

The Correlation Between Parental Character and The Implementation of Family Health Care Functions with Toddlers

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ABSTRACT

Introduction: The prevalence of various health problems in the aggregate of toddlers is still quite high in Indonesia. The role of the family is needed, especially in optimizing the implementation of the health care function in order to be able to improve the health quality of toddlers. **Objective:** Analyzing the correlation between the parental character and the health care function implementation of families with toddler is study's purpose. **Methods:** Cross sectional quantitative design was carried out in this study. The population in this study was the entire family of toddlers. The research sample was 100 families with a sampling technique using purposive sampling. **Results:** The independent variables were the characteristics of parents including parent education (mom and dad), family revenue, and profession of mother. The dependent variable included the health care function implementation of families with toddler. **Conclusion:** Mother's education, family revenue, and mother's profession didn't have a significant relationship with the health care function implementation of families with toddler. There was a correlation between father's education and the health care function implementation of families with toddler. A father's high education will help fathers in making wise decisions about children health in the family. Health education related to optimizing health care functions should be provided by nurses to parents.

ABSTRAK

Prevalensi berbagai masalah kesehatan pada agregat balita masih cukup tinggi di Indonesia. Peran keluarga sangat diperlukan terutama dalam mengoptimalkan pelaksanaan fungsi pelayanan kesehatan agar mampu meningkatkan kualitas kesehatan balita. Tujuan penelitian ini adalah untuk menganalisis hubungan antara karakteristik orang tua dengan pelaksanaan fungsi perawatan kesehatan keluarga dengan balita. Desain penelitian ini adalah penelitian kuantitatif dengan pendekatan cross sectional. Populasi dalam penelitian ini adalah seluruh keluarga balita. Sampel penelitian sebanyak 100 keluarga dengan teknik pengambilan sampel menggunakan purposive sampling. Variabel bebas adalah karakteristik orang tua yang meliputi pendidikan ayah, pendidikan ibu, pendapatan keluarga, dan pekerjaan ibu. Variabel terikat meliputi pelaksanaan fungsi perawatan kesehatan keluarga dengan balita. Hasil penelitian menemukan bahwa pendidikan ibu, pendapatan keluarga, dan pekerjaan ibu tidak memiliki hubungan yang signifikan dengan pelaksanaan fungsi perawatan kesehatan keluarga. Hasil penelitian menemukan bahwa ada hubungan antara pendidikan ayah dengan pelaksanaan fungsi perawatan kesehatan keluarga. Pendidikan tinggi seorang ayah akan membantu ayah dalam mengambil keputusan yang bijak dalam keluarga, terutama yang berkaitan dengan status kesehatan anak. Perawat harus dapat memberikan pendidikan kesehatan kepada orang tua agar mampu meningkatkan derajat kesehatan balita.

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Introduction:

The prevalence of various health problems in the aggregate of children under five is still quite high in Indonesia (Latifah *et al.*, 2018). About 80% of deaths due to diarrhea occur in children less than two years old (Kasman & Ishak, 2018). The percentage of stunting under five reached 11.6% of the target of 24.1%. The achievement of maternal and newborn health service performance is still at 23.33% and the achievement of complete basic immunization performance is also still 37.2% (Ministry of Health Republic of Indonesia, 2021).

Various health problems in the high aggregate of toddlers certainly cannot be separated from the role of the family or parents (Zulfitri *et al.*, 2014). An increase in the health status of families with toddlers is related to the implementation of the family health care function (Ayuningtiyas, 2013). Children growth and development are influenced by family characteristics. The majority of children's growth and development is formed in families. Family characteristic include parents education, family income, mother's characteristics (such as working or not working) (Amaliah *et al.*, 2016). Analyzing the correlation between the parental character and the health care function implementation of families with toddler is study's aim.

Methods:

The prevalence of various health problems in the aggregate of children under five is still quite high in Indonesia (Latifah *et al.*, 2018). About 80% of deaths due to diarrhea occur in children less than two years old (Kasman & Ishak, 2018). The percentage of stunting under five reached 11.6% of the target of 24.1%. The achievement of maternal and newborn health service performance is still at 23.33% and the achievement of complete basic immunization performance is also still 37.2% (Ministry of Health Republic of Indonesia, 2021).

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separated from the role of the family or parents (Zulfitri *et al.*, 2014). An increase in the health status of families with toddlers is related to the implementation of the family health care function (Ayuningtiyas, 2013). Children growth and development are influenced by family characteristics. The majority of children's growth and development is formed in families. Family characteristic include parents education, family income, mother's characteristics (such as working or not working) (Amaliah *et al.*, 2016). Analyzing the correlation between the parental character and the health care function implementation of families with toddler is study's aim.

Results:

The distribution of the independent variables can be reviewed in the following table.

Table 1. Distribution of parental character: including parent education (mom and dad), family revenue, and profession of mother

Independent variable	Frequency	Percentage
Father's education		
No school	4	4
Primary or elementary school	63	63
Junior high school	17	17
Senior high school	13	13
College	3	3
Mother's education		
No school	4	4
Primary or elementary school	49	49
Junior high school	28	28
Senior high school	17	17
College	2	2,0
Family income		
< the Regional Minimum Wage (UMR)	98	98
≥ the Regional Minimum Wage UMR	2	2
Mother's profession		
Work	4	4
Does not work	96	96
Total	100	100

Most of father's education is primary school. Most of the mother's education is primary school by 49%. The majority of family income is less than the Regional Minimum Wage of Jember Regency. The Regional Minimum Wage of Jember Regency in 2021 is Rp.2.344.662,-. The majority of mother's profession is a housewives (does not work) by 96%.

The distribution of the dependent variable can be reviewed in the following table.

Table 2. Distribution of dependent variables: the health care function implementation of families with toddler

Independent variable	Frequency	Percentage
The health care function implementation of families with toddler		
Not done	45	45
Done	55	55
Total	100	100

The implementation of family health care functions with toddlers indicating that more than half of the families are able to carry out their family health care functions well.

Table 3. Gamma correlation analysis result between father's education and implementation of family health care function

Father's education	Family health care function		r	p value
	Not done	Done		
No school	4 (8,9%)	0 (0%)	0,4	0,0
Primary school	30 (66,7%)	33 (60,0%)	16	14
Junior high school	7 (15,6%)	10 (18,2%)		
Senior high school	4 (8,9%)	9 (16,4%)		
College	0 (0,0%)	3 (5,5%)		
Total	45 (100%)	55 (100%)		

There is a significant relationship between father's education and the

implementation of family health care functions with $p \text{ value} = 0,014 < 0,05$ and a correlation coefficient of 0,416.

Table 4. Gamma correlation analysis result between education of mother and implementation of family health care function

Mother's education	Family health care function		r	p value
	Not done	Done		
No school	4 (8,9%)	0 (0,0%)	0,282	0,075
Primary school	22 (48,9%)	27 (49,1%)		
Junior high school	14 (31,1%)	14 (25,5%)		
Senior high school	5 (11,1%)	12 (21,8%)		
College	0 (0,0%)	2 (3,6%)		
Total	45 (100%)	55 (100%)		

There is no significant relationship between mother's education and the implementation of family health care functions with $p \text{ value} = 0,075 > 0,05$.

Table 5. The result of the correlation analysis of the contingency coefficient between family income and implementation of family health care function

Family income	Family health care function		r	p value
	Not done	Done		
< the Regional Minimum Wage (UMR)	45	53	0,128	0,196
≥ the Regional Minimum Wage (UMR)	0	2		
Total	45	55		

There is no significant relationship between family income and the implementation of family health care functions with $p \text{ value} = 0,196 > 0,05$.

Table 6. The result of the correlation analysis of the contingency coefficient between mother's profession and implementation of family health care function

Mother's profession	Family health care functions		r	p value
	Not done	Done		
Work	0	4	0,182	0,065
Does not work	45	51		
Total	45	55		

There is no significant relationship between mother's profession and the implementation of family health care functions with $p \text{ value} = 0,065 > 0,05$.

Discussion:

The correlation between father's education and implementation of family health care function

There was a correlation between father's education and the health care function implementation of families with toddler. The father's low education is related to the non-implementation of the health care function of the toddler's family. A high dad education is correlated with the implementation of the health care function of the toddler's family. The higher the education of the father is closely correlated with the implementation of the health care function of families with toddlers.

The figure of a father basically makes an important contribution to the growth of children. The role of the parenting behavior of the father affects the progress and welfare of the child. Availability of resources and emotional connection from father to child affect cognitive development and social competence (Hidayati et al., 2011).

This study is dissimilar with previous studies related to health problems in toddlers. Father's education is not associated with

abnormal growth and development in children, but children whose growth and development are abnormal are more common in groups whose fathers have low education (Amaliah et al., 2016). The proportion of fathers' low education level in the stunting toddler group is slightly higher than the normal toddler group although statistically it does not show a correlation between father's education and the stunting prevalence in toddlers (Ni'mah & Nadhiroh, 2015).

Researchers assume that a father's high education will help fathers in making wise decisions in the family, especially those related to the health status of children. High father education is related to the ability of the father as the head of the family in recognizing health problems, making the right decisions, caring for sick toddlers, modifying the environment, and accessing health care facilities for toddlers properly. Researchers also assume that a high father's education is associated with a good understanding of fathers regarding diet practices, sleep practices, exercise and recreation practices, as well as good self-care practices in children.

The correlation between mom education with the health care function implementation of families with toddler

There was no correlation between mom education and the health care function implementation. The results of previous studies are dissimilar to this study. Previous research explained that education level is related to the nutritional status of toddlers, where the nutritional status of the toddlers will be optimal if the health care function is carried out properly. The higher education level of mom, the knowledge about nutrition will be more than those with low education (Sari et al., 2014). Individual attitudes towards new things being introduced, especially about the health care function, are influenced by education level (Ayuningtiyas, 2013).

The researcher analyzed that although there was no statistically correlation between

maternal education and health care function, all mothers whose education did not attend school indicated that the health care function was not implemented and all mothers whose education was higher education indicated that the health care function was carried out. Researchers also assume that maternal education is not correlated with the health care function because the information obtained by mothers is not only from formal education but can be obtained from various sources. The development of technology and information makes it easier for mothers to gain knowledge and understanding regarding the implementation of health care functions from various media, either from friends or social media.

The correlation of family income with the health care function implementation of families with toddler

There was no correlation between family income and the health care function implementation of families with toddler. Although statistically it does not show a correlation, the health care function in all families whose income exceeds the Regional Minimum Wage (UMR) has been carried out.

The results of previous studies are dissimilar to this study. Income is one of the factors related to family function (Andrea Banovcinova et al., 2014). The low family income affects the poor functioning of the family. Low income can cause family functioning to become problematic because insecure family financial conditions are closely related to the family's ability to solve problems and inhibit cohesion in the family (Herawati et al., 2020). One of the factors that influence parenting is indigence. Parents living in indigence differ from parents with income \geq the Regional Minimum Wage in terms of monitoring, supervising, and using positive discipline techniques on their children (A. Banovcinova et al., 2018).

The researcher analyzed that family income was not related to the health care function implementation of families with

toddler because research conducted in rural area. The economic behavior of rural communities consists of reciprocity, sharing, and exchange (Susilawati, 2019). The *gotong royong* system in rural communities is still strong so that if there are some residents who are in need, they will be assisted by some other residents. The researcher also analyzed that the prices of basic commodities in rural areas tend to be cheaper than in urban areas, and some residents even grow vegetables in their yards for personal consumption.

The correlation of mother's profession with the health care function implementation of families with toddler

There was no correlation between the mother's profession and the health care function implementation of families with toddler. Although statistically it did not show a correlation, the implementation of the health care function in all families with working mothers had been implemented. This research is dissimilar with previous research. Previous research explained that mothers who do not work generally gain little experience and knowledge in carrying out family health tasks in the development of toddlers (Ayuningtiyas, 2013).

The researcher analyzed that there was no correlation between mother's work and the health care function implementation of families with toddler because working mothers were still able to care for toddlers. The role of the grandmother is also related to this. Families who live in rural areas tend to be close to their homes and can even live in the same house as a large family so that when the mother is working, the care of the children can be done by grandmother or grandfather.

The limitations of this study is this research was conducted during the COVID-19 pandemic. Some data were incompletely filled in by respondents, so that it required re-collection of data.

Conclusion:

Mother's education, family revenue, and mother's profession didn't have a significant relationship with the health care function implementation of families with toddler. There was a correlation between father's education and the health care function implementation of families with toddler. A father's high education will help fathers in making wise decisions about children health in the family. Health education related to optimizing health care functions should be provided by nurses to parents.

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