



Analysis of the Implementation of Health Promotion Programs on Diarrhea Disease Control at Kuala Public Health Center, Bireuen Regency

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Article Info

Article history:

Received 1 August 2020

Revised 3 September 2020

Accepted 20 December 2020

Keywords:

Diarrhea, Disease, Health Promotion, Implementation

ABSTRACT

Diarrhoea can deplete the body's electrolyte and water reserves, most notably sodium and potassium. Kuala public health centres, Bireuen Regency, reported an annual increase in the number of children with diarrhoea, from 445 in 2014 to 505 in 2015. The purpose of this study was to determine the extent to which a health promotion program for diarrhoea management was implemented in 2016 in Kuala public health centres, Bireuen Regency. The study adopted a qualitative methodology. It took place between February and June 2016 in Kuala public health centres, Bireuen Regency. The informants who provided information during the study were the subjects of the research. Primary data were gathered through in-depth interviews with informants and field observation, whereas secondary data were gathered through documentary analysis and observation at the public health centres. According to the research, the Kuala public health centres health promotion program was implemented by incorporating it into each public health centre's working units. Diarrhoea was addressed in the Kuala public health centres work area through a health promotion approach. At Kuala public health centres, the health promotion infrastructure, particularly in the media, was inadequate and limited in its capacity to handle diarrhoea. Individuals lacked comprehension as a result of ineffective counselling. Kuala public health centres are recommended to develop a health promotion program through cross-sector collaboration and the use of health promotion media in order to raise public awareness and understanding of diarrhoea..

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1. INTRODUCTION

Diarrhoea causes the loss of a lot of fluids and electrolytes through the faeces. Abnormalities that interfere with absorption in the small intestine are more likely to cause diarrhoea, whereas absorption disorders in the large intestine are less likely to cause diarrhoea. All diarrhoea is a solution transport disorder. Clinical symptoms according to the degree or amount of fluid loss. Several factors associated with increased transmission of infectious diarrheal diseases include environmental factors, behavioural factors, environmental sanitation factors and socio-economic factors. The related environmental factors are the ownership of latrines in each house, the availability of clean water, and a waste disposal site and wastewater. At the same time, behavioural factors include habits, washing hands, feeding methods, especially for infants and toddlers, cooking, drinking water, and using latrines to defecate (Arimbawa, 2016).

Diarrhoea occurs worldwide and causes 4% of all deaths, and 5% of health losses cause disability. Diarrhoea remains the leading cause of death in children under five years of age in Sub-Saharan Africa. Risk factors for acute diarrhoea vary based on context and have important implications for reducing disease burden (Berhe, 2016).

Diarrhoea is still a frightening spectre for people in Indonesia. The high cases of diarrhoea can not be separated from the poor environmental sanitation and clean and healthy lifestyle, which is still often forgotten. The Indonesian Ministry of Health has prioritized health development in the Ministry of Health's strategic plan, with health development priorities centred on controlling infectious and non-communicable diseases followed by environmental health and health promotion. The magnitude of the diarrhoea problem for Indonesia can be seen from the high morbidity of diarrhoea accompanied by extraordinary events and often accompanied by death in Indonesia (Kemenkes RI, 2014).

According to the results of Basic Health Research in 2007, diarrhoea is the number one cause of death in infants (31.4%) and children under five (25.2%), while in all age groups, it is the fourth cause of death (13.2%). In 2012 the diarrhoea morbidity rate at all ages was 214 per 1,000 population, and the diarrhoea morbidity rate in toddlers was 900 per 1,000 population (Kemenkes RI, 2014). The target of service coverage for diarrheal disease patients who seek treatment at health facilities and health workers is 10% of the estimated total of all diarrhoea sufferers (Prawati, 2019).

In 2013, eight outbreaks were spread across six provinces, eight districts with 646 sufferers with seven deaths or Case Fatality Rate (CFR 1.08%). Meanwhile, in 2014 there were six outbreaks of diarrhoea spread across five provinces, six districts/cities, with 2,549 patients with 29 deaths (CFR 1.13%). Nationally, the mortality rate (CFR) in diarrhoea outbreaks in 2014 was 1.13%. Meanwhile, the CFR target for diarrhoea outbreaks is expected to be <1%. Thus, nationally, the CFR of diarrheal outbreaks did not reach the program target (Kemenkes RI, 2014). The second cluster centre is the centre of the spread of diarrhoea; for that, the cluster centre areas with a high incidence of diarrhoea must be the government's attention area for handling diarrhea (Nasari, 2016).

Every year there is an increase in diarrhea cases in Aceh province, this can be seen from diarrhea case reports in 2013 diarrhea cases in Aceh province as many as 99,304 cases and in 2014 as many as 101,258 and increased in 2015 with diarrhea cases as many as 182,322 cases with cases handled as many as 116,058 (63%). The high cases of diarrhoea in Aceh Province cannot be separated from diarrhoea control and prevention programs that do not run effectively and efficiently so that diarrhoea cases continue to increase every year.

According to 2014 Ministry of Health data, Aceh Province is one of the provinces with a fairly high number of diarrhoea cases in Indonesia; it is estimated that there are 101,258

cases in health facilities. This makes Aceh Province the 12th highest diarrhoea case in Indonesia under Papua Province, Central Sulawesi Province, Banten Province, East Java Province, Central Java Province, West Java Province, DKI Jakarta Lampung Province, South Sumatra Province, Riau Province and West Sumatra Province (Kemenkes RI, 2014)..

The diarrhoea prevention program in Aceh Province is minimal; this is inseparable from the lack of health promotion officers at the Aceh Provincial Health Office. The methods used to conduct counselling are still conventional so that people still do not have sufficient knowledge to change various habits related to the prevention of diarrhoea. Health workers who have duties related to diarrheal disease are also reluctant to carry out health promotion activities because they think that the health promotion sector only carries out health promotion. At the same time, they only focus on activities and programs that they think are their main tasks, such as environmental health, officer maternal and child health and surveillance officers.

Behaviours that can cause diarrhoea include: not giving breast milk at the beginning of the baby's life and not continuing until the age of two years, using milk with unclean bottles, storing cooked food at room temperature, using contaminated drinking water, wash hands properly (Sugiarto, 2019). There are still many cases of diarrhoea in children that tend to occur in children who do not wash their hands with soap properly and correctly (Enikmawati, 2017). The way of feeding is not good for toddlers; this is influenced because there are still mothers who provide food that is not suitable for toddlers' age and give milk that is not suitable for toddlers, so it becomes a triggering factor for diarrhea (Meliyanti, 2016). Children who have experienced diarrhoea do not understand and wash their hands with soap properly and correctly, even though teachers and parents often teach them at home (Rosyidah, 2019).

The belief of the Acehnese people about clean and healthy living behavior, which is still low, also plays a role in increasing the occurrence of diarrheal diseases in Aceh province, such as the behaviour of washing hands with soap and running water, defecation in latrines is also still minimal, breastfeeding exclusivity is also insignificant, minimal consumption of clean water and not cooking drinking water. Health promotion strategies have also been pursued by the Aceh Provincial Government, such as collaborating with local and foreign NGOs to build handwashing facilities in schools, building latrines and clean water sanitation through the community-based total sanitation program. Changes have an impact on the number of cases of diarrheal disease in Aceh Province.

Bireuen Regency is one of the areas that contribute to high diarrhoea cases for Aceh Province. Based on the 2015 Aceh Province profile data, it shows that Bireuen Regency is the Regency with the second-highest diarrhoea case in Aceh Province with an estimated number of 16,844 cases and Pidie Regency as the district with high diarrhoea cases in Aceh Province with 12,949 diarrhoea cases. The Kuala public health centers is one of the largest public health centers in Bireuen Regency, with a total working area of 20 villages. The Kuala public health centers is a health centre with a coastal working area prone to flooding and has many swamps, ponds, and rice fields. The population at the Kuala public health centers in Bireuen Regency is still very large who defecate indiscriminately, such as defecating on the seafont, river flows and ponds even though the population at the Kuala public health centers in Bireuen Regency is mostly still consuming river water and dug wells as a source of drinking water, when going to eat often do not wash their hands with soap, exclusive breastfeeding is also still low.

Based on the results of the report from the Kuala public health centers, Bireuen Regency, the number of children with Diarrhoea in children every year continues to

increase, namely: in 2013, there were 329 children with Diarrhoea in children 0-5 years, in 2014 there were 445 children, while in 2015 there were 505 children. Based on these data, it shows an increase every year, although there have been no death reports.

Control of diarrheal disease can be done by maintaining environmental sanitation and health promotion. One of the efforts to control the diarrheal disease is to carry out health promotion, namely all efforts that can affect health improvement. Health promotion strategies, according to Notoatmodjo (2014) are empowerment, atmosphere building and advocacy. Health promotion activities can take education, environmental changes that support health improvement, legislation, or changes to social norms. According Suherman (2019), the Pamulang public health centre needs to carry out health programs in schools by carrying out health counselling or monitoring the nutritional status of students because it is found that there are still students who are undernourished or obese.

2. RESEARCH METHODE

This type of research is research that uses a qualitative approach method that aims to find out clearly and more deeply about important phenomena or issues related to the implementation of health promotion programs for the incidence of diarrheal disease, as well as to explore in-depth the prevention of diarrheal diseases at the the Kuala public health center , Bireuen Regency. The location of this research is the working area of the Kuala public health center , Bireuen Regency. This location was chosen because the working area of the the Kuala public health Center in Bireuen Regency is a the public health centers with diarrhoea sufferers which continues to increase every year, namely: in 2013 patients with diarrheal disease in children, 0-5 years were 329 children, in 2014 as many as 445 while in 2015 there was 505 child. This research was conducted from February 2016 to June 2016.

Qualitative research is not intended to make generalizations from the research results. Research subjects become informants who will provide various information needed during the research process. Informants in this study were: The Kuala public health centers; a. Head of the public health centers Kuala Bireuen Regency : 1 person; b. maternal and child health officer: 1 person; c. Nursing Officer: 1 person; d. environmental health officer: 1 person; e. Surveillance Officer: 1 person; f. Public health education officer: 1 person. Community: 4 people.

The methods used for the data collection process in this study are 1. Primary data, namely data obtained directly through in-depth interviews with informants based on interview guides prepared and researcher observation data. 2. Secondary data were obtained from the Profile of the Aceh Provincial health office, the Bireuen district health office profile, the the Kuala public health center annual report, Bireuen district and agencies related to this research.

Researchers become the main instrument in this study in conducting in-depth interviews. In conducting in-depth interviews, interview guidelines were used, which contained unstructured open questions that could explore more deeply diarrhoea health promotion activities at the the Kuala public health center , Bireuen Regency. Observations made by researchers on public health promotion activities at the The Kuala public health center , Bireuen Regency and environmental health and community behaviour regarding clean and healthy living behaviour in the work area at the Kuala public health center, Bireuen Regency. They were analyzing documents taken from reports from the the Kuala public health center in Bireuen Regency, health center profiles, photos of the activities of the the Kuala public health center in Bireuen Regency, and other related records to the promotion of diarrhoea prevention in children. The tools used by the researcher are as follows: (a) field notebooks and stationery to record all conversations with data sources, (b)

tape recorders which function to record all conversations after obtaining permission from the informant that the results of the interview will be recorded and (c) camera for photographing/documenting the researcher's activities in conducting interviews.

The triangulation carried out in this study was source triangulation, which obtained data from different sources (the Kuala public health centers, Bireuen Regency Health Office and the community) with the technique used namely in-depth interviews and observation and documentation related to diarrhoea health promotion programs. This research is a qualitative descriptive study, with more of a description of the results of interviews and observations. The data obtained will be analyzed qualitatively and described in descriptive form.

3. RESULT AND ANALYSIS

Karakteristik dari masing-masing informan pada penelitian ini, dapat dilihat pada tabel:

Name Initial	Education	Profesion
HS	Bachelor	Health Workers
NB	Diploma	Health Workers
CH	Diploma	Health Workers
SM	Bachelor	Health Workers
AH	Bachelor	Health Workers
CA	Senior High School	Cadre
MA	Senior High School	Cadre
FJ	Senior High School	Mother of babies
LH	Senior High School	Mother of babies

There were nine informants in this study consisting of Head of the Kuala Health Center, Bireuen Regency, Maternal and Child Health (KIA) officers, nursing staff for the management of the Sick Toddler Integrated Management program, environmental health workers, public health counselling officers and mothers of toddlers whose children suffer from diarrhoea as two people and two cadres.

The implementation of health promotion in the public health centres refers to the Regulation of the Minister of Health of the Republic of Indonesia No. 585/Menkes/SK/V/2007 concerning Guidelines for the Implementation of Health Promotion in the public health centres to analyze the implementation of health promotion programs in tackling diarrhoea at the Kuala public health centre, it can be seen from the summary of interviews with informants as follows:

“Walaikumsalam sir..we from the Kuala Health Center explained that health promotion efforts in the Kuala sub-district are still being carried out through routine activities in the field. One of the activities we carried out was such as health education in various schools and villages. Likewise, in every posyandu implementation, we conduct counselling with the counselling topic that we have agreed on in advance at the Puskesmas. There are also health promotion activities that we carry out based on the program from the Health Office. Such as implementing the Health Operational Assistance program or BOK, where activities must be adjusted to the available budget. For BOK, the purpose of health promotion is

aimed at maternal and child health and nutrition, while for environmental health promotion activities are additional activities" (informant 1)

From the interview above, it is known that health promotion efforts in the Kuala sub-district are still not optimal; this is because the environmental health program is still classified as an additional activity at the public health centres or is not a priority activity to prevent diarrheal disease in the community. The responses from Maternal and Child Health officers regarding the health promotion program at the Kuala Health Center are as follows:

"Yes, sir, it is related to health promotion; sir, it is not our main responsibility because it is an activity in the field of health promotion. However, we try to answer it, sir, according to the target of our service, which is specifically for mothers and children. The promotional activities for mothers who have babies and toddlers in the Kuala Health Center area are in the form of counselling for mothers who come to the Posyandu, such as counselling on family planning, immunization and nutrition on how to give good food to infants and toddlers. All of these activities are carried out by the Maternal and Child Health program staff at the public health centres and assisted by midwives in the villages" (informant 2).

Meanwhile, according to the public health extension officer at the Kuala Health Center regarding the implementation of the health promotion program, it can be seen from the results of the interview as follows:

"Thank you, sir.. now, regarding the health promotion program at the Kuala Health Center, sir, it has been going well, but there are problems in its implementation. We know that there are ten most diseases in the Kuala Health Center area: diarrhoea. Well..from the data, we were given the task by the Head of the Puskesmas to plan activities in the field in the form of outreach to the community. However, we are facing a problem where the community is less active in attending the counselling activities that we have conveyed. Furthermore, sir, we did not get a response from the local village officials, so that people were lazy when invited to attend the counselling. Another obstacle for us, sir..is that we do not have health education teaching aids for that. Through this interview, sir, we hope for suggestions or input from the Bireuen District Health Office to plan its procurement, sir" (informant 5).

The public's response to the health promotion program at the Kuala Health Center is as follows:

"Walaikum salam sir...wow, we are very happy that the father from the public health centres visited us to ask about our complaints, especially regarding health education. Well, sir, we have to tell the truth that this health promotion has not touched us as residents at the Kuala Health Center. We do not know, sir, if we are sick, the Puskesmas staff will visit us and provide health information. As far as we know, sir, but sorry in advance, sir, I did not mean to teach...that we should be given counselling before we get sick, sir, so we can find out what things we do so we do not get sick" (informant 8).

From the interviews above, it can be seen that the implementation of the health promotion program at the Kuala Health Center has been implemented but has not been

maximized. There are still obstacles to its implementation. Likewise, the response of people who have not felt the benefits of health promotion provided by the Kuala Health Center.

4. DISCUSS

Analysis of the Implementation of the Health Promotion Program at the Kuala Health Center, Bireuen Regency

Diarrhoea is the discharge of abnormal and liquid stools. It can also be defined as bowel movements that are abnormal and liquid with more frequency than usual. Infants are said to have diarrhoea when they have more than three bowel movements, while neonates are said to have diarrhoea when they have more than four bowel movements (Khasanah, 2016). Based on the Regulation of the Minister of Health No. 75 of 2014 concerning Puskesmas, there are two functions of Puskesmas, namely Community Health Efforts and Individual Health Efforts. Public health efforts are every activity to maintain and improve health and prevent and overcome the emergence of health problems targeting families, groups, and communities through health promotion efforts.

Health promotion programs are included in public health efforts and spearhead Puskesmas services to the community. Puskesmas are required to improve performance as stated in the Minister of Health Regulation No. 1114/Menkes/SK/VII/2005 concerning Guidelines for the Implementation of Health Promotion in the Regions. In the regulation of the Minister of Health, it provides an understanding that health promotion is an effort to increase the ability of the community through learning from, by, for and with the community so that they can help themselves and develop activities that are community-based, under the local socio-cultural and supported by public policies that health-minded. What is meant by public health efforts and individual health efforts is an activity and or a series of health service activities aimed at improving, preventing, curing disease, reducing suffering due to disease and restoring individual health.

Diarrhoea in the The Kuala public health centers is a health problem that is often faced. Data from the Bireuen District Health Office in 2015 showed an increase in the number of diarrhoea sufferers in children under five in the The Kuala public health centers area as many as 445 cases. The The Kuala public health centers has carried out efforts to prevent diarrhoea through health promotion activities and health assistance at the public health centre, integrated service post, village health post.

The results of interviews with informants stated that the The Kuala public health centers had implemented health promotion programs both at the Puskesmas and outside the Puskesmas or villages. The form of activities carried out includes health education activities to the community and activities involving community participation, such as cleaning the environment and repairing latrines at residents' homes. Some community informants who rarely participate in environmental activities stated that they had never received counselling and other activities related to diarrhoea prevention. Most of the informants who often participate in environmental activities stated that they had received activities related to diarrhoea prevention. The community has received activities related to the promotion of diarrhoea, namely the provision of clean water facilities and latrines. It is known that lectures and counselling activities are carried out at the Posyandu according to residents' requests and are not programmed activities.

Health promotion to control the incidence of diarrhoea needs to be done because there are various responses and different acceptances in the community. Several things

related to educational, socio-cultural, and economic backgrounds cause various understandings, attitudes and responses and public acceptance of diarrhoea, high population density, poor hygiene and heightening the incidence of diarrhoea. These factors facilitate the spread or transmission of infection. The results of interviews with maternal and child health workers and public health educators stated that the The Kuala public health centers area community had low awareness to maintain environmental cleanliness to prevent infectious diseases such as diarrhoea. From field observations, it is known that the garbage and community waste products are still around the residents' homes, creating a dirty environment, especially for children under five and babies who live around them.

According to Bustami (2011) that health programs will be of high quality if they are managed and directed under applicable work provisions and procedures to make health services easier to be accepted by the community properly. Diarrheal disease control can be done by maintaining environmental sanitation and health promotion. One of the efforts to control the diarrheal disease is to carry out health promotion, namely all efforts that can affect health improvement. Health promotion activities can take education, environmental changes that support health improvement, legislation, or changes to social norms (Kep, 2017).

Another problem in the The Kuala public health centers area is mothers of toddlers who do not get used to their children's washing their hands before eating. The clean water facilities available at people's homes are of low quality and contaminated by dirt from outside, the habit of mothers of toddlers who get used to their children throwing faeces in random places. Of course, this will encourage the spread of bacteria that enter the toddler's body. According to Susana (2015), to prevent or at least reduce the contamination of human waste to the environment, human waste must be managed properly, meaning that the disposal of human waste must be in a certain place or a healthy latrine. Public awareness of maintaining environmental cleanliness is still considered low (Tambunan, 2020). From the results of interviews with cadres, it is known that waste management is not managed properly; there are still people who throw garbage into rivers, ditches and in their yards.

Clean water must be taken from sources that are protected or not contaminated to prevent diarrhoea. Sources of clean water must be far from cattle pens and latrines, at least ten meters from water sources. Water must be stored in a clean container and taken in a container using a clean diaper, and for drinking, the water must be boiled. People who are reached by the provision of clean water have a smaller risk of suffering from diarrhoea when compared to people who do not get clean water.

Based on the description above, it can be seen that the public's understanding of diarrhoea at the The Kuala public health centers is still not quite right. There are some misconceptions. The understanding and perception of this community are influenced by the knowledge and information received. So far, outreach activities have focused more on handling diarrhoea than on prevention and understanding of diarrhoea itself. People are less able to connect diarrhoea with the environment, so that people do not take preventive action.

Modifications in health education strategies or methods for school children are urgently needed (Nurhidayah, 2018). Counselling activities interspersed with games and handwashing simulations accompanied by music in health promotion activities increased student enthusiasm (Suhendar, 2019). Providing information and knowledge about diseases through outreach activities can be one of the efforts to increase the literacy of school students (Purnama, 2018). The role of students in this activity is active as participants in the counselling. The output of this health education is the creation of handwashing habits in school students (Purwandari, 2015).

For this reason, it is necessary to carry out health promotion that aims to provide information to the public about the influence of the environment on the prevention of diarrhoea. With the information provided, it is hoped that the public will know the relationship between the environment and diarrhoea so that they are expected to take the necessary preventive measures. Knowledge is a factor that influences a person to take action.

Analysis of Diarrhea Management Implementation at Kuala Health Center, Bireuen Regency

Health problems that need attention, especially diarrhoea, which generally affects infants and toddlers, can be the biggest contributor to death. Factors of personal hygiene and environmental sanitation, parental awareness to behave in a clean and healthy life, and breastfeeding are important factors in reducing diarrhoea morbidity in infants and toddlers (Hartati, 2018). Parents or mothers with low education tend to have less knowledge about how to prevent diarrhea (Siauta, 2015).

The function of supervision and control is the last function of the diarrhoea management process at the public health centres, through the function of supervision and control, the standard of success of the program as outlined in the form of targets, work procedures and so on must always be compared with the results that have been achieved or that are capable of being carried out by the staff. If some gaps or irregularities occur, they must be addressed immediately. Deviations must be detected early, prevented, controlled or reduced by the leadership. The function of supervision and control aims to make resources more efficient, and the tasks of staff to achieve program objectives can be more effective (Bustami, 2011)

Diarrhoea is one of the main diseases common in developing countries, attacking the community, especially children under the age of 5 years. Diarrhoea can occur for various reasons; transmission is through food and drinks contaminated by the germs that cause it. One of the causes of diarrhoea is intestinal inflammation, cholera, dysentery, bacteria, viruses, etc. Another reason is nutritional deficiencies, such as the possibility of being lacking and can also be caused by food and beverage poisoning (Kemenkes RI, 2014).

Considering the severity of diarrhoea's impact, the Bireuen District Health Office has a basic policy in dealing with Diarrhea, which is regulated in the Integrated Management of Sickness. Integrated Management of Illness is a program carried out to reduce the incidence of diseases suffered by toddlers, especially Diarrhea, formerly known as the ORS corner. Activities carried out in the Integrated Management of Health Service at The Kuala public health centers include direct examination of patients, early treatment or treatment, counselling, and counselling.

The failure of the Integrated Management of Sick Toddlers at the The Kuala public health centers resulted in the implementation of standard diarrhoea management in health facilities through the Five Steps to Complete Diarrhea not running optimally, of course, cannot be separated from the supervision of the head of the public health centres and the Health Office which has not been maximized. Supervision and guidance need to be improved to implement health promotion programs on Diarrhea can run under the expected goals.

One of the main activities of the The Kuala public health centers to control diarrhoea is to collect and analyze data on diarrheal disease, report cases of diarrheal disease, investigate in the field to see whether the incoming reports are true or not to find new cases and find out the sources of transmission of the action. As soon as possible to prevent widespread disease development, treat patients so that they are no longer a source of disease

transmission, provide immunizations, eradicate vectors and provide health education to the public. The third factor that can influence the incidence of diarrhoea is behavioural factors. Exclusive breastfeeding and handwashing are behavioural factors that influence the spread of enteric germs and reduce the risk of diarrhea (Utami, 2016).

The results of interviews with the informant of the Head of the Kuala health centre stated that the diarrhoea control program in the Kuala sub-district was carried out by treating patients. However, more emphasis on health promotion approaches education or health counselling is delivered routinely to the community. Every work unit in Kuala public health centres has a health promotion program. Such as the maternal and child health work unit, which has a health education program on preventing diarrhoea for pregnant women and those with children under five, as well as the environmental health work unit, which has a program of inspection of public places as well as conveying health information about the transmission of diarrhoea through the environment, which is not clean. Other work units also do the same thing in the public health centres, each of which must have a health promotion program for the community (Hanum, 2020). If diarrhoea sufferers are found with severe cases and are not treated at the Kuala public health centres, they will be immediately referred to the regional general hospital.

Diarrhoea control at the The Kuala public health centers also involves sub-district and village government officials, which is the subject of discussion in every meeting with the sub-district government attended by the community. Programs that involve government officials and the community include: doing mutual assistance together; helping to report if there are diarrhoea sufferers; conveying messages on the prevention of diarrhoea in every meeting held both at the sub-district and village levels (Dwiastuti, 2018).

The people of Johar Baru village consider that diarrhoea is a trivial disease. Bad behaviour often occurs around them, such as indiscriminate disposal of waste, unsanitary snacks, and unavailability of clean water in the surrounding environment, which are factors supporting the occurrence of diarrheal disease (Putra, 2020).

A persuasive approach can be enriched with messages that evoke strong emotions, especially to change people's opinions or beliefs. Especially if the message contains recommendations on how changing attitudes can prevent the negative consequences of messages related to diarrheal disease. This method is very effective for health-related behaviour, so it can be understood if the community will accept the message regarding prevention and management of diarrhoea. Health promotion programs can be carried out in various ways, one of which is health education (Tarigan, 2020; Nasution, 2019). The provision of health education is expected to increase the knowledge and attitudes of the community in carrying out various activities that will be carried out (Meutia, 2020).

Advocacy can be interpreted as a strategic and planned effort or process to get commitment and support from the relevant parties (stakeholders). In contrast to atmosphere development, advocacy is directed at generating support in policies (e.g. in the form of laws and regulations), funds, facilities, and other similar types. Conceptually, community empowerment is an effort to increase the dignity of the layers of society that, in their current condition, are unable to escape the trap of poverty and underdevelopment.

In other words, empowering is enabling and empowering the community. According to Siregar (2020), in the concept of empowerment, humans are subjects of themselves. The empowerment process emphasises giving the ability to the community to be empowered, encouraging or motivating individuals to have the ability or empowerment to determine their life choices. In achieving health independence, community empowerment is an important element that cannot be ignored. Health empowerment in the health sector is the main target of health promotion. Community is one of the global strategies for health promotion empowerment (empowerment), so that community empowerment is very important to do so

that the community as the primary target has the will and ability to maintain and improve health.

Health promotion from health workers is expected to increase a mother's self-efficacy in verbal persuasion to organize and carry out the main action in handling diarrhoea in toddlers. Not only the skills possessed by a mother but the decisions made by a mother from the skills she has. This positive attitude will eventually be realized in the form of real behaviour to prevent diarrheal disease; the concept of thinking is in line with the formation of behaviour preceded by attitudes, while attitudes precede knowledge (Nasution, 2017; Siregar, 2021).

According to Siregar (2020), in the health dimension, empowerment is a process carried out by the community (with or without external intervention) to improve environmental conditions, sanitation and other aspects that directly or indirectly affect public health. The communicable disease prevention implementation unit at the the Kuala public health centers is a unit that is given the responsibility to carry out the guidance and control of the implementation of disease eradication efforts in order to reduce diarrhoea cases. The communicable disease prevention implementing officers who deal with diarrhoea at the the Kuala public health centers include the head of the public health centres as the person in charge of health services, The communicable disease prevention, the public health centres implementer as the person in charge of the program and nurses or midwives/village midwives as the officers who directly handle patients.

From the results of interviews with the community, it is known that the prevention of diarrhoea at the the Kuala public health centers is considered to be still low. One mother of a toddler stated that the public health centres did assist in ORS solutions for her child, but the amount was limited while her child still needed ORS solutions or was still sick. After this was questioned, the public health centres said that the supply of ORS solutions at the public health centres was still limited. Likewise, other informants complained about village midwives' services, making it difficult for mothers of toddlers to ask for help if their children had diarrhoea.

According to the informant, the things that reduce the success of health promotion at the the Kuala public health centers are health promotion activities for diarrhoea prevention so far; so far, the activities are carried out by each person in charge of the program separately. These activities are carried out according to the program of each division, such as water quality improvement activities by the environmental health department, counselling for breastfeeding by the maternal and child health department and clean and healthy lifestyle activities by the community counselling section. The activities carried out are more focused on health education, while environmental changes that support health, changes in social norms and legislative efforts have received less attention.

In addition to health promotion activities that are not integrated, another factor that can affect the success of health promotion at the the Kuala public health centers is the planning factor. So far, some health promotion activities are carried out when cases arise, not pre-programmed activities. From the discussion results above, it can be concluded that the diarrhoea prevention program through a health promotion approach at the the Kuala public health centers is still ineffective and has benefits for the community.

5. CONCLUSION

The implementation of the health promotion program at the kuala health center, Bireuen Regency is carried out by integrating the main activities in the service unit program at the health center through services to the maternal and child health unit, infectious disease prevention unit, family health unit, and community empowerment unit. The handling of

diarrhoea cases in the kuala health center, Bireuen Regency is carried out through a health promotion approach and involves local government and community participation to increase public knowledge and awareness in maintaining personal and environmental hygiene. Health promotion facilities at the kuala health center, bireuen regency are still minimal, especially the media for diarrhoea management. As a result, people's understanding of diarrhoea is still very lacking due to officers' ineffective counselling methods.

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