

THE CORRELATION BETWEEN PARENTAL CHARACTER AND THE IMPLEMENTATION OF FAMILY HEALTH CARE FUNCTIONS WITH TODDLERS

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THE CORRELATION BETWEEN PARENTAL CHARACTER AND THE IMPLEMENTATION OF FAMILY HEALTH CARE FUNCTIONS WITH TODDLERS

ABSTRACT

The prevalence of various health problems in the aggregate of children under five 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. The purpose of this study is to analyze the correlation between the parental character and the implementation of the health care function of families with children under five. The design of this research was a cross sectional quantitative research. The population in this study was the entire family of toddlers. The research sample was 100 families with a sampling technique using purposive sampling. The independent variables were the characteristics of parents including father's education, mother's education, family income, and mother's profession. The dependent variable includes the implementation of the health care function for families with children under five. The results of the study found that maternal education, family income, and mother's profession didn't have a significant relationship with the implementation of the family health care function. The results of the study found that there was a correlation between father's education and the implementation of the family health care function. A father's high education will help fathers in making wise decisions in the family, especially those related to the health status of children. Nurses should be able to provide health education to parents in order to be able to improve the health status of toddlers.

KEYWORDS

Keywords: parental character; family health care functions; toddlers

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). Based on the performance report of the Indonesian Ministry of Health in 2020, it was found that 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% (Kementerian Kesehatan Republik 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). Family characteristics affect the growth and development of children. The majority of children's growth and development is formed in families. Family characteristic factors include father's education, mother's education, family income, mother's characteristics (such as working or not working) (Amaliah et al., 2016). The purpose of this study was to analyze the correlation between the parental character and the implementation of the health care function of families with children under five.

METHODS

The design of this research is a cross sectional quantitative research. The study was conducted in Jenggawah District, Jember Regency in June 2021. The population in this study was the entire family of toddlers. The research sample was 100 families with a sampling technique using purposive sampling. The inclusion criteria were families with toddlers, living in Jatisari Village, Jenggawah District, Jember Regency, and willing to be research respondents.

The independent variables are the characteristics of parents including father's education, mother's education, family income, and mother's profession. The dependent variable includes the implementation of the health care function for families with toddlers. Retrieval of research data using a family health care function questionnaire (Ayuningtiyas, 2013). Analysis of research data with Gamma test and Contingency Coefficient. This research has passed the ethical feasibility test from KEPK STIKES dr. Soebandi with an ethically appropriate number, namely 043/SDS/KEPK/IV/2021.

RESULTS

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

Table 1. Distribution of independent variables on parental character: father's education, mother's education, family income, and mother's profession.

Independent variable	Frequency	Percentage
Father's education		
No school	4	4,0
Primary school	63	63,0
Junior high school	17	17,0
Senior high school	13	13,0
College	3	3,0
Mother's education		
No school	4	4,0
Primary school	49	49,0
Junior high school	28	28,0
Senior high school	17	17,0
College	2	2,0
Family income		
< the Regional Minimum Wage (UMR)	98	98,0
≥ the Regional Minimum Wage UMR	2	2,0
Mother's profession		
Work	4	4,24
Does not work	96	96,0
Total	100	100,0

Table 1 shows that most of the father's education is primary school by 63%. Most of the mother's education is primary school by 49%. The majority of family income is less than the Regional Minimum Wage (UMR) of Jember Regency. The Regional Minimum Wage



(UMR) 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 implementation of family health care function with toddlers

Independent variable	Frequency	Percentage
The implementation of family health care function with toddlers		
Not done	45	45,28
Done	55	55,0
Total	100	100,0

Table 2 shows that 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%)	0,416	0,014
Primary school	30 (66,7%)	33 (60,0%)		
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	36 45 (100%)	55 (100%)		

Table 3 shows that there is a significant relationship between father's education and the implementation of family health care functions with p value = 0,014 < 0,05 and a correlation coefficient of 0,416.

Table 4. Gamma correlation analysis result between mother's education 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	31 45 (100%)	55 (100%)		

Table 4 shows that there is no significant relationship between mother's education and the implementation of family health care functions with p 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	45	53	0,128	0,196



Minimum Wage (UMR)		
≥ the Regional Minimum Wage (UMR)	0	2
Total	85	55

Table 5 shows that there is no significant relationship between family income and the implementation of family health care functions with p 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		

Table 6 shows that there is no significant relationship between mother's profession and the implementation of family health care functions with p value = $0,065 > 0,05$.

DISCUSSION

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

The results of the study found that there was a correlation between father's education and the implementation of the family health care function. The father's low education is related to the non-implementation of the health care function of the toddler's family. A high father's education is related to the implementation of the health care function of the toddler's family. The higher the education of the father is closely related to 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 research is not in line with previous research related to health problems in toddlers. Previous research has shown that 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 significant relationship between father's education and the incidence of stunting 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 mother's education and implementation of family health care function

The results of the study found that there was no relationship between maternal education and the implementation of the family health care function. This research is not in line with previous research. Previous research explained that the level of education is related to the nutritional status of toddlers, where the nutritional status of the toddlers will be optimal if the implementation of the family health care function is carried out properly. The higher the education level of the mother, the knowledge about nutrition will be more than those with low education (Sari et al., 2014). Previous research has also explained that a low level of education will hinder the development of one's attitude towards the newly introduced values, especially in the implementation of the family health care function (Ayuningtyas, 2013).

The researcher analyzed that although there was no statistically significant relationship between maternal education and the implementation of the family health care function, all mothers whose education did not attend school indicated that the implementation of the family health care function was not implemented and all mothers whose education was higher education indicated that the implementation of the family health care function was carried out. Researchers also assume that maternal education is not related to the implementation of health care functions 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 implementation of family health care function

The results of the study found that there was no correlation between family income and the implementation of family health care functions. Although statistically it does not show a significant relationship between family income and the implementation of the family health care function, the implementation of the health care function in all families whose income exceeds the Regional Minimum Wage (UMR) has been carried out.

The results of this study are not in line with previous research. 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). Poverty is also one of the factors that influence parenting. Parents living in poverty differ from parents with standard income levels 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 implementation of the family health care function because the place of this study was included in a 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 implementation of family health care function

The results of the study found that there was no correlation between the mother's profession and the implementation of the family health care function. Although statistically it did not show a significant correlation between mother's work and the implementation of the family health care function, the implementation of the health care function in all families with working mothers had been implemented. This research is not in line 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 relationship between mother's work and the implementation of family health care functions with toddlers 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.

CONCLUSIONS

Maternal education, family income, and mother's profession didn't have a significant relationship with the implementation of the family health care function. The results of the study found that there was a correlation between father's education and the implementation of the family health care function. A father's high education will help fathers in making wise decisions in the family, especially those related to the health status of children. Nurses should be able to provide health education to parents in order to be able to improve the health status of toddlers.

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