

Ikatan Ahli Kesehatan Masyarakat Indonesia

The Indonesian Public Health Association Sekretariat : Jl. Pegangsaan Timur 16, Cikini, Jakarta Pusat 10320 Telp/Fax: 021-3145583, email: ppiakmi@gmail.com, www.iakmi.or.id

Visi : Menuju Profesionalisme Bertaraf Global

Jakarta, November 26, 20

No : 213/IAKMI PUSAT/IX/2019 Attachment : -Subject : Invitation Letter

Dear, Blego Sedionoto, S.K.M, M.Kes, Ph.D Environmental Health Department, Faculty of Public Health Mulawarman University

We would like to thank you for submitting your abstract to "The 4th International Symposium on Health Research 14th National Congress of Indonesian Public Health Association" that will be held in Bali, Indonesia, from 27 to 3 of November 2019.

We are pleased to inform you that your abstract with code number of AB-0021-ON was selected for an Oral Session.

Please find below the details of your session:

	Essential risk factors Strongyloides stercoralis infections among schoolchildren in rural areas Kutai Kertanegara Regency, Indonesia
Type of session	Oral Session (OS)

Please check the title of your abstract to ensure that it has not been truncated; Abstract title should not exceed 25 word: and all presenters must be registered by Saturday, 12 October 2019 also submitted full paper before Thursday, 03 October 2019.

For more information, please visit our official website link: <u>http://www.iakmi.or.id/internationalsymposium/</u> and <u>www.litbang.kemkes.go.id</u>

With Kind Regards, Chairman, National Congress Committee IPHA

Mouhamad Bigwanto, SKM., MPHM KTA No: 31160015623





diberikan kepada:

Blego Sectionoto, S.K.M, M.Kes, Ph.D. Sebagai DRESENTAN ORAL Forum Ilmiah Tahunan ke-7 Ikatan Ahli Kesehatan Masyarakat Indonesia (FIT-7 IAKMI) Migital Health Week 2021 Secara virtual, 29 November 2021 - 02 Desember 2021 Secara virtual, 20 November 2021 - 02 Desember 2021 Secara virtual, 20 November 2021 - 02 Desember 2021 Secara virtual, 20 November 2021 - 02 Desember 2021 Secara virtual, 20 November 2021 - 02 Desember 2021 Secara virtual, 20 November 2021 - 02 Desember 2021 Secara virtual, 20 November 2021 - 02 Desember 2021 Secara virtual, 20 November 2021 - 02 Desember 2021 Secara virtual, 20 November 2021 - 02 Desember 2021 Secara virtual, 20 November 2021 - 02 Desember 2021 Secara virtual, 20 November 2021 - 02 Desember 2021 Secara virtual, 20 November 2021 - 02 November 2021 - 02 November 202

SKP IAKMI: Peserta 4 SKP: Presentan Oral 3 SKP: Presentan Poster 2 SKP: Pembicara 3 SKP; Moderator 2 SKP; Panitia 2 SKP

SKP PAEI: Peserta 4 SKP; Pembicara 1 SKP Moderator 1 SKP; Panitia 2 SKP Dr. Ede Surya Darmawan, SKM., MDM KETUA UMUM PP IAKMI

SKP PAKKI: Peserta 1 SKP

SKP PPPKMI: Peserta 6 SKP; Pembicara Makalah 3 SKP; Pembicara 4 SKP; Moderator 2 SKP; Panitia 3 SKP





Rabu, 1 Desember 2021 Pukul 10.30 – 12.00 Topik : Environmental Health dan Health Promotion Breakout room : 12

KODE TOPIC		TOPIC JUDUL			
AB-0021- ON	Environmental Health	ESSENTIAL RISK FACTORS STRONGYLOIDES STERCORALIS INFECTIONS AMONG SCHOOLCHILDREN IN RURAL AREAS KUTAI KERTANEGARA REGENCY, INDONESIA	Blego Sedionoto, S.K.M, M.Kes, Ph.D		
AB-0051- ON	Environmental Health	CLAY CONTENT AND CEC (CATION EXCHANGE CAPACITY) OF CLAY KUTAI AGAINST ESCHERICHIA COLI REDUCTION	Blego Sedionoto		
AB-0044- ON	Health Promotion	THE EFFECTIVENESS OF REPRODUCTIVE HEALTH EDUCATION WITH AUDIO VISUAL MEDIA ON ADOLESCENT KNOWLEDGE ABOUT SEXUAL HARASSMENT AT SMKN 1 DUMAI CITY	Afni Handayani		
AB-0089- ON	Health Promotion	"YANKES DIA" : SEBUAH BENTUK INOVASI DIGITAL PELAYANAN KESEHATAN IBU DAN ANAK PADA MASA PANDEMI COVID-19 DI PUSKESMAS III DENSEL	Muhammad Apriyanto		
AB-0030- ON	Health Promotion	FAMILY SUPPORT FACTORS ON THE PREVENTION OF RECURRENT MENTAL DISORDERS IN PADARINCAANG SERANG DISTRICT	Fauzul Hayat		
	Health Promotion	SCOUTING INVOLVEMENT IN COVID-19 PREVENTION AT THE JABODETABEK REGION IN 2020	Kodrat Pramudho		

Essential risk factors Strongyloides stercoralis infections among schoolchildren in rural areas Kutai Kertanegara Regency, Indonesia

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Abstract.

Kutai Kertanegara regency has high risk factor of Strongyloides infections/ S. stercoralis, such as, environtmental factors, sanitation factors and personal hygiene in the community. In this study was showed the infection rates, correlation analysis between risk factors and prevalence of *S. stercoralis* infections were analyzed using SPSS version 22 and p-value < 0.05 was considered statistically significant. A cross-sectional study was performed among one hundred and seven schoolchildren participants from rural Kutai Kertanegara Regency Indonesia. This study used two diagnostic methods: Kato Katz and Koga agar plate culture/KAP culture for diagnosing *Strongyloides* infections. *S stercoralis* infections were found in this study; 11 (10.3%). *S. stercoralis* infection has correlated significantly such as school location (OR: 1.28 (95%CI: 0.73-2.23, (p=0.027), yard covering (OR: 5.50 (0.84-36.02, p=0.010), and water waste treatment (OR: 5.50 (95%CI: 0.84-36.02, p= 0.010). Personal hygiene has not significantly correlated with *S. stercoralis* infection. Essential of risk factors of the infections should be used for preventing program of reduction prevalence hookworm and *S stercoralis* infections in schoolchildren especially in rural areas.

Keywords: Essential risk factors, S. stercoralis, Schoolchildren, Indonesia

Introduction

The prevalence of hookworm infection and strongyloidiasis is of serious public health concern globally. Hookworm infection and strongyloidiasis are prevalent in a poor rural community in tropical and subtropical areas in many developing countries (1). They are transmitted through in protected contact with soil that is endemic in tropical and temperate regions. The prevalence of hookworm infection and strongyloidiasis was estimated in 2010 that 438.9 million people were infected with hookworm and 100 million with strongyloides. Almost 70% of these infections occur in Asia (2-4). Hookworm infection and strongyloidiasis are transmitted through in protected contact with soil are endemic in tropical and temperate regions. Humans acquire the hookworm infection and strongyloidiasis through direct skin contact with infective third stage larvae where the soil was contaminated by human feces penetrate the intact human skin and eventually reach small intestine (5). The epidemiology of hookworm infection depends on three interactive factors which include the following; the mode and extent of fecal pollution of the soil, the suitability

of the soil for eggs and larval development, the extent of contact between infected soil and skin, and the presence of abiotic factors on the viability of the egg. Those risk factors of hookworm infection are environment, facilitates sanitation, human behavior and social economic factors (6).

Prevalence of hookworm infection was showed higher among school-age children by the case study of Chikwawa, Malawi, the study showed hookworm infection diminished with increasing age and increased with fishing and low education (7). Ecological factors have associated with hookworm infection, the result studied on the coast of Kenya where prevalence and intensity of hookworm infection (19.1%) were significantly higher in adults and males, and were associated with environmental conditions, low socioeconomic status, household flooring, individual and household water, sanitation and hygiene (WASH) characteristics and behaviors and shoe-wearing. The study showed altitude and aridity (humid category) have been associated with hookworm infection (8). According to Riess H, et al. (2013) explained five ecological stayed significant in the final multivariable model consist: population density, vegetation density, annual LCT during day and night latrine coverage in the household surrounding (9).

Study hookworm in Cambodia investigated the hookworm infection in humans and dogs with overall hookworm in human 57%. The populations were infected by *N. americanus* 47.6% and *A. Ceylaninum* 52%, while over 90% of dogs infected by *A. ceylanicum*. Studied in the rural area of central Thailand that showed bare foot walking and raising buffaloes around the house were high-risk factors for hookworm infection (10) also the study in Xayaburi Province, Lao PDR explained that working in farms, failure to wear shoes showed a significant correlation with hookworm infection that the prevalence one of soil-transmitted helminth (11). Factors affecting difference in the distribution of hookworm infection may include good hygiene practices among the population, availability of sewerage system and the length of rainy season. Study of hookworm infection in Southern Laos showed 56.1% where were heavy rainfall and poor sanitation (12).

In rural Kutai Kertanegara Regency, Indonesia has risk factors of the prevalence of hookworm infection and strongyloidiasis that important to exploration association both of them. We perform a cross-sectional study among school children in rural Kutai Kertanegara Regency to analysis of characteristics of school children, sanitation facilities of school, personal hygiene and environmental factor then was correlated with the prevalence of hookworm infection and strongyloidiasis.

Main text

Methods and materials

Study design and area

The study was carried out in rural area of Muara Kaman district and Marangkayu district, Kutai Kertanegara regency, Indonesia. Kutai Kertanegara regency is located 0.44019^oS and 116.98139^oE. The everage temperature was 28^oC (26^oC-32^oC). Muara Kaman district has located surrounding Mahakam river and closed with forest area and palm plantation. While Marangkayu has located in the coastal area and surrounding rubber and palm plantation also rice field. We collected data from two elementary school from the Muara Kaman district. This research is a school children based, was conducted from July 2018 to January 2019. The total of number participant is 107 participants who were joined and sent stool samples (13).

Study population, sample size, and sampling technique

We selected three elementary schools from two districts in Kutai Kertanegara regency, Indonesia to conduct this study: two elementary schools in Muara Kaman district and one elementary school in Marangkayu district where these schools have differences such as quality of soil, day number, and yearly volume of rainfall, temperature, humidity, elevation, village area and vegetation, These areas were selected based on the potential risk of hookworm infection and strongyloidiasis, consist rural area, poor sanitation and hygiene, agriculture activity and surrounding forest and have not yet data study of hookworm and *S. stercoralis* infection from both areas. The sample size was determined using the single population formula by Stanly Lemeshow technique sampling . It was calculated using a prevalence rate (p) of 37% as detail previous study (14), with 95% confidence interval (z=1.96) and a 10% margin error (d= 0.1). The calculated sample size was 90 participants per district of the school area. We assumed that the final sample size would end up being reduced by around 10% due to subjects being unable to pass stool on the study date. Thus we aimed for a sample size of 100 schoolchildren. A simple random sampling method was used to select the population from the district of the school area. We randomly selected 100 participants in this research and then gave them instructions and distributed plastic containers for stool collection. According to the following formula applied:

n =
$$Z_{1-\alpha/2}^2 P(1-p)$$

 d^2
= $1.962 \times 0.37(1-0.37)$
 0.12
= 89.5
= 90
= $90 + 10\%$ for potential reducing sample size
= $90 + 10 = 100$ school children participants

Inclusion criteria

The schoolchildren whose guardian or parent signed or head of written informed consent and all schoolchildren who were available and registered in their school during the study period and who gave sample were included in the study.

Exclusion criteria

Schoolchildren who are already used un-helminthic within 2 weeks before data collection and the subjects who were unable to provide a stool specimen at the time of sampling were excluded from the study.

Data collection and processing

Socio-demographic data and rusk factor assessment of study participants

The observational form and the questionnaire were prepared in English and translate to Bahasa (Indonesian language) and checked for fitness. Pre-test was done in 10% of schoolchildren that were not included in the study. The data of sanitation facilities of household of schoolchildren participants also were collected by questionnaire.

Parasitological techniques

We collected two stools sample each schoolchild. For collecting stool samples, the first day were requested to the headmaster of elementary school for requesting stool sample with collected data of questionnaires, second and third day in the morning would start to collect stool samples, were brought to the biomedical laboratory, Faculty of Public Health Mulawarman University for diagnosis samples. Another day was done observation environmental condition houses surrounding school areas include school sanitation facilities village. We used two methods to diagnosis stool samples, agar plate culture and the Kato Katz technique. Agar plate culture was done as described by Koga et al., 1991. Briefly, a few grams of stool was placed at the center of nutrient agar and kept at room temperature for five days. Tracks from larva crawling and larvae or adult worms were observed. If positive, 10 ml of 10% formalin was added to the agar surface for 5-10 minutes and transferred to a centrifuged tube. Centrifugation at 2,500 rpm for 5 minutes and supernatant was discarded. The sediment will be examined for hookworm and *S. stercoralis* larvae or adult worm. For Kato-Katz thick smear, 50 mg of stool was placed on a slide and covered with a cellophane paper soaked in glycerin solution for 24 hours. The stool was spread out using a rubber stick. After 30 minutes was examined and counted for eggs (15-17).

Data analysis and Interpretation

Demographic data and personal hygiene of participants were collected by questionnaire, and sanitation facilities each house hold of participants were collected by observation, while environmental data was collected consist such as vegetation, elevation of soil, kind of pets, kind of soil around houses, length of the rainy season, humidity and temperature per year. Quality of soil as organic carbon content, clay content, and pH were diagnosed by soil laboratory Mulawarman University. Vegetation and kind of soil around houses were collected by observation form, kind of pet would be collected by questionnaire and observation, and length of the rainy season, humidity and temperature per year will collected from Central Bureau of Statistics (https://www.bps.go.id) and Central Bureau of meteorology, climatology and Geophysical of Indonesia (https://www.bmkg.go.id). The prevalence of hookworm infection and *S. stercoralis* infection was stratified according to demographic data, sanitation facilities and personal hygiene, environmental data, and reported by the descriptive statistic. Statistical analysis was performed by Chi-square using SPSS verse 22. The correlation analysis chi-square to evaluate the association of *S. stercoralis* infection with demographic data, sanitation facilities, personal hygiene, and environmental risk factors and the level of significance was considered as *P*<0.05 and the analysis of risk estimate by odds ratio Chi-Square with confidence interval 95% (13).

Results

A total of 107 schoolchildren participated in this study. The age ranged between 7 and 13 years from 3 elementary school, consist of two schools from Muarakaman district and one school from Marangkayu district, Kutai Kertanegara Regency, Indonesia. Among three elementary schools we had collected stool samples from grade school 3-6 grade of elementary school. The school is Bunga Jadi elementary school, Puan Cepak Elementary school in Muarakaman district and Semangkok elementary school in Marangkayu district. In this study collected 107 schoolchildren participants. Males 59 (55.1%) were dominant in the sample study than females 48 (44.9%). The age distribution of sample was 10 and under 60 (56.1%) and 10 age old above 47(43.9%). Sanitation facilities of school such as covering

the floor in the door, covering yard surrounding house, water waste treatment, water sources for daily activity and drinking sources and toilets. All of the sanitation facilities were took the data by observation each school.

The detail distribution quality of sanitation facilities participants showed in table 1. Personal hygiene of participants was explored by questionnaire such as; usual wear shoes in out-door activity, usual wash foot and hand after soil contact, wash fruit or vegetable before eat, usual eat un-cook vegetable, usual wash hand after pet contact, usual use toilet in the home, with detail in table 1.

GenderMale59 (55.1)GenderFemale48 (44.9)Age (years)<10 year old60 (56.1)10 and above47 (43.9)Bunga Jadi elementary school49 (45.8)School locationPuan Cepak elementary school24 (22.4)Semangkok elementary school34 (31.8)Kinds of Floor covering indoor ofSanitair floor (cement, wood, etc)107 (100)schoolSoil floor-Yard coveringNot soil49 (45.8)Water waste treatment49 (45.8)Water waste treatment50 (54.2)Water sources for daily activitySanitary water resources83 (77.6)Un-sanitary drinking water106 (99.1)Un-sanitary drinking water106 (99.1)Un-sanitary drinking water100 (100)ToiletSanitary drinking water107 (100)ToiletSanitary drinking water107 (100)Usual wash foot after soil contact30 (28)30 (28)Not washing foot after soil contact30 (28)30 (28)Not washing foot after soil contact77 (72)30 (28)Washing fruit/vegetable before eatemRoutine47 (43.9)Un-routineRoutine47 (43.9)Usual ate row/un-cookNo93 (86.9)fish/meat/vegetableYes14 (13.1)Pet contactNo9 (84.)	Variable	Category	N (%)
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Open defecation (plantation, garden or river-Frequency using shoes on out-doorRoutine59 (55.1)Un-routine48 (44.9)Usual wash foot after soil contactwashing foot after soil contact30 (28)Not washing foot after soil contact77 (72)Washing fruit/vegetable before eatenRoutine47 (43.9)Un-routine00 (56.1)93 (86.9)Usual ate row/un-cookNo93 (86.9)fish/meat/vegetableYes14 (13.1)	T-:1-4	Sanitary toilet in home	107 (100)
InterfaceUn-routine48 (44.9)Usual wash foot after soil contactwashing foot after soil contact30 (28)Not washing foot after soil contact77 (72)Washing fruit/vegetable before eatenRoutine47 (43.9)Un-routine60 (56.1)Usual ate row/un-cookNo93 (86.9)fish/meat/vegetableYes14 (13.1)	lonet	Open defecation (plantation, garden or river	-
Usual wash foot after soil contact30 (28)Not washing foot after soil contact77 (72)Washing fruit/vegetable before eatenRoutine47 (43.9)Un-routine60 (56.1)Usual ate row/un-cookNo93 (86.9)fish/meat/vegetableYes14 (13.1)	Frequency using shoes on out-door	Routine	59 (55.1)
Not washing foot after soil contact77 (72)Washing fruit/vegetable before eatenRoutine47 (43.9)Un-routine60 (56.1)Usual ate row/un-cookNo93 (86.9)fish/meat/vegetableYes14 (13.1)		Un-routine	48 (44.9)
Washing fruit/vegetable before eatenRoutine47 (43.9)Un-routine60 (56.1)Usual ate row/un-cookNo93 (86.9)fish/meat/vegetableYes14 (13.1)	Usual wash foot after soil contact	washing foot after soil contact	30 (28)
Un-routine60 (56.1)Usual ate row/un-cookNo93 (86.9)fish/meat/vegetableYes14 (13.1)		Not washing foot after soil contact	77 (72)
Usual ate row/un-cook No 93 (86.9) fish/meat/vegetable Yes 14 (13.1)	Washing fruit/vegetable before eaten	Routine	47 (43.9)
fish/meat/vegetable Yes 14 (13.1)		Un-routine	60 (56.1)
Yes 14 (13.1)	Usual ate row/un-cook	No	93 (86.9)
	fish/meat/vegetable		
Pet contact No 9 (8.4)		Yes	14 (13.1)
	Pet contact	No	9 (8.4)
Yes 98 (91.6)		Yes	98 (91.6)

 Table 1. Characteristics and Sanitation facilities and personal hygiene of the 107 schoolchildren in rural areas

 East Kalimantan

Washing hand after pet contact	Washing hand	44 (41.1)
	At home	63(58.9)
Washing hand after soil contact	Washing hand	44 (41.1)
	Not washing	63 (58.9)
Washing foot before house enter	No	33 (30.8)
	Yes	74 (69.2)
Usual use toilet at home	Yes	28 (26.2)
	No	79 (73.8
Usual use sandals in toilet	Routine	4 (3.7)
	Un-routine	103 (96.3)

Parasitological Findings

Prevalence of hookworm and S. *stercoralis*, infections among school children in East Kalimantan province was diagnosed by Kato Katz technique and APC method showed of 107 tested samples from schoolchildren that would be showed detail below in table 3:

 Table 3 Prevalence of Hookworm, and S. stercoralis among Schoolchildren in East Kalimantan

 Province

Infections	Kutai Ker	Kutai Kertanegara Schoolchildren				
	Positive (%)	Negative (%)	N (%)			
Hookworm	37 (31.8)	73 (68.2)	107 (100)			
S. stercoralis	11 (10.3)	96 (89.7)	107 (100)			
Co-infection	11 (10.3)	96 (89.7)	107 (100)			

The prevalence of hookworm infection, *S. stercoralis* infection, and Co-infection among school children in East Kalimantan province was 37 (31.8%), 11 (10.3%), 11 (10.3%) and respectively.

District and Prevalence hookworm and S. stercoralis infections in Schoolchildren

Prevalence of hookworm and *S. stercoralis* among school children in Muarakaman district and Marangkayu district, Kutai Kertanegara Regency would be explained in table 5 below:

Table 5. District and Prevalence hookworm, S. stercoralis in Schoolchildren

Infections	Muarakaman district		Marangkayu district		Total	
	Positive (%)	Negative (%)	Positive (%)	Negative (%)	Positive (%)	Negative (%)
Hookworm	27 (37.0)	46 (63.0)	7 (20.6)	27 (79.4)	34 (31.8)	73 (68.2)
S. stercoralis	6 (8.2)	67 (91.8)	5 (14.7)	29 (85.3)	11 (10.3)	96 (89.7)

The table above explained that prevalence of hookworm and *S. stercoralis* among schoolchildren in Muarakaman district was 27 (37.0%) and 6 (8.2%) respectively. The prevalence of hookworm and *S. stercoralis* among school children in Marangkayu was 7 (20.6%) and 5 (14.7%) respectively.

Characteristic, school Sanitation facilities, personal hygiene and hookworm infection and S. stercoralis among schoolchildren in East Kalimantan

Characteristic, facilitate Sanitation of schoolchildren and Hookworm infection

Distribution of characteristic, facilitate sanitation of schoolchildren with detailed below

C /	1 0010	ive n (%)	P-value	
Category	Hookworm	S. stercoralis	Hookworm	S. stercoralis
male	19 (32.2)	5 (8.5)	0.016	0.405
female	15 (31.3)	6 (12.5)	0.916	0.495
< 10 year old	19 (31.7)	6 (10.0)	0.079	0.014
10 and above	15 (31.9)	5 (10.5)	0.978	0.914
Bunga Jadi elementary school	13 (26.5)	1 (2.0)		
Puan Cepak elementary	14 (58.3)	5 (20.8)		
school			0.006	0.027
Semangkok elementary	7 (20.6)	5 (14.7)		
school				
Sanitary floor (cement, wood etc)	34 (31.8)	11 (10.3)	_	_
Soil floor	0	0		
Not soil	13 (26.5)	1 (2.0)	0.001	0.010
Soil	21 (36.2)	10 (17.2)	0.284	0.010
Healthy water waste treatment	13 (26.5)	1 (2.0)		
Without water waste	21 (36.2)	10 (17.2)	0.284	0.010
treatment				
Sanitary water resources	20 (24.1)	6 (7.2)		
Un-sanitary water	14 (58.3)	5 (20.8)	0.002	0.053
resources				
Sanitary drinking water	34 (32.1)	11 (10.4)		
Un sanitary drinking	0	0	0.493	0.734
water				
Sanitary toilet in the	34 (31.8)	11 (10.3)		
home Open defecation	-	-		
(plantation, garden, or			-	-
river				
Routine	17 (28.8)	6 (10.2)		
Un-routine	17 (35.4)	5 (10.4)	0.466	0.967
washing foot after soil	9 (30.0)	3 (10.0)		
contact Not washing foot after	25 (32.5)	8 (10.4)	0.805	0.952
soil contact				
Routine	15 (31.9)	4 (8.5)	0.978	0.594
	female < 10 year old 10 and above Bunga Jadi elementary Puan Cepak elementary Puan Cepak elementary school Semangkok elementary school Sanitary floor (cement, wood, etc) Soil floor Not soil Soil Not soil Soil Healthy water waste reatment Without water waste treatment Sanitary water resources Un-sanitary water Sanitary drinking water Un-sanitary drinking water Un sanitary drinking water Sanitary drinking water Sanitary toilet in the home Open defecation (plantation, garden, or river Routine Un-routine washing foot after soil contact soil contact	Hookworm male 19 (32.2) female 15 (31.3) < 10 year old 19 (31.7) 10 and above 15 (31.9) Bunga Jadi elementary school 13 (26.5) Puan Cepak elementary school 7 (20.6) Semangkok elementary wood, etc) 34 (31.8) Soil floor 0 Not soil 13 (26.5) Soil floor 0 Not soil 21 (36.2) Keatment 21 (36.2) Without water washing vater Sanitary floor (cement, wood, etc) 20 (24.1) Soil 21 (36.2) Itreatment 21 (36.2) Without water water Sanitary water resources 20 (24.1) Un-sanitary water 34 (32.1) Un sanitary drinking water 34 (31.8) home Open defecation - Open defecation - (plantation, garden, or - - river - - -	Hookworm S. stercoralis male 19 (32.2) 5 (8.5) female 15 (31.3) 6 (12.5) < 10 year old	HookwornS. stercoralisHookwornmale19 (32.2)5 (8.5) 0.916 female15 (31.3)6 (12.5) 0.916 <10 year old

Table 5. Characteristic, school Sanitation facilities, personal hygiene and hookworm infection and S. stercoralis among schoolchildren in East Kalimantan

fruit/vegetable before eaten Usual ate raw/un-	Un-routine	19 (31.7)	7 (11.7)		
	no	25 (26.9)	9 (9.7)	0.005	0.505
cook fish/meat/vegetable	yes	9 (64.3)	2 (14.3)	0.005	0.597
nsh/meat/vegetable	no	5 (55.6)	0	0.100	0.000
Pet contact	yes	29 (29.6)	11 (11.2)	0.109	0.289
Washing hand after	Washing hand	15 (34.1)	5 (11.4)	0.((7	0.750
pet contact	Not washing	19 (30.2)	6 (9.5)	0.667	0.758
Washing hand after	Washing hand	15 (34.1)	5 (11.4)	0 ((7	0.759
soil contact	Not washing	19 (30.2)	6 (9.5)	0.667	0.758
Washing foot	No	9 (27.3)	2 (6.1)	0.504	0.337
before house enter	Yes	25 (33.8)	9 (12.2)	0.304	0.337
Usual use toilet at	Yes	7 (25.0)	1 (3.6)	0.370	0.174
home	No	27 (34.2)	10 (12.7)	0.370	0.1/4
Usual use sandals	Routine	0	0	0.164	0.490
in toilet	Un-routine	34 (33)	11 (10.7)	0.104	0.470

Prevalence of hookworm infection was higher in males 19 (32.2%) than in females 15 (31.3%), in contrast for the prevalence of *S. stercoralis* was higher in females 6 (12.5%) than males 5 (8.5%). Age-old group in 10 age-old above was higher for hookworm infection 15 (31.9%) than in the category 7-9 age-old: 19 (31.7%) but for S. stercoralis 2-12 age old; 6 (10.0%) than higher in the category in 10 age-old above 5 (10.5%). was higher than 7-9 age-old; hookworm infection 15 (31.9%) than in category 7-9 age-old: 19 (31.7%) but for s. stercoralis 2-12 age-old; 6 (10.0%). Highest of prevalence of hookworm infection and *S. stercoralis* in school location was Puancepak elementary school 14 (58.3%) and 5 (20.8%) respectively. Hookworm infection was high in participant in the category soil yard covering, without water waste treatment, unsanitary water resources, and unsanitary drinking water with prevalence 21 (36.2%), 21 (36.2%), 14 (58.3%), respectively. While *S. stercoralis* has highest of percentage in participant with school with soil yard covering and without water waste treatment with 10 (17.2%). The result Pearson chi-square analysis characteristic of school children and school sanitation facilities showed that hookworm infection has been correlated significant with school location (p=0.027), yard covering(p=0.010), and water waste treatment (p=0.010).

In category un-routine using shoes hookworm infection was higher than routine; 17 (35.4%) and 17 (28.8%) respectively. Hookworm infection in category not washing foot after soil contact was higher than washing foot with prevalence; 25 (32.5%) and 9 (30.0%) respectively. The percentage of hookworm infection in category eat raw vegetable was higher than not routine eat with prevalence; 9 (64.3%) and 25 (26.9%) respectively. Washing foot before house enter has higher hookworm infection that did not wash; 25 (33.8%) and 9 (27.3). Not usual use toilet at home higer hookworm infection than routine; 27 (34.2%) and 7 (25.0%) Un-routine use sandals in toilet has hornworm infection higher than routine 34 (33%) and 0 respectively. While *S. stercoralis* infection was higher in unroutine using shoes in outside than using shoes; 5 (10.4%) and 6 (10.2%) respectively. Un-routine washing fruit/vegetable before eat has higher of *S. stercoralis* infection than routine; 7 (11.7%) and 4 (8.5%). schoolchildren who usual eat raw vegetable higher of *S. stercoralis* infection than did not usual eat raw vegetable; 2 (14.3%) and 9

(9.7%) respectively. Usual washing foot before house entering has higher S. stercoralis than did not with the prevalence was 9 (12.2) and 2 (6.1) respectively. Un-routine using toilet at home has higher prevalence S stercoralis than routine was 10 (12.7%) and 1 (3.6%) respectively. Un-routine using sandals in toilet has higher S. stercoralis than routine was 11 (10.7%) and 0 (0%) respectively. Personal hygiene of schoolchildren that have significant correlated with hookworm infection were usual ate raw/un-cook vegetables (p=0.005). Personal hygiene has not significant correlated with S. stercoralis infection.

Essential risk factors of hookworm S. stercoralis infections among school children in Kutai Kertanegara Regency, Indonesia

The estimated value of the risk factor of the high hookworm infection and low S. stercoralis in East Kalimantan explained in table 6 below:

Variable	Catalogue		Positive no (%)		hookworm	S. stercoralis
	Category	n	hookworm	S. stercoralis	OR (95%CI)	OR (95%CI)
	male	59	19 (32.2)	5 (8.5)	1.03 (0.65-1.61)	0.80 (0.45-1.44)
Gender	female	48	15 (31.3)	6 (12.5)	0.98 (0.68-1.41)	1.24 (0.63-2.42)
	2-12	60	19 (31.7)	6 (10.0)	0.99 (0.63-1.57)	0.96 (0.49-1.91)
Age (years)	13 and above	47	15 (31.9)	5 (10.5)	1.01 (0.70-1.44	1.03 (0.59-1.82)
Kinds of Floor	Sanitary floor (cement, wood, etc)	107	34 (31.8)	11 (10.3)	-	-
covering indoor of school	Soil floor	-	0	0	-	-
	Not soil	49	13 (26.5)	1 (2.0)	0.82 (0.58-1.16)	0.55 (0.42-0.72)
Yard covering	Soil	58	21 (36.2)	10 (17.2)	1.29 (0.79 -2.10)	5.50 (0.84
						36.02)
	Healthy water	49	13 (26.5)	1 (2.0)	0.82 (0.58-1.16)	0.55 (0.42-0.72)
Water waste	waste treatment Without water	58	21 (36.2)	10 (17.2)	1.29 (0.79 -2.10)	5.50 (0.84
treatment	waste treatment			· · ·	`	36.02)
	Sanitary water	83	20 (24.1)	6 (7.2)	0.33 (0.17-0.67)	0.43 (0.20-0.93)
Water resources for daily activity	resources Un-sanitary	24	14 (58.3)	5 (20.8)	1.47 (1.09-1.97)	1.47 (0.85-2.55)
	water resources	100	24 (22 1)	11 (10.4)	0.99 (0.96-1.01)	0.00 (0.0(1.01)
Drinking Water	Sanitary drinking Water	106	34 (32.1)	11 (10.4)	0.99 (0.96-1.01)	0.99 (0.96-1.01)
Drinking Water	Un sanitary	1	0	0	-	-
	drinking water					
Toilet	Sanitary toilet in home	107	34 (31.8)	11 (10.3)	-	-
	Open defecation	-	-	-	-	-
	(plantation,gard					
	en or river					

17 (28.8)

59

Routine

6 (10.2)

0.85 (0.55-1.30)

0.99 (0.50-1.95)

Frequency using	Un-routine	48	17 (35.4)	5 (10.4)	1.15 (0.78-1.70)	1.01 (0.57-1.79)
shoes on out-door		•		2 (10 0)	0.05 (0.55.1.10)	
	washing foot after soil	30	9 (30.0)	3 (10.0)	0.97 (0.55-1.12)	0.99 (0.67-1.45)
Usual wash foot	contact		/>			
after soil contact	Not washing	77	25 (32.5)	8 (10.4)	1.09 (0.56-2.12)	1.03 (0.37-2.85)
	foot after soil					
	contact					
	Routine	47	15 (31.9)	4 (8.5)	1.01 (0.70-1.44)	0.87 (0.54-1.40)
Washing	Un-routine	60	19 (31.7)	7 (11.7)	0.99 (0.63-1.57)	1.23 (0.55-2.78)
fruit/vegetable						
before eaten						
	no	93	25 (26.9)	9 (9.7)	0.26 (0.09-0.71)	0.69 (0.18-2.68)
Usual ate raw/un-	yes	14	9 (64.3)	2 (14.3)	1.27 (1.03-157)	1.07 (0.80-1.43)
cook						
fish/meat/vegetable						
	no	9	5 (55.6)	0	1.11 (0.95-1.29)	-
Pet contact	yes	98	29 (29.6)	11 (11.2)	0.37 (0.11-1.30)	0.91 (0.85-0.97)
	Washing hand	44	15 (34.1)	5 (11.4)	1.08 (0.76-1.53)	1.09 (0.62-1.91
Washing hand after	Not washing	63	19 (30.2)	6 (9.5)	0.90 (0.56-1.44)	0.89 (0.45-1.78)
pet contact						
	Washing hand	44	15 (34.1)	5 (11.4)	1.08 (0.76-1.53)	1.09 (0.62-1.91
Washing hand after	Not washing	63	19 (30.2)	6 (9.5)	0.90 (0.56-1.44)	0.91 (0.85-0.97)
soil contact						
W1: f	No	33	9 (27.3)	2 (6.1)	0.91 (0.71-1.18)	0.83 (0.61-1.13)
Washing foot before house enter	Yes	74	25 (33.8)	9 (12.2)	1.24 (0.65-2.38)	1.78 (0.49-6.43)
	Yes	28	7 (25.0)	1 (3.6)	0.90 (0.72-1.12)	0.79 (0.63-0.99)
Usual use toilet at	No	79	27 (34.2)	10 (12.7)	1.40 (0.66-2.97)	3.09 (0.47-
home						20.60)
Usual use sandals	Routine	4	0	0	-	-
in toilet	Un-routine	103	34 (33)	11 (10.7)	0.95 (0.89-1.00)	0.96 (0.92-1.00)

According to univariate analysis characteristics of school children and school sanitation facilities showed that hookworm infection has been correlated significantly with school location and, water resources for daily activity while *S. stercoralis* infection has correlated significantly such as school location (p=0.027), yard covering and water waste treatment . Muara Kaman district school 1.78 times more likely to be infected with hookworm than Marangkayu district school location (OR: 1.78 (95%CI: 0.87-3.71, p-value=0.006). Un-sanitary water resources for daily activity 1.47 times more likely to be infected with hookworm than sanitary water resources (OR: 1.47 (95%CI: 1.09-1.97, p=0.002). Marangkayu district school 1.28 times more likely to be infected with *S. stercoralis* than Muarakaman district school location OR: 1.28 (95%CI: 0.73-2.23, (p=0.027). Soil yard covering 5.50 times more likely to be infected with S. stercoralis than sanitary yard covering OR: 5.50 (0.84-36.02, p=0.010). Un-sanitary water waste treatment (OR: 5.50 (95%CI: 0.84-36.02, p=0.010). Usual eat raw vegetable 1.07 times more likely to be infected with hookworm than

did not eat it(OR: 1.07 (95%CI: 0.80-1.43, p=0.005). The soil with pH >6.61, 1.78 times more likely to be infected with hookworm (OR: 1.78 (95%CI: 0.87-3.71, p=0.002). Personal hygiene of schoolchildren that have significant correlated with hookworm infection was usual ate raw/un-cook vegetable (p=0.005). Usual ate raw vegetable Personal hygiene has not significantly correlated with *S. stercoralis* infection

Discussion

Prevalence of hookworm infection was higher in male 19 (32.2%) than in female 15 (31.3%), in contrast for prevalence *S. stercoralis* was higher in female 6 (12.5%) than male 5 (8.5%). Age old group in 10 age-old above was higher for hookworm infection 15 (31.9%) than in category 7-9 age old: 19 (31.7%) but for s. stercoralis 2-12 age-old; 6 (10.0%) than higher in category in 10 age-old above 5 (10.5%). was higher than 7-9 age old; hookworm infection 15 (31.9%) than in category 7-9 age old: 19 (31.7%) but for *S. stercoralis* 2-12 age old; 6 (10.0%). The highest of the prevalence of hookworm infection and *S. stercoralis* in school location was Puancepak elementary school 14 (58.3%) and 5 (20.8%) respectively. Hookworm infection was high in participants in category soil yard covering, without water waste treatment, unsanitary water resources, and un sanitary drinking water with prevalence 21 (36.2%), 21 (36.2%), 14 (58.3%), respectively. While *S. stercoralis* has highest of percentage in the participant with school with soil yard covering and without water waste treatment with 10 (17.2%). The result Pearson chi-square analysis characteristic of school children and school sanitation facilities showed that hookworm infection has been correlated significant with school location (p=0.006) and, water resources for daily activity (p=0.002), while *S. stercoralis* in school location (p=0.027), yard covering (p=0.010), and water waste treatment (p=0.010). According to Amor and et al (2016), the prevalence hookworm infection and *S. stercoralis* in school location (p=0.027), yard covering (p=0.010), and water waste

According to univariate analysis characteristics of school children and school sanitation facilities showed that hookworm infection has been correlated significantly with school location and, water resources for daily activity while *S. stercoralis* infection has correlated significantly such as school location (p=0.027), yard covering, and water waste treatment. Muara Kaman district school 1.78 times more likely to be infected with hookworm than Marangkayu district school location (OR: 1.78 (95%CI: 0.87-3.71, p-value=0.006). Unsanitary water resources for daily activity 1.47 times more likely to be infected with hookworm than sanitary water resources (OR: 1.47 (95%CI: 1.09-1.97, p=0.002). Marangkayu district school 1.28 times more likely to be infected with *S. stercoralis* than Muarakaman district school location (OR: 1.28 (95%CI: 0.73-2.23, (p=0.027)). Soil yard covering 5.50 times more likely to be infected with S. stercoralis than sanitary water waste treatment is 5.50 times more likely to be infected with *S. stercoralis* than sanitary water waste treatment (OR: 5.50 (95%CI: 0.84-36.02, p=0.010).

In category un-routine using shoes hookworm infection was higher than a routine; 17 (35.4%) and 17 (28.8%) respectively. Hookworm infection in the category not washing foot after soil contact was higher than washing foot with prevalence; 25 (32.5%) and 9 (30.0%) respectively. The percentage of hookworm infection in the category eat raw vegetables were higher than not routinely eat with prevalence; 9 (64.3%) and 25 (26.9%) respectively. Washing foot before house enter has higher hookworm infection that did not wash; 25 (33.8%) and 9 (27.3). Not usual use toilet at home higher hookworm infection than a routine; 27 (34.2%) and 7 (25.0%) Un-routine use sandals in toilet has hornworm infection higher than routine 34 (33%) and 0 respectively. While *S. stercoralis* infection was higher in un-routine using shoes outside than using shoes; 5 (10.4%) and 6 (10.2%) respectively. Un-routine washing

fruit/vegetables before eat has higher of *S. stercoralis* infection than a routine; 7 (11.7%) and 4 (8.5%). Schoolchildren whom usual eat raw vegetable higher of *S. stercoralis* infection than did not usually eat raw vegetable; 2 (14.3%) and 9 (9.7%) respectively. Usual washing foot before house-entering has higher *S. stercoralis* than not washing with the prevalence was 9 (12.2%) and 2 (6.1%) respectively. Un-routine using the toilet at home has higher prevalence of *S stercoralis* than a routine was 10 (12.7%) and 1 (3.6%) respectively. Un-routine using sandals in the toilet has higher *S. stercoralis* than a routine was 10 (12.7%) and 0 (0%) respectively. Un-routine using sandals in the toilet has higher *S. stercoralis* than a routine was 11 (10.7%) and 0 (0%) respectively. Usual eat raw vegetables 1.07 times more likely to be infected with hookworm than did not eat it (OR: 1.07 (95%CI: 0.80-1.43, p= 0.005). The soil with pH >6.61, 1.78 times more likely to be infected with hookworm (OR: 1.78 (95%CI: 0.87-3.71, p= 0.002). Personal hygiene of schoolchildren that have significantly correlated with hookworm infection was usual ate raw/un-cook vegetable (p=0.005) (19). Personal hygiene has not significantly correlated with *S. stercoralis* infection. In general condition soil surrounding yard covering of school covering with soil where close the location with plantation and forest that have a high position for contamination from plantation and forest. And besides personal hygiene and sanitation facilities still not save for protecting skin from larvae hookworm and *S. stercoralis* also in file rice and palm or rubber plantation (17). In poor countries with tropical climate, where have environmental condition favorable for transmission hookworm and *S. stercoralis* infection the prevalence still high (20).

Conclusions

Hookworm infection has been correlated significantly with water resources for daily activity While *S. stercoralis* infection has correlated significantly such as schoolyard covering and water waste treatment. Personal hygiene of schoolchildren that have significant correlated with hookworm infection were usual ate raw/un-cook vegetables. Personal hygiene has not significant correlated with *S. stercoralis* infection. This study has explained essence of risk factors and the prevalence of hookworm infection and *S. stercoralis* infections. Essential of risk factors of the infections should be used for preventing program of reduction the prevalence hookworm and *S. stercoralis* infection.

Abbreviations

WHO: World Health Organization; 95%CI: 95% confidence interval; OR: odds ratio; APC: Agar plate culture; %: percent; mm: millimeter; ⁰C: Degree Celsius

Authors[,] contribution

All authors conceived of the idea and participated in the design of this study. BS, JT conducted the study. BS, SW, SP, WA, and JT were responsible for the interpretation of the results and drafting of manuscript and reading for intellectual content. All authors read and approved the final manuscript.

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Availability of data and materials

The datasets used and/or analyzed during the current study available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests.

Availability of data and materials

Consent for publication

Not applicable

Ethics approval and consent to participate

Official permission and ethical clearance for the collection of human fecal samples were obtained from headmaster of elementary school and the parent of schoolchildren. The study protocol was approved by the Ethical Clearance Committee on human rights related to research involving human subjects, Walailak University HE: NO. WUEc-18-034-01.

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