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KNOWLEDGE LEVEL OF MOTHER IN REGARDS TO DENGUE DIARRHEA OF CHILDREN ABOVE FIVE YEAR

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ABSTRACT

Diarrhea is a very dangerous infectious disease that can be attacked in children who are passing immunity, and it affects children to get sick more quickly if the increase in the mortality rate is not anticipated beforehand. Every year Diarrheaa comes of age because Inan Aman does not have a deep knowledge of Diarrhea disease. Thus, Diarrhea disease is known and is often in the community, but the father is not noticed and it is not the disease, because Diarrheaa disease is a common disease but it is very dangerous for children. This research aims to discover the level of maternal knowledge on diarrheal diseases. The research was carried out at the Centro de Saúde das Comunitarias de Remexio, with 20 samples, using Purposive Sampling sampling techniques. The technique gathers data from observation, questionnaire, documentation, and. Data analysis is done descriptively with the analysis of the pressure of data collected and integrating the form of a frequency distribution table. So far, the response presentation value is sought by each respondent so that it continues to be explained by the theory in relevance. From the knowledge survey of mothers infected with daily life in children under five years old, carried out at the Remexio Health Center, a disease with the presence of women in diarrhea as with less than 38% of medical care at the Health Center Community Remixio; (2) The levels of maternal knowledge about everyday illness in children under the age of five at the Centro de Saúde de Remexio - Aileu were

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categorized as low. because mothers do not know daily and do not understand how they manage to prevent their sick children from day to day, going up to dehydration; and (3) the researcher knows with knowledge levels that the category is less than 45.0 percent above the knowledge category and sufficient. The same indicator appeared with the category in the range at 40.7%. Thus, the writer suggested to the Health Staff at the Remexio Health Center to activate the promotion of Health that is dragged by the communities in the area of Health and mothers' imports to raise the level of knowledge about diarrheal diseases, becoming part of a preventive act.

INTRODUCTION

The World Health Organization (WHO, 2012) said that health is a condition of life believed by the physical, mental, and social, but not free from diseases or disabilities. According to the Constitution of the Democratic Republic of Timor-Leste (RDTL) (2002), article 57 on the subject of health states that every citizen has the right to obtain more degrees of health the more attained. This means that the general obligation to seek better health services that can perform their functions and that each professional is broader in the national universal health system (Constitution of RDTL, 2002).

The RDTL Constitution reiterates, the Ministry of Health (MdS) of Timor-Leste, following its vision, mission, and objectives through the National Strategic Plan for the health sector (PENSS) 2011-2030 as a vision, with an extensive understanding for health. The Ministry's vision is that the Timorese human being is healthy in a healthy Timor-Leste. The mission ensured the availability, accessibility, and opportunities of health services for all Timorese citizens. regularize the health sector, promote community-based and stakeholder participation.

The management of the Health System reinforces the administrative and governance role (Ministry of Health stewardships (policy, legislative, regularizes, licenses, supervises, monitoring, among others.) In the development of the integrated National Health System there is the capacity to treat, control and prevent disease and promote healthy birth styles in Timor-Leste, (MdS, 2011).

Diarrhea is one of the parts of a most serious outbreak in the world, with almost 1.7 million dollars a year. The disease is widespread and is caused by an infant mortality in children under 5 years of age. In which, annually, nearly 76,000 children die from Diarrhea disease, (WHO; 2013). The case of distribution caused diarrheal diseases in children under five years of age and the highest territory of South Asia was 783 Milan, East Asia, and 435 billion Asia Pacific (UNICEF and WHO, in 2009 cited by Ariani, 2016).

An even high number of cases of Diarrhea is that parents pay more attention to the child's development and growth when the day-to-day patients have to be understood by their parents to be able to repatriate quick access to health facilities. Parents should also act to prevent diarrheal diseases, such as before eating the hand and the soap, so that they can be crossed over with soaps and sentries afterward. But

parents who do not know or are not aware of the disease remind their children when they have symptoms of disease in the area, which can harm their children's health and lives.

Knowledge is one of the essential domains for the creation of a simulation process that allows the formation of maternal characteristics. With the mother's knowledge, it is possible to give positive responses or care to children's daily symptoms. But also the mother in children (daughter) with diarrheal diseases difficult or difficult to disappear due to the mothers' lack of prior knowledge to prevent diarrheal diseases, (Sanusingawi, in 2011).

Some parents have not surrounded and preceded the children because some parents have a minimal level of education. We understand that education is a source of information, that experience services are another factor influencing Knowledge. How Age also influenced Inan Aman's adaptation and people's isolation. The highest level of information is easier to get information than that minimum education.

According to data from the Ministry of Health, Diarrheaas diseases in children under five years of age in 2018 there were 12 municipalities and 87,174 cases in this special region of Oecuse. East Timor has major problems in Health Inan and Oan that since 2009-2010 Post neonatal mortality rates are around 1000/Life birth, and the mortality rate is 5 96 / Birth born (SIS MDS; 2014).

Based on data from the Health Services of the Municipality of Aileu Health Center of Remexio, the number shows that 728 cases of diarrhea in children under five years old are under five years old. With the data available to the researcher, he is interested in Research for Knowledge of the Mother, with less than five years of age, as knowledge is one of the most important factors for mothers to understand Diarrhea disease.

Among the problems mentioned above, the formulation of the problem in this research stands out: the level of maternal knowledge about the diarrheal diseases of the Child Ano Lima at the Health Center of Remexio? The specific objective of this research is to describe the level of maternal knowledge of children under five years of age;2) to know the level of maternal knowledge of the diseases of the lower Lima Year; (3) Make the level of maternal knowledge of children under five years of age.

Theory Framework

Knowledge

Knowledge is what you know or the result of what you know. What we know is the result of knowledge, felt, understood, discovered, and intelligence. Etymologically, knowledge is of the English word. In the encyclopedia of philosophy. He explained that knowledge is the correct justification for us to believe or appreciate a justifiable knowledge of the truth believed (Moreira, 2013). According to Notoatmodjo (2010), knowledge is the result of people knowing and giving answers to the questions «What. Knowledge as they know or is the result of people's knowledge. Knowledge is a concern of the body that is thought to be the result of the process, and an effort by people to know.

Knowledge is one of the signs divided and understood by people through observation of purpose. This knowledge arises when a person uses the idea of knowing cruel things or events and feels or feels, for example: when testing a new food, they will know the shape, feel, and flavor of it, in 2010.

According to Erflanki (2009), the factors that influence knowledge are:

a) Education

Education is an effort to increase the personality and capacity of schools and go from the age of life. Education influenced a learning process to raise people's level of education and make it easier to access higher information, as well as the ease of getting effective information from other people and the media. As long as the information is more information can increase health knowledge. Knowledge is linked to education and people with high education, that's why these people expand knowledge, and it is necessary to put pressure on people to have minimum education. Education is enabled by which personality and capacity are being developed in the country and outside the school. Education will influence the study process, while people's education grows higher and these people tend to receive information. With high education, they tend to get better information from others and the media. A greater proportion of information will increase health knowledge.

b) Age

According to Notoatmodjo (2013), age is an issue that influences people's knowledge. As age increases, knowledge increases. The age of those born within years has been counted ever since. Age is a variable part that can be used to prevent differences in disease, conditions, and health scenes, making the comparison between variable age easily achieved (Widyastuti, 2005). Age is the individual age from birth to age. Over the years, the level of community strength is still viable for sharing opinions and services. Trust in the community of people is the greatest ever deriving from the faith of the most prevalent emeses, (Notoatmodjo, 2010).

c) Environment

The environment is everything in the personal surroundings of a physical, biological, and civil environment. The environment has influenced the process of personal knowledge that takes place in the environment itself. In this way, there is interaction with two or one of the sides, which will not respond as knowledge of each one of them.

Diarrhea

The direction itself resulted from the word Diarrola (Lian Yunani) and means the narration of ferme, a situation that is abnormal to dispose of frequent canteen garbage. Diarrhea is a situation with frequent abnormalities (three more times a day), with changes in content and consistency in the teteudo and the consistency of the water categories (Smeltzer & Barre, 2002). Diarrhea is abnormal garbage and it is water. This can also mean disposing of the garbage without normality with the extrinsic pain frequency. Children, who daily say they are thrown in the garbage three times, newborns, throw the check on four occasions (Dewi, in 2011).

According to Suradi & Rita (2001), diarrhea is one of the most frequent conditions experienced or of loss of liquidity and electrolytes because the frequency of awakening from the garbage is more and more spoiled with liquid bottles. However, diarrhea is a condition, throwing out junk that is not normal three times a

day with consistencies that shade or not blood or consecutive blood from inflammation in the stomach.

The type 4 (four) division is (1) of Diarrhea Akut diarrhea, which continues to walk and less than 4 days (almost seven days). The diarrheal consequences are dehydration, but dehydration is the main cause of mortality of diarrhea patients; (2) dysentery is potent diarrhea. Discentric consequences such as anorexia, low weight, and the rapid possibility of mucosal complications; (3) Diarrhea Persistent, diarrhea has been going on for over fourteen days. The consequences of the day persist in a serious drop with the disturbance of the metabolism; (4) Diarrheaas with other problems, the possibility of having children suffering from diarrhea (from the stuck area with persistent diarrhea) and other illnesses such as hot body, nutrient disturbances or other illnesses (Ilmu Kesehatan Anak, 1990).

Diarrhea symptoms are frequencies that throw a giant garbage mix for four or more dates of Muta, Baruk, or Fatigue, hot Isin content, and there is no desire to eat. Diarrhea symptoms that are often caught crying, restless, academic fevers, urge to eat less, perhaps with lenders or blood, muta symptoms can have an impact before and after diarrhea. If the liquid diseases are not good and electrolytic, symptoms of dehydration have started to appear, the weight of the turgor, the abducted eyes, and heads, the mouth of the chest (Ngastiyah 2005).

Diarrheal diseases are partially viral and bacteria. The disease starts to run through the fecal-oral that happens: through the contamination of drinking water or water that we suffer at home. Contamination happens on-site and not closed or in hands contaminated with fruits that are in their place. Through garbage or contaminated content. Trash or infectious spillage causes a high-value virus or bacteria. If it comes into effect is roofing some species or that food, they can daily the most proven people (Widoyono, 2008).

However, the bacteria that are affected daily do not cease to be fecal-oral and are fed on woven or contaminated foods right with the teen. What are the moments affected by the contamination of the endless bacteria and the risk of diarrhea, such as: not offering breastfeeding for 4-6 months during birth? Using bibiron, storing food from leaves and unsafe places, using drinks contaminated with garbage. Do not wash your hands and soaps after disposing of the big garbage. Do not wash your hands after laying the child's heart, nor wash your hand before or after giving a baby, and do not lay the child down straight away (Depkes RI, 2005).

To reduce the diseases or death rates affected by the diarrheal disease, WHO conducted research on ways to prevent and eliminate precarious diarrheal diseases, carried out and conducted and recommending daily incidences, including mortality rates and children under five. For the intervention to learn and debate, five effects that serve as an instrument for breastfeeding the colostrum; and improves preserved food; Sound weaves with clarity; Use the bell under health programs; and the use of clean water.

METHOD

The research was carried out at the Community Health Center of Remexio, Administrative Post of Remexio, Municipio de Aileu. Survey samples are 20 mothers under the age of five. The sampling technique of this research used the Purposive

Sampling technique, which technically took samples in good balances based on a characteristic with inclusion and exclusion of those already determined (Sugiyono 2003). In this research, the Independent variable is 'knowledge', since it constitutes a variable, which influences or causes change independence. If the prevention of the mother's daily life is not good, knowledge is needed. Optional defense and Indicator are:

Table 1 variables and Indicators

No	Variable	Definisaun Operasional	Parameters	Instruments	Scale	Categories
1.	Koñesimentu	Knowledge is the result of "knowledge" and arises after visions appear with an object through the same census, saw, listening, with a nun, feel and stop	Capacity responds to knowledge	Kestionáriu	Ordinal	Di'ak 76-100 % Natoon 56-75% Menus >56
2.	Diarrhea	Diarrhea is a disease that presents conditions that throw heavy water with conscious lighter drinks and that can be corrected frequently in 3 or more days	Responsiveness responds to Diarrhea	Kestionáriu	Ordinal	Di'ak 76-100 % Natoon 56-75% Menus >56

The data compiled technique for research can use the most mediatic methods, in which case one can only happen to a researcher when the necessary data are easily obtained with the involvement of a single method. The data collection techniques are Questionnaire, Documentation, and Observation. Data collection is part of the data collected and uses the following modes: (1) Editing (Editing) suppression of the validity of the data obtained or the collection. The editor can use all steps of data collection or data collection (2) Coding, which is the code or the number of data composed of categories, (3) Tabulation is an activity to analyze the data and draw conclusions of completed data and enter in the frequency distribution table.

Data analysis is done descriptively with the analysis of the pressure of data collected and integrating the form of a frequency distribution table. So far, the response presentation value is sought by each respondent so that it continues to be explained by the theory in relevance. Below are research data that they interpret with criteria

1) It is known: 76-100% (the clear correspondent)

2) less known: 5-75% (of correspondents)
3) Not known: 40-55% (the right applicant), (Ariconto, 2006).

According to Riwidikdo (2013), the schooling of a total percentage of mothers who have a baby or child aged five years (5 years) below the level of maternal knowledge is similar:

$$\text{Percentage} = \frac{\text{Total mother according to knowledge level}}{\text{Total respondent}} \text{x } 100\%$$

RESULTS AND DISCUSSION

Based on the results of a survey of 20 respondents who presented Inan's knowledge of Diarrhea Disease for Children under five years of age, it is at Centro Saúde Comunitário Remexio. According to the questionnaire distributed to the mothers the following: As a result of interviews with respondents, maternal knowledge of diarrheal diseases, namely:

Table 2 Frequéncies of going to the toilet

No	Description	Frequéncies	%
1	Go to toile more then 3 times	2	10%
2	diarrhea	3	15%
3	Frequéncy go to toile more then 4	4	20%
4	Did not know	11	55%
Total		20	100%

Based on the table, it is indicated that mothers who respond to water per day are lying down more than three times a day 1 (6%); the African disease is 22% of people, with the frequency of pouring excessive water or 37%, and the mothers who respond are unaware of 11 (65%). Know the cause of diarrhea.

Concerning the result, the researcher and respondents in regards to the mothers' knowledge on diarrhea. As a result of interviews with respondents about maternal knowledge caused by diarrheal diseases as follows:

Table 3 Frequencies of knowing cases

No	Description	Frequencies	%
1	Know	9	45%
2	Did not know	11	55%
Total		20 respondents	100%

Based on the table above, it is evident that the mothers who are responsible for the causes of diarrheal disease are 9 (45%), and the mothers who respond no longer know 11 people (55%).

Concerning the result, the researcher and respondents in regards to the mothers' knowledge on diarrhea symptoms. As a result of interviews with respondents of maternal knowledge of symptom of diseases daily as follows:

Table 4 Frequencies of knowing on the symptom of the disease

No	Description	Frequencies	%
1	Know	17	85%
2	Did not know	3	15%
Total		20 respondents	100%

Based on the graph, it is indicated that the mothers who respond with symptoms of diarrheal diseases are 17 people (85%) and that the symptoms of diarrheal diseases are 35% of the people. Are the symptoms of the diarrheal disease? As a result of interviews with respondents to maternal knowledge about the symptoms of the diseases described daily are:

Table 5 Condition of children

No	Description	Frequencies	%
1	Chidren crying and weak	5	25%
2	The lips were dry	5	25%
3	Eyes gloomy	2	10%
4	Feeling is always thirsty	2	10%
5	Did not know	6	30%
Total		20 respondents	100%

Based on the table, it appears that mothers respond with symptoms of diarrheal disease; but there are variations, such as there are 5 (25%) people who respond with symptoms of the disease that children cry or Burmese. The mother is 5 (25%) who responded to the symptoms of the diarrheal disease that is the child's mouth. A mother of 2 (10%) who responded to disease symptoms is a child's hole. The mother is only 2 (10%) who responded to symptoms of diarrheal disease that stood up and that 6% of mothers (30%) did not know about the symptoms of diarrhea. The sources account for diarrhea Regarding the results of the interview with the respondents about maternal knowledge of how to obtain information about the diarrheal disease:

Table 6 Frequencies of getting information

No	Description	Frequencies	%
1	Radio	1	5%
2	TV	4	15%
3	Health officers	3	20%
4	Journál	2	10%
5	Education	5	25%
6	Did not know	5	25%
Total		20 respondents	100%

Based on the table above, it is evident that mothers know and have heard information about Radio 1 diseases (5%). From a total of 4 people (20%). Hearing from health personnel totaled 3 (15%). The newspaper has 2 people (10%). It is known through Education 5 (25%) and those who do not have information are 5 (25%).

6. The impact of diarrhea outbreaks on healthy babies is known

Regarding the results of the interview with respondents to maternal knowledge about the Impact of diarrheal diseases are so diverse

Table 7 Diarrhea outbreaks on healthy babies are known

No	Description	Frequencies	%
1	Know	7	35%
2	Did not know	13	65%
Total		20 respondents	100%

Based on the table on the table, it is indicated that the mothers who are responsible for the impact of daily diseases on the health of their children are 7 (35%), and those who respond do not know 13 people (65%).

As a result of the interview with respondents to maternal knowledge of Diarrheal Disease Prevention.

Table 8 Knowledge of Prevention of Diarrheal Diseases in Homes

No	Description	Frequencies	%
1	Know	9	45%
2	Did not know	11	55%
Total		20 respondents	100%

Based on the table, it shows that 9 women (45%) are responsible for preventing human diseases, while 11 women (55%) respond without knowing the prevention of diarrheal diseases at home.

8. Understood the beginning of prevention at home is oral to the baby of diarrheal disease.

Regarding the results of the interview with respondents about maternal knowledge of the Prevention of diarrheal diseases are as follows.

Table 9 Understood the beginning of prevention at home

No	Description	Frequencies	%
1	Understdand	6	30%
2	Did not understand	14	70%
Total		20 respondents	100%

Based on the table above, one in 6 (30%) needs to be understood in preventing the baby from starting with diarrheal diseases. At home, giving oral, while the mothers are 14 people (70%) who do not understand how to give oral.

As a result of interviews with respondents of maternal knowledge about diarrhea were largely three times more than the following:

Table 10 Understood with everyday life in 3 days

No	Description	Frequencies	%
1	Understand	5	25%
2	Did not understand	15	75%
Total		20 respondents	100%

Based on the table, it seems that only 5 (25%) of the mothers understand that daily life is 3 times greater than that of water, and 15 women (75%) do not understand.

10. Understood how to prevent the spread of daily illnesses to children

As a result of interviews with respondents to a maternal understanding of ways to prevent the spread of daily life among the youngest:

Table 11 Understood how to prevent the spread of daily illnesses to children

No	Description	Frequencies	%
1	Covers food on the table	4	20%
2	Used the toilet and wash hands	7	35%
3	Wash hand by soap before meal and wash hand after toilet	4	20%
4	Did not understand	5	25%

Total	20 respondents	100%

Based on the table on the table, it is necessary to create prevention measures for children or children, as you cannot infect more than 4 people (20%). Responding covered food hidden when putting on the table; 7.5% are people who respond with sentinels and have to wash their hands. 4 (20%) were caught washing their hands in soap before eating and then felt one person and 5 (25%) did not understand.

Based on the results of interviews with respondents about what will be done to babies and everyday children, they are as follows:

Table 12 What happens to children with Diarrhea disease

No	Description	Frequencies	%
1	Giving a lto of water	4	20%
2	Giving a medicinal fluid (oralit)	4	20%
3	Giving a mixed salt and suger to child	4	20%
4	Brings directly to the clinic	6	30%
5	Pushing by other people	2	10%
Total		20 respondnets	100%

Based on the table on the table, it is necessary that the children hate what the mother does is how mothers start to have children with diarrheal diseases. What we receive is 4 (20%) and it gives a lot of water; 4 (20%) respond orally. 4 people (20%) receive a mixture of salt, sugar, and water to donate the baby. The 6 people (30%) respond to the mothers who are immediately transported to the Health Center; and only 2 (10%) respond to another person, forcing them to take their children to health centers.

Based on the results of interviews with respondents about what will happen to the bad gender baby.

Table 13 The baby's impact on diarrheal diseases

No	Description	Frequencies	%
1	Malaria /	4	20%
2	Go to toilet more Frequent	5	25%
3	Getting weak	8	40%
4	Dehidration	2	10%
5	Did not know	1	5%
Total		20 respondents	100%

Based on the table on the table, it is pointed out the impact that the baby may have on diarrheal diseases, which respond with 4 warm people (20%). The fabric was reduced to 5 (25%) and caused a fall of more than 8 people (40%). Discharge of people was 2 (10%) and 1 (5%) was unknown.

As a result of the interview with respondents to maternal knowledge about dehydration:

Table 14 Know dehydration (less water or body)

No	Description	Frequencies	%
1	Know	8	40%
2	Did not know	12	60%

Total	20 Respondents	100%

Based on the table on the table, it is indicated that 8 of the mothers (40%) know about dehydration (less water or liquid in the body) when they are in the children's area; 12 mothers (6%) respond not knowing dehydration (less water or fluids in the body) when they are daily.

As a result of interviews with respondents to maternal knowledge to prevent the replacement of the fluid that was in the baby's body when dehydration occurred:

Table 15 Expectation to replace the fluid

No	Description	Frequencies	%
1	Gave water	5	25%
2	Gave medicine	6	30%
3	Gave oralit	2	10%
4	Gave nothing	1	5%
5	Brought to clinic	5	25%
6	Recovered by itself	1	5%
Total		20 respondents	100%

According to the table, it is indicated that women respond as maternal prevention by replacing the reduced fluid in the baby's body when the spill occurs, with 5 (25%) responding to water. 6 people (30%) responded to the medications. Two people (10%) responded orally. 2 people (10%) answered nothing and indivisibly. And the 5 (30%) responded only to the Health Center.

As a result of the interview with the respondent to maternal knowledge, the sending of the children to her arms:

Table 16 What do children do before eating

No	Description	Frequencies	%
1	Washing hand without soap	4	20%
2	Washing hand by soap	6	30%
3	Drying hand by towel	5	25%
4	Did not wash hand	5	25%
Total		20 respondents	100%

Based on the table above, how mothers respond to their children before consuming, with 4 (20%) responding to washing their hands; 6 (30%) responded to soap, and 5 (25%) erased with fabric; 5 (25%) did not exhaust their hand.

Regarding the survey results and description of each of the items, they are composed of 15 items that ask respondents to 20 people. The respondents' team was in charge of mothers who would have had problems treating their children at the Remixio Community Health Center when the researcher disputed. The results of filling in the respondents about the levels of maternal knowledge about diarrheal diseases are as follows:

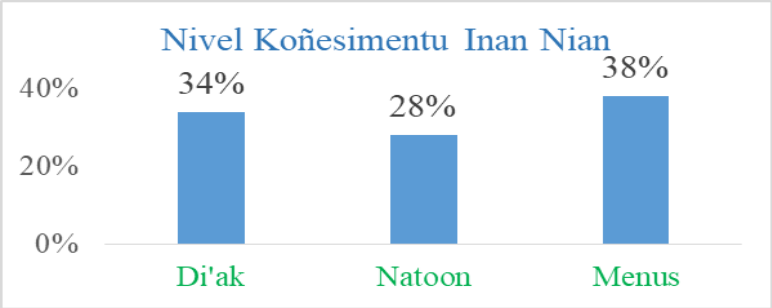

Figure 1 level knowledge of mothers

Based on survey results and charts at the top, it takes respondents with a good knowledge level, a knowledge level of 28%, and a knowledge level of less than 38 percent. The results of this analysis were divided into an indicator of the level of knowledge known and understood. The two indicators are found, to be clearer, in the following chart:

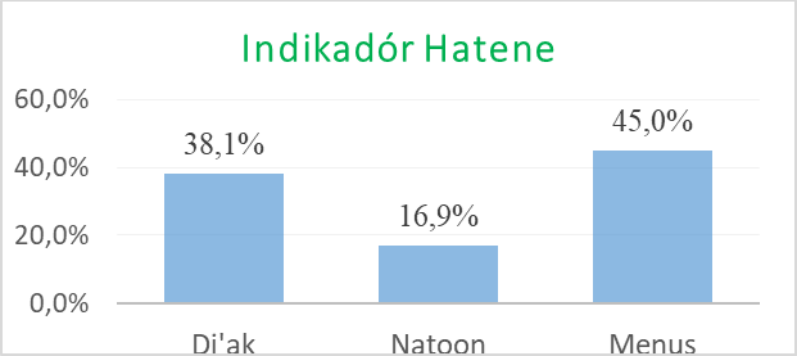

Figure 2. Indicators of knowing

Based on the chart above, the 15 items speak of 8 indicators, with a percentage being 38.1 percent higher, 16.9%, and a level of knowledge lower than 45.0 percent. According to the knowledge level indicators to be understood, it is possible to see in the following chart:

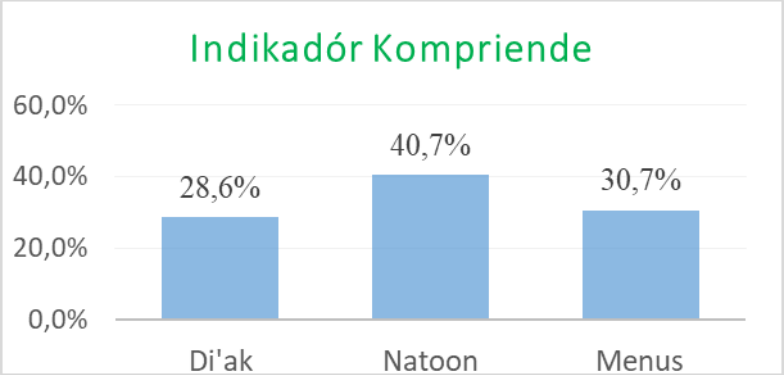

Figure 3 indicators on understanding

Based on the chart above, of the 15 items talking about indicators comprised 7 items, of which a percentage is a right level comprising 28.6 percent, 40.7%, and a knowledge level less than 30.7 percent.

Based on the results of surveys carried out on maternal knowledge of diarrheal diseases for less than five years at the Community Health Center of Remexio, Administrative Post of Remexio, Municipiu Aileuho responded to 20 people. This research said the researcher, distributed a questionnaire at the level of

maternal knowledge of diarrheal diseases with a description consisting of 15 items that spoke to the indicators in 8 items (dubo) and 7 indicators perceived the 7 items.

As for the indicators, knowing that the level of maternal knowledge was knowing the existence of low categories. Because only 45.0% above the category of best and sufficient. Here, by this indicator. The best levels of awareness of the mother are the symptoms of the diarrheal disease because the mothers are 17 or 85% who are aware of the symptoms of the description such as children crying or bilanic, children's mouths, children's rubble, and that children fall asleep.

However, mothers remain unaware of the diarrheal illness due to survey results indicating that 11 or 65% of people do not know. Nor do mothers have 13 or 65% of people who do not know the impact of daily diseases on their children's health.

Regarding the theory of Suriadi & Yuliani (2010), signs or symptoms of diarrheal diseases in which children throw excessive water with lighter characteristics were signaled. This will prove a dehydration character (whose drought, crossed eyes, husbands), drinking water, vomiting, descending stamina, cautious, less drinking water. Thus, the result of research by Erisa Herwindasari (2013) that the actions to prevent diarrheal diseases in mothers' hospitals influence the level of maternal knowledge. Bearing in mind that the level of maternal knowledge is good in preventing diarrheal diseases

On the other hand, the level of maternal knowledge is related to diarrheal diseases with the indicators comprising the category at 40.7% above the average compared to the less and better category. Between the indicators noticed. As the mother understands the mother's understanding better is the impact the baby can have on the tuning fork. The mother who responded does not know if they are only 1 or 5% of the people. And also the maternal understanding of prevention in place of reduced fluid in the baby's body. Only one Bene answered gives nothing and only one answered singular.

However, those least understood by mothers in preventing baby onset with diarrhea at home with an oral language of 14 or 70% of people do not understand diarrhea, killing 15 or 75% of people a day, and mothers with less than 12 or 60% do not understand the deshida (less water or fluid in the body) when the tuning fork. The knowledge of distressing diarrhea is what is expected of mothers since these efforts to prevent possible abuse are so precarious and serious.

Regarding the result of the research by Lina Malikhah (2012), it was concluded that if maternal knowledge were in the right direction. When mothers know about the prevention of diarrhea early when the babies go through the day-to-day, they decide; predictably before being hospitalized or Community Health Center. He was reminded by the Erfandi theory (2013) that he said that there are media models such as television, radio, newspaper, daily, among others, that influence opinion and faith.

Knowing a part of people is trying to know or discover what is given by people to know with their knowledge. They can be informed through people who have been heard by the media, (Notoatmodjo, 2003). Knowledge is an effort that each one seeks to know or wants to know. In addition, he realized that people with minimal education do not mean having absolute and minimal knowledge

The result of Kosasih's peer survey (2015) was 60% of the knowledge of the good-ranking respondent. 38% of respondents of sufficient category. And less than 2% of respondents' knowledge in the category. Maternal knowledge of a better day depends on how the prevention problems of data are solved, in more than 80%. Maternal knowledge is below the food dependency that consumes a percentage of 60%. However, it is suspected that there is already information on the prevention of good mornings. Through health, counseling to get information about the day. From the competent part, it is understood that women must know the prevention and treatment of nurses and daily diseases effectively.

CONCLUSION

Based on research findings on the knowledge of mothers with diarrheal diseases in children under the age of five. At the Remexio Health Center, Administrative Post of Remexio, Municipio de Aileu. The fishing boat concluded:

1. The level of maternal knowledge is related to diarrheal diseases in infants under the age of five who are hospitalized at the Remixio Community Health Center in the category of less than 38%.

2. The levels of maternal knowledge of diarrheal diseases in the Health Centers of Remexio – Aileu of category decreased since mothers do not know about diarrhea and cannot understand how they see the prevention of their children daily, all the farther to the deshida

3. The search should focus on applicants as much as possible, the indicators know the level of knowledge that the category has reduced to 45.0 percent above the category of sufficient knowledge. The same indicator appeared with the category in the range at 40.7%.

From the results of the survey carried out months ago, he wrote suggested to the Health Staff at the Remexio Health Center to carry out the Health promotion activity that is dragging to motivate communities in the areas of Health and Mother Imports to increase the level of knowledge on diarrheal diseases that are part of preventive action.

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