



## Self Efficacy Relationship towards Improvement of Mother's Knowledge in Childhood Management with Diarrhea

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### Abstract

*Diarrhea is a condition where a person experiences defecation more than 3 times a day with a watery consistency. The level of knowledge will affect the management of a disease as well as the self-confidence or self-efficacy that a person has. The purpose of this study was to determine the relationship between self-efficacy and maternal knowledge in the management of toddlers with diarrhea. In this study, sampling using the Accidental Sampling technique. This research was conducted by collecting sample data of 60 mothers who brought their children to posyandu (Integrated Service Post) either who were experiencing diarrhea or had had diarrhea through structured questions or research questionnaires using descriptive methodology. This study was measured using chi-square tests. Chi-square tests showed that the results of this study obtained a value of  $p$  value of  $0.001 < 0.05$ . So that  $H_1$  is accepted and  $H_0$  is rejected, which means that there is a relationship between maternal self-efficacy and knowledge in the management of toddlers with diarrhea in the Palakka Health Center, Bone Regency. Where if self-efficacy is low, the value of knowledge is also low. Self-efficacy or self-confidence has a positive influence on one's knowledge. There is a relationship between maternal self-efficacy and knowledge in the management of children under five with diarrhea in the Palakka Health Center, Bone District.*

### Introduction

Diarrhea is a disease characterized by an increase in the frequency of defecation more than usual 3 times a day accompanied by a change in the consistency of the stool to become liquid with/without blood and/or mucus (Suraatmaja, 2005). Diarrheal disease is still a global problem with high morbidity and mortality rates in various countries, especially in developing countries, and is also one of the main causes of high morbidity and mortality rates for children in the world. In general, it is estimated that more than 10 million children aged less than 5 years die every year in the world, where about 20% die from diarrhea infections (Muttaqin et al., 2016).

Diarrhea is a global health problem in children under five. Under-five mortality due to diarrhea in the world reaches 1.9 million per year. Hygiene and environmental behavior (water and sanitation conditions) are the causes of the high incidence of diarrhea in Indonesia. The results of a study in Kenya stated that poor hygiene behavior in consuming food and drinks, not washing hands, and poor toilet hygiene caused diarrhea in the country (Dye et al., 2011). The

results of a study in Uganda in 2004 stated that drinking water directly from rivers caused 2.2 times more children to suffer from diarrhea than drinking boiled water (Mbonye, 2004). In Malaysia, there is research that looks at health-seeking behavior among Malaysians with acute diarrheal disease (Tee et al., 2011).

Sufficient water quantity is also a risk factor for the incidence of diarrhea because sufficient water can be used to maintain hygiene and sanitation such as for washing hands, washing utensils, and watering feces (Boadi & Kuitunen, 2005; Astuti & Syahreni, 2013). Children who live in houses without good sanitation have a greater risk of getting diarrhea compared to children who live in houses with good sanitation.

Prevention of diarrhea and other interventions to reduce morbidity and mortality due to diarrhea will be effective if it is adjusted to the level of maternal self-efficacy in preventing diarrhea. Prevention of diarrhea is the key to reducing morbidity and mortality due to diarrhea. Prevention of diarrhea carried out by mothers includes washing fruits and vegetables before cooking and eating, washing hands using soap and water, giving breast milk, immunizing children, and consuming healthy drinking water (Dodt et al., 2015).

Self-efficacy is a person's belief that they can change and regulate certain behaviors with the aim of achieving expected goals (Bandura, 1997; Ory et al., 2005). In the study of maternal self-efficacy in preventing diarrhea in children under five in Brazil, it was found that there was a significant negative relationship between the high level of maternal self-efficacy and the incidence of previous diarrhea ( $p = 0.015$ ). That is, the higher the level of maternal self-efficacy in preventing diarrhea, the more likely it is that diarrhea prevention behavior will be carried out (Dodt, 2013).

Research by Irawan et al., (2011) shows that the prevention of diarrhea by mothers is the key to reducing child mortality due to diarrhea. This study describes maternal self-efficacy in preventing diarrhea in children under five in Rowokele, Kebumen. This study used a simple descriptive methodology with a cross-sectional approach to 162 female participants using a simple random sampling technique. The research instrument was a questionnaire of maternal self-efficacy for preventing diarrhea with a reliability of 0.959. The results showed that the level of self-efficacy was divided into 3 (three), namely low (63.6%), medium (12.3%), and high (24.1%). These results recommend that maternal self-efficacy needs to be improved by health workers at the community level.

The results of the research analysis showed that the level of self-efficacy was low in the majority of respondents. This means that most mothers in region X have a low level of confidence in their ability to prevent diarrhea. Bandura (2009) states that personal experiences, other people's experiences, persuasion, and mental and physical conditions are sources of self-efficacy. This is to determine the relationship between self-efficacy and maternal knowledge in the management of toddlers with diarrhea.

## **Methods**

### ***Research Design***

The research design is the whole plan of answering research questions and anticipating difficulties that may arise during the research process. According to Notoatmodjo (2002), research design or research design is a strategy for obtaining data that will be used to conduct hypothesis testing using Cross-Sectional. Cross-sectional is a study to study the correlation between the critical factors and the effects, and with an approach, observation or data collection at a certain time (Point time approach). The selection of the right design is very necessary to ensure proper proof of the hypothesis as well.

This research is a quantitative research that uses descriptive research. This study aims to see the relationship between self-efficacy and increased knowledge of mothers in the management of babies with diarrhea. This research was conducted by collecting data through structured questions or research questionnaires.

### ***Population and Sample***

The population in this study were mothers who brought their toddlers to posyandu with toddlers who had or were experiencing diarrhea in Palakka sub-district, Bone regency. The sample taken in this study were mothers who brought their toddlers to posyandu with toddlers who had or were experiencing diarrhea in the working area of Puskesmas Palakka, Bone Regency. In this study, sampling using the Accidental Sampling technique is a sample obtained based on who is met. The instrument in this research is using a questionnaire. The questionnaire

### ***Data Analysis***

This research will present a univariate analysis, which identifies the characteristic description which includes maternal age, maternal education, maternal occupation, age of under-five, and gender of children under five and the level of maternal knowledge regarding diarrhea among toddlers and cross-tabulation between knowledge and maternal age, knowledge with maternal education. and knowledge about the work of mothers in the work area of Palakka Health Center, Bone Regency.

## **Results and Discussion**

### ***Characteristics of Respondents***

Table 1. Characteristics of respondents in the Palakka Health Center Working Area

<b>Characteristics</b>	<b>N</b>	<b>%</b>
<b>Age</b>		
20-29 Years old	44	73,3
30-39 Years old	16	26,7
<b>Latest Education</b>		
No school	2	3,3
Did not graduate from elementary school	4	6,7
Elementary School	6	10
Junior High	10	16,7
High school	24	40
D3/S1 (Bachelor)	14	23,3
<b>Occupation</b>		
Traders	2	3,3
Housewife	42	70
Civil servants	4	6,7
Others	12	20

Based on table 1 shows that there are 44 respondents aged 20-29 years with a percentage of 73.3%. Meanwhile, for ages 30-39, 7%. Respondents with no school education background were 2 respondents with a percentage of 3.3%, 4 respondents did not pass SD, 6 respondents with a percentage of SD (Elementary School), 10 respondents with a percentage of 10%, SMP (Junior School) as many as 10 respondents with a percentage of 16.7%, SMA (High School) as many as 24 respondents with a percentage of 40%, and there were 14 respondents whose

educational background was D3/S1 (Bachelor) with a percentage of 23.3%. Respondents who work as traders are 2 respondents with a percentage of 3.3%, respondents who work as domestic workers are 42 respondents with a percentage of 70%, respondents who work as civil servants are 4 respondents with a percentage of 6.7%, and other jobs are 12 respondents with a percentage of 20 %.

Table 2. Characteristics of Respondents Based on Mother's Knowledge in the Management of Toddlers with Diarrhea in the Palakka Health Center Work Area

No	Knowledge	Frequency	Percentage
1	Good	26	43,3 %
2	Enough	30	50 %
3	Poor	4	6,7 %

Source: Specific data on research results for November 2019

Based on table 2 shows that as many as 26 respondents who have good knowledge with a percentage of 43.3% of 60 respondents, as many as 30 respondents who are knowledgeable enough with a percentage of 50% of 60 respondents, and there are 4 respondents who are less knowledgeable with a percentage of 6.7% of 60 respondents.

Table 3. Frequency of respondents based on the level of maternal self-efficacy in the management of toddlers with diarrhea in the Palakka Community Health Center

No	Behavior	Frequency	Percentage
1	Good	16	26,6 %
2	Enough	34	56,7 %
3	Poor	10	16,7 %

Source: Special data from research results for November, 2019

Table 3 shows that as many as 16 respondents had a good level of self-efficacy with a percentage of 26.7%, 34 respondents had a sufficient level of self-efficacy with a percentage of 56.7% and as many as 10 respondents had a low level of self-efficacy with a percentage of 16.7%. The Relationship of Self-efficacy Toward Increased Knowledge of Mothers in the Management of Toddlers with Diarrhea in the Work Area of the Palakka Health Center.

Table 4. Frequency of the relationship between self-efficacy and increased knowledge of mothers in the management of toddlers with diarrhea in the Palakka Community Health Center

<i>Self-efficacy</i>	Knowledge						Total	P-value
	Good		Enough		Poor			
	N	%	N	%	N	%	N	%
<b>Good</b>	14	23,3	2	3,3	0	0	16	26,6
<b>Enough</b>	10	16,7	24	40	0	0	34	56,7
<b>Poor</b>	2	3,3	4	6,7	4	6,7	10	16,7
<b>Total</b>	26	43,3	30	50	4	6,7	60	100

Source: Special data from research results for November, 2019

Based on the results of the analysis in table 4 using chi-square tests with  $\alpha$  0.001, which is tested is the self-efficacy of mothers with knowledge in the management of toddlers with diarrhea in the Work Area of the Puskesmas, Palakka, Bone Regency, the value of  $p$  value is  $0.001 < 0.05$ . So that  $H_1$  is accepted and  $H_0$  is rejected, which means that there is a relationship

between the mother's self-efficacy and knowledge in the management of Balitad and diarrhea in the Work Area of the Palakka Health Center, Bone Regency.

The results showed that there was an effect of self-efficacy on the level of knowledge of mothers in the management of toddlers with diarrhea. However, in the research results, there were 4 respondents with a low level of knowledge. This is influenced by the experience of respondents, the level of education, and also the level of self-efficacy of respondents. The results of this study are in line with research conducted by Astuti & Syahreni (2013). The results of the study show that the level of self-efficacy is divided into 3 (three), namely low (63.6%), medium (12.3%), and high (24.1%). These results recommend that maternal self-efficacy needs to be improved by health workers at the community level. The results of the research analysis showed that the level of self-efficacy was low in the majority of respondents. This means that most mothers in region X have a low level of confidence in their ability to prevent diarrhea. Bandura (2009) states that personal experiences, other people's experiences, persuasion, and mental and physical conditions are sources of self-efficacy.

According to Noviawati's (2016) research, the results show that the better the application of self-efficacy, the better the application of motivation so that the higher the perceived self-efficacy of employees will be able to motivate employees cognitively to act more directed, and employees will be confident in their ability to complete their work. So with this, it can improve employee performance.

The existence of self-efficacy that is able to support employees to motivate themselves, where employees who have high self-efficacy will always try to achieve better performance, this is because these employees have strong motivation, clear goals, stable emotions, and the ability to provide top performance. activity.

From this journal, it shows that the influence of self-efficacy is very large in doing a job where it can also affect motivation, the higher the level of self-efficacy, the greater the motivation that is generated. However, self-efficacy is difficult to emerge when the level of knowledge is lacking.

According to research by Rosyida et al (2016), from the results of the analysis of this study, it can be seen that students' self-efficacy is included in moderate criteria, so they get sufficient grades. Those who have low self-efficacy have low scores. Self-efficacy or self-confidence has a positive influence on one's academic achievement. Self-efficacy was positively related to student cognitive engagement and performance (Pintrich & De Groot, 1990).

This can occur because one's belief in oneself will lead to an optimistic attitude in doing tasks. Even though they experience difficulties, they will still strive to be able to complete the task given by the Master. Vice versa, students with low self-confidence will be pessimistic about their ability to do the task and in the end, they will not be able to complete it.

So from the results of the research above, it can be concluded that there is an effect of self-efficacy with one's knowledge. If self-efficacy is low, the value of knowledge is also low. Self-efficacy or self-confidence has a positive influence on one's knowledge.

## **Conclusion**

Characteristics of the level of maternal self-efficacy, most of the respondents were sufficient. This is indicated by respondents with sufficient knowledge. Community-based health services (Puskesmas) play a role in increasing community knowledge so that confidence in preventing diarrhea increases. Puskesmas can also use a self-efficacy questionnaire for mothers to prevent diarrhea as a follow-up evaluator regarding their readiness to prevent diarrhea in the region.

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