

The Association Between Maternal Characteristics and Mothers' Knowledge of Self-Medication for Childhood Diarrhea in Central Bengkulu Regency

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ABSTRAK

Banyak ibu rumah tangga melakukan pengobatan sendiri sebagai langkah pertama dalam menangani diare tanpa berkonsultasi dengan dokter. Studi ini dilakukan untuk menentukan tingkat pengetahuan dan hubungan antara karakteristik ibu rumah tangga dengan pengetahuan swamedikasi untuk diare pada anak-anak di Desa Sri Kuncoro, Kabupaten Bengkulu Tengah. Keunikan studi ini terletak pada analisis hubungan antara faktor demografis ibu dan tingkat pengetahuan tentang pengobatan mandiri yang aman untuk anak-anak di daerah pedesaan. Studi ini menggunakan desain deskriptif kuantitatif dengan pendekatan survei. Sampel sebanyak 86 responden dipilih menggunakan metode sampling purposif. Responden harus memenuhi kriteria inklusi yaitu memiliki anak berumur 0-12 tahun, pernah melakukan swamedikasi diare pada anak, dan dapat membaca, sedangkan kriteria eksklusinya adalah ibu yang tidak menyelesaikan pengisian kuisioner dan tidak dapat berkomunikasi dengan baik. Rekrutmen responden dilakukan dengan meminta kesediaannya melalui *informed consent*. Data dikumpulkan melalui kuisioner yang telah diuji validitas dan reliabilitasnya, terdiri dari 18 pertanyaan dengan skala Guttman. Analisis data dilakukan secara univariat dan bivariat menggunakan metode persentase untuk menggambarkan karakteristik responden dan tingkat pengetahuan mereka tentang pengobatan mandiri untuk diare pada anak. Hasil penelitian menunjukkan bahwa sebagian besar responden berusia 26–35 tahun (43.02%), memiliki pendidikan SMA (40.70%), dan bekerja sebagai ibu rumah tangga (94.19%). Pengetahuan ibu tentang pengobatan sendiri untuk diare termasuk dalam kategori baik (81.40%). Analisis hubungan menunjukkan bahwa variabel pekerjaan memiliki hubungan yang signifikan dengan tingkat pengetahuan ($p=0,03$), sementara usia dan pendidikan tidak menunjukkan hubungan yang signifikan secara statistik. Sebagian besar responden memiliki pengetahuan yang baik tentang pengobatan mandiri untuk diare pada anak-anak. Faktor pekerjaan berhubungan dengan tingkat pengetahuan, sementara usia dan pendidikan tidak signifikan.

Kata kunci: Diare; Ibu; Anak-anak; Swamedikasi; Pengetahuan.

ABSTRACT

Many housewives self-medicate as a first step in treating diarrhea without consulting a doctor. This study was conducted to determine the level of knowledge and the relationship between housewives' characteristics and the knowledge of self-medication for diarrhea in children in Sri Kuncoro Village, Central Bengkulu Regency. The novelty of this study lies in the analysis of the relationship between the demographic factors of mothers and the level of knowledge of safe self-medication for children in rural areas. This study used a quantitative descriptive design with a survey approach. A sample of 86 respondents was selected using purposive sampling. Respondents had to meet the inclusion criteria, namely having a child aged 0–12 years, having previously self-medicated a child's diarrhea, and being able to read, while the exclusion criteria were mothers who did not complete the questionnaire and could not communicate effectively. Respondent recruitment was conducted by obtaining their consent through an informed consent form. Data were collected through a questionnaire that had been tested for validity and reliability, consisting of 18 questions with a Guttman scale. Data analysis was performed using univariate and bivariate methods, employing percentage calculations to describe respondent characteristics and their level of knowledge regarding self-medication for childhood diarrhea. The results showed that the majority of respondents were aged 26–35 years (43.02%), had a high school education (40.70%), and worked as housewives (94.19%). Mothers' knowledge of self-medication for diarrhea was in the good category (81.40%). The relationship analysis showed that the occupation variable had a significant relationship with the level of knowledge ($p = 0.03$), while age and education did not show a statistically significant relationship. Most respondents had good knowledge about self-medication for diarrhea in children. The occupation factor was significantly associated with the level of knowledge, while age and education were not significant.

Keywords : *Diarrhea; Mother; Children; Self-medication; Knowledge.*

INTRODUCTION

Self-medication is an attempt to treat symptoms using over-the-counter and limited-access medications that can be purchased freely by the public. These medications are obtained at pharmacies or drug stores without consulting a doctor or undergoing a medical examination. Self-medication is an option that can be taken by the public to facilitate access to treatment (Wulandari et al., 2023). One of the diseases that can be treated with self-medication is diarrhea. Global studies show that diarrhea is one of the most common health complaints that leads to self-medication (Limaye et al., 2017).

Diarrhea is a condition in which a person has loose or watery stools, which may even be entirely liquid, and the frequency is higher than normal (usually three or more times) in a day (Kementrian Kesehatan RI, 2021). Diarrhea is the third leading cause of death in children aged 1–59 months. This disease can be prevented and treated. Globally, there are nearly 1.7 billion cases of diarrhea in children each year (World Health Organization (WHO), 2024). In Indonesia, the age group with the highest prevalence is 5–14 years old, followed by children under 5 years old at 9.1%. The prevalence among females in rural areas, with low education levels, and among fishermen is relatively higher than in other groups (Badan Kebijakan Pembangunan Kesehatan, 2023).

While existing studies have examined maternal knowledge regarding diarrhea management in various Indonesian urban settings (Cindo et al., 2023; Sari et al., 2023), there remains a notable research gap concerning how distinct maternal demographic and socioeconomic characteristics specifically influence self-medication practices within the geographically unique context of Central Bengkulu Regency. Furthermore, previous investigations often isolate maternal knowledge from broader environmental and structural determinants, neglecting the nuanced interplay between local cultural beliefs and health-seeking behaviors in rural agrarian populations (Asilah et al., 2022; Zuraida et al., 2025). Therefore, this study is needed to provide local evidence on how maternal characteristics are associated with mothers' knowledge of self-medication for diarrhea in children in Central Bengkulu Regency.

In 2023, the coverage of diarrhea treatment for all ages was 41.5%, and for toddlers was 31.7% of the target set (Kementrian Kesehatan RI, 2024). According to the 2023 Bengkulu Province Health Profile data, the target number of cases to be identified was 56,648 cases of diarrhea in all age groups, with 8,264 (15%) cases treated. Specifically, for cases of diarrhea in children under five, the target number of cases was 58,735, with 2,899 (5%) treated (Dinas Kesehatan Provinsi Bengkulu, 2023). The high prevalence of diarrhea may be influenced by the community's knowledge of diarrhea treatment. This study aims to determine the level of knowledge and its relationship with community characteristics, particularly housewives, regarding self-medication for diarrhea in children.

METHOD

This study was conducted using a descriptive survey method in Sri Kuncoro Village, Central Bengkulu Regency. This study used an analytical observational method with a cross-sectional design. The cross-sectional design was applied because data on maternal characteristics and the level of knowledge regarding self-medication for diarrhea in children were collected at one point in time from each respondent during the study period. The data collection method used was purposive sampling. The sample size was calculated using the Slovin formula, resulting in a sample size of 86 respondents. The instrument used to measure knowledge was a questionnaire consisting of 18 questions. The validity of the questionnaire was tested by distributing it to 30 respondents, resulting in a table r for

30 respondents of 0.361. Meanwhile, the reliability test results showed that the questionnaire was reliable because the Cronbach's Alpha value was $0.626 > 0.6$.

This study used The Mother's Knowledge of Childhood Diarrhea Questionnaire is a closed-ended questionnaire that uses a Guttman scale for scoring. Correct answers are scored as one, while incorrect answers are scored as zero. Respondents' total scores were converted to percentages and then categorized as "good" if the score fell within the range of 76%–100%, "fair" if within the range of 56%–75%, and "poor" if the score was less than 56%. The data analysis methods used were univariate and bivariate analysis. Univariate analysis aimed to describe the characteristics of the respondents and the variables related to housewives' knowledge of self-treatment for childhood diarrhea. Bivariate analysis was used to determine the relationship between the respondents' characteristics and their level of knowledge. The statistical test used was the chi-square test with a significance level of $\alpha = 0.05$. The data were analyzed using SPSS Version 25. This study has passed an ethical review and obtained an ethical clearance certificate No. KEPK.BKL/310/04/2025.

RESULTS

Respondent Characteristics

Table 1 shows the distribution of respondents based on age, education, and occupation. The majority of respondents were aged 26–35 years (43.02%), had completed senior high school education (40.70%), and were housewives (94.19%). These findings indicate that the study population was dominated by women of productive age who were primarily responsible for childcare and household health management. The predominance of respondents with secondary education suggests a population with a moderate educational background, which may influence their access to and understanding of health information.

Table 1. Respondent Characteristics (n=86)

Characteristics	Category	n	(%)
Age (years)	17-25	9	10.47%
	26-35	37	43.02%
	36-45	27	31.40%
	>46	13	15.12%
Education level	Elementary School	20	23.26%
	Junior High School	23	26.74%
	Senior High School	35	40.70%
	University	8	9.30%
Job	Housewife	81	94.19%
	Government Employee	1	1.16%
	Entrepreneur	3	3.49%
	Farmer/Laborer	1	1.16%

Level of Knowledge Among Mothers Regarding Self-Medication for Childhood Diarrhea

Table 2 shows that most respondents had a good level of knowledge about self-medication for diarrhea, namely 81.40%, while 16.28% had adequate knowledge and only 2.33% had insufficient knowledge.

Table 2. Frequency of Mothers' Knowledge Levels Regarding Self-Medication for Childhood Diarrhea (n=86)

Knowledge Levels	n	%
Good	70	81.40%
Moderate	14	16.28%
Poor	2	2.33%

Relationship Between Characteristics and Mothers' Knowledge Levels in Self-Medication for Childhood Diarrhea

Table 3 shows the analysis of the relationship between age, education, and occupation with knowledge level. The results indicate that only the occupation variable has a significant relationship with knowledge level ($p=0.03$), while age ($p=0.052$) and education ($p=0.228$) do not show a significant relationship.

Table 3. Analysis of the relationship between characteristics and mothers' level of knowledge in self-medication for childhood diarrhea (n=86)

Characteristics	Knowledge Level			p-Value (Chi-square test)
	Good	Moderate	Poor	
Ages (Years)				
17-25	6	3	0	0.052
26-35	32	4	1	
36-45	23	4	0	
<46	9	3	1	
Education Level				
Elementary School	14	4	2	0.228
Junior High School	18	5	0	
Senior High School	31	4	0	
University	7	1	0	
Job				
House Wife	66	13	2	0.03
Government Employee	1	0	0	
Entrepreneur	2	1	0	
Farmer/Laborer	1	0	0	

DISCUSSION

Respondent Characteristics

The research results were obtained from 86 respondents who were willing to participate in the study until the end. The majority of respondents were aged 26-35 years, accounting for 43.02%. This age group is classified as early adulthood, which is the productive age when individuals are still able to work and produce something, or have the skills to carry out activities regularly. Respondents over the age of 30 generally care about the health of each member of their family and have more experience (Nugraheni, 2023). Age influences people's self-medication practices in decision-making regarding drug selection, such as choosing drugs based on price, switching from conventional drugs to traditional drugs, or switching from inexpensive drugs to moderately priced ones (Marhenta et al., 2024). These results indicate that the productive age group and housewives dominate the respondents, signifying that they play a major role in children's health decision-making. The secondary education of most respondents enables them to receive health information, but they still need guidance in understanding the correct use of medicines. The dominance of housewives also reflects a potential target group for safer and more rational self-medication education.

Data on respondent characteristics based on occupation shows that 94.19% of respondents are housewives. Housewives are more likely to self-medicate, as they are considered to have more time at home and are therefore more aware of their children's development and condition. Housewives are more sensitive in seeking treatment and generally do not have their own income, so they resort to self-medication, which is considered easier and more practical without having to go to the doctor (Baiq, 2023).

In terms of characteristics based on education level, the majority of respondents had a high school education (40.70%). The low level of education of the respondents in this study may be a factor in their lack of knowledge in understanding self-medication practices in the household. Education level can affect the level of knowledge of respondents because a person's ability to receive and understand is determined by their level of education. The acceptance and understanding of information received by someone with a higher education is better than that of someone with a lower education (Corneles & Losu, 2015).

Level of Knowledge of Mothers in Self-Medication for Childhood Diarrhea

Based on the results of the study (Table 2), it was found that respondents in Sri Kuncoro Village, Central Bengkulu, had a good level of knowledge of self-medication for diarrhea, with 81.40% falling into this category. This means that the majority of mothers already know the basic steps in treating diarrhea in children, including the use of oral rehydration solution and the importance of hydration. Housewives are very concerned about their families' health (Ajhi et al., 2024). However, there is still a small number of respondents who have either adequate or insufficient knowledge, which could lead to errors in administering medication. Limited information and the habit of using medication based on personal experience may be the cause. These findings underscore the importance of improving education regarding medication selection, dosages, and warning signs that require medical consultation, so that self-medication remains safe for children.

Respondents were categorized as having good knowledge if they could answer 14-18 items on the questionnaire correctly out of a total of 18 items. As parents, especially mothers, a good knowledge of self-medication for diarrhea in children is needed so that treatment can be carried out appropriately to avoid medication errors or mistakes in treatment. Such treatment errors can be caused by limited knowledge about the medication and how to use it. Most of the general public only know the brand name of the medication without knowing its contents (Pransiska et al., 2023).

Knowledge is one of the factors that influences the incidence of diarrhea in toddlers. Mothers with low knowledge will not understand how to prevent diarrhea. In theory, diarrhea can be prevented by knowing its causes (Febrianti et al., 2022). Based on previous research conducted in Gumilir Village, 60% of respondents had good knowledge. The high level of public knowledge may be due to the abundance of information about diarrhea in the mass media and the active role of health workers in local health facilities (Kosasih et al., 2015). Knowledge influences a person's overall attitude because it helps them form beliefs that help them perceive reality, make decisions, and act on an object (Lestari et al., 2022).

Analysis of the Relationship between Age and Level of Knowledge

The results of the study (Table 3) show that respondents in the 26–35 age group had the highest proportion of good knowledge (32 people). The p-value obtained was 0.052, so statistically there was no significant relationship between age and level of knowledge ($p > 0.05$). Although not significant, there is a tendency for respondents in the productive age range (26–45 years) to have better knowledge. For example, research in Purworejo Village shows that age does not significantly affect knowledge of self-medication for diarrhea ($p > 0.05$) (Farida & Nusroh, 2023). Meanwhile, research in Africa shows that mothers' knowledge is significantly associated with demographic characteristics such as age and family economic status (Ndayisaba et al., 2022). Age affects a person's comprehension and mindset (Gusman et al., 2021). The productive age is generally accompanied by emotional and cognitive maturity, as well as more life experience, including experience in caring for sick children. Other studies also show that mothers of productive age have a higher ability to access and understand health information compared to younger or older women (Nurapandi et al., 2022).

In the younger age group (17–25 years), low levels of knowledge may be due to limited experience in caring for children and limited exposure to health information. Meanwhile, in the >46 age group, despite having experience, there may be limitations in accessing the latest information due to technological factors or a low interest in seeking new information. These findings are consistent in that although productive age usually brings experience, this factor may not be the main determinant of accurate knowledge statistically.

Analysis of the Relationship between Education and Knowledge Level

Respondents with a college education all had good knowledge (7 people), followed by high school graduates (31 people) and junior high school graduates (18 people). The p-value was 0.228, indicating no significant relationship between education level and knowledge ($p > 0.05$). The same was found in a study from Yogyakarta, which found that education significantly affected knowledge of self-medication for diarrhea ($p < 0.005$), while occupation and income were not significant (Baroroh et al., 2021).

Theoretically, education level affects an individual's ability to receive, understand, and process information (Damayanti & Sofyan, 2022). Higher education generally makes it easier for someone to understand medical terminology and sort out valid information. However, the results of this study did

not show a statistically significant relationship. This may be due to other factors such as personal experience, access to information through the media, and the influence of the social environment, which can enrich knowledge even if the level of formal education is low. These results are in line with previous studies that found that although education level plays a role in health knowledge, factors such as experience and the habit of obtaining information from the mass media or counseling also play an important role (Suryani et al., 2025).

Analysis of the Relationship between Occupation and Level of Knowledge

The majority of respondents were housewives (66 people) and most of them had good knowledge. Respondents who were civil servants all had good knowledge, while there were fewer respondents who were farmers/laborers and entrepreneurs. The p-value obtained was 0.03, indicating a significant relationship between occupation and level of knowledge ($p < 0.05$). These findings indicate that occupation plays an important role in determining mothers' knowledge level. Housewives, who have more time at home, tend to be more sensitive to their children's conditions and actively seek health information.

The type of job can affect knowledge because it is related to the level of exposure to information, the work environment, and social interactions. Jobs in the formal sector, such as civil servants, tend to provide broader access to health information through occupational health facilities, counseling, or internal media. Conversely, informal jobs or jobs with high physical demands, such as farmers/laborers, may limit the time and opportunity to obtain health information. A study also states that individuals with formal jobs have better health knowledge levels than informal workers, partly due to differences in access to information and communication networks (Anggraini, 2025).

Of the three variables analyzed, only occupation showed a significant relationship with mothers' knowledge of self-medication for diarrhea in children. However, in practical terms, age and education remain important factors that can influence knowledge even though they are not statistically significant in this study. These results confirm that health education programs need to consider the demographic characteristics of the target audience, particularly occupation, so that information delivery strategies are more appropriate. For example, for housewives or informal workers, education can be provided at health posts or PKK (Family Welfare Movement) activities, while for formal workers it can be provided through seminars or education in the workplace. Mothers' knowledge is not only important in theory, but also has a direct influence on self-medication behavior. A study in Depok, for example, reported that good knowledge was significantly associated with appropriate self-medication behavior for diarrhea ($p < 0.001$) (Nasel & Mutmainah, 2023). Similarly, other studies have shown that the higher the knowledge, the better the self-medication behavior (Besi & Oktarina, 2023).

Study Limitations and Implications

The limitations of this study lie in its limited geographical scope, which is confined to Sri Kuncoro Village; therefore, the findings cannot yet be generalized to a broader population. The cross-sectional design used also only allows researchers to assess the relationships between variables at a specific point in time, and thus cannot establish cause-and-effect relationships. Additionally, the use of purposive sampling with a sample size of 86 respondents may limit the representativeness of the sample. Data collection using a closed-ended questionnaire also has the potential to introduce bias in respondents' answers. The variables analyzed are still limited to age, educational level, and occupation, while other factors such as sources of information, experience caring for children with diarrhea, access to health services, and family support have not been analyzed. The distribution of respondents'

occupations, which is dominated by homemakers, is also a limitation because other occupational categories have a very small number of respondents.

The findings of this study indicate that although the majority of mothers have a good level of knowledge regarding self-medication for childhood diarrhea, health education remains necessary to prevent errors in the selection and use of medications. The significant association between occupation and knowledge level indicates that mothers' socioeconomic characteristics should be considered when developing educational strategies. Therefore, health workers need to develop educational approaches tailored to mothers' employment status, access to information, and their roles within the family.

CONCLUSION

The results show that most respondents have a good level of knowledge and only the job variable has a significant relationship with the level of knowledge ($p = 0.03$), while age and education are not statistically significant. However, descriptively, there is a tendency for productive age and higher education levels to be associated with better knowledge. Future research is recommended to include a larger sample size and incorporate additional variables such as information sources, access to healthcare services, mothers' experiences, and self-medication behaviors.

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DECLARATION OF COMPETING INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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