100.0	
Amount	2	7.4	51	92.6	53	100.0	

based on table 5 above are found mostly mother's attitude before the given actions by a level of education that are in categories with higher education levels as many as 34 respondents (92.6%), P-Value = 0.128.

Table 6. Classification of Knowledge Levels Before and After Intervention

Classification Knowledge	Knowledge Pre		Knowledge Post	
		N%		N%
Less than	6	11.3	1	1.9
Average	40	75.5	8	15.1
Good	7	13.2	44	83
Amount	53	100	53	100

Table 7. Classification attitude Before and After Intervention

Classification attitude	Attitude Pre		Attitude Post	
		N%		N%
Less Good	6	11.3	1	1.9
Good	7	13.2	44	83
Amount	53	100	53	100

DISCUSSION

According to the research found that there is significant influence between knowledge and attitudes of mothers before and after health education intervention by washing hands with Value = 0.00 p-value of $\alpha = 0.05$ for the level of knowledge and attitude of mother, The results of this study are supported by research conducted by Koffi with the goal of research is children between the ages of 9-14 years as many as 106 children by using cartoon animation FGD method to provide health education about abdominal pain or diarrhea. Most children or 68% understand and believe that the cause of abdominal pain or diarrhea is due, not clean of parasites because they do not wash their hands before and after meals⁹. Awareness for workers in institutional food makers about the importance of hygiene procedures is very precise because the workforce is hand hygiene can serve as a vector in the spread of bacteria in food. Wash hands properly carried out can significantly reduce the incidence of diarrhea and other gastrointestinal diseases¹⁰.

Research conducted to respondents provide free soap and given health education on how to make hand washing a bigger influence. An increase in compliance hand washing before eating, cooking, after visiting the toilet or cleaning a baby¹¹. Research conducted at the

household to children in Mirzapur found as many as 51.3% of cases and 51.7% of group control group using soap or detergent to wash hands¹².

Based on the results of the study found the majority of knowledge of mothers before being given intervention at the level of general education secondary school is 21 respondents with moderate knowledge level. Results of research conducted Hashi found health education on how to wash your hands with soap and education about health can influence behavior change to reduce the incidence of diarrhea¹³. Communities with low education, low socioeconomic status and access to clean water sources are limited facilities and the availability of soap minimal so that health education programs, especially how to wash hands properly needs to be done. Health education about hand washing can be done in various places such as schools, hospitals, public or mass media campaigns in order for the public hand washing can be done with self-consciousness¹⁴. Families generally have little knowledge about the causes of diarrhea. Knowledge of the family has a significant relationship with their exposure to water and sanitation. The level of knowledge is low on cleanliness noted in studies conducted in Ethiopia, Nigeria, and Tanzania. The incidence of diarrhea in infants as much as 6.1% in Mkuranga and the incidence of diarrhea is similar to that reported in India. The low

incidence of diarrhea in Mkuranga can occur because the study subjects were interviewed is the head of the household is not the mother or caregiver toddlers^{15,16}.

CONCLUSION

Most of the level of knowledge of the mother before being given a health education intervention washing hands is the medium category is 40 respondents and the attitude of the mother before being given interventions including good category were 51 respondents.

Most of the level of knowledge of the mother after being given a health education intervention washing hands is categorized as high as 44 respondents and the attitude of the mother before the given intervention included good category were 53 respondents

There is a significant relationship between the level of education and mother's attitude before and after health education intervention washing hands with p-value = 0,00 < alpha value of p = 0.05

Conflict of Interests: The authors declare that they have no competing interests.

Ethical Clearance: Ethical clearance was obtained from the board of ethics committee of Wangaya Denpasar Regional Hospital and respondent's approval

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