

Health Promotion Model Of Parent Caretaking Pattern Through Integrative Holistic Early Age Children Education

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ABSTRACT

The attempt of improving parent's knowledge and skill in taking care of children taken in Indonesia so far generally has not been conducted holistically by integrating many aspects, particularly education, nutrition, and health. The objective of research was to produce a health promotion model of parent caretaking pattern through developing an integrative holistic early age child.

Method: This research was taken place in the area of integrative holistic early age children. The sample consisted of 156 parents, taken using purposive sampling technique with Structural Equation Modeling (SEM) analysis.

Result: Health promotion model involved many factors. The result of analysis showed that health promotion affected social capital, access to information source, stakeholder's role, and village head's leadership. All of the relationships were positive. Meanwhile, local government's support did not affect health promotion. Only social capital and village government's support affected significantly the parent's motivation. The relationship between social capital and parents' motivation was positive. The stakeholder's role affected positively the parent participation. Only social capital and village head's leadership affected significantly the holistic caretaking pattern. There was no effect of motivation on participation. Motivation and participation affected positively the holistic caretaking pattern. Health promotion model had not met the model's goodness of fit with RMSEA=0.08, RFI=0.96, NFI=0.97 and CFI=0.98.

Conclusion: The appropriate health promotion strategy taken to improve holistic caretaking pattern was to improve motivation and participation in parenting education.

Keywords: health promotion, holistic caretaking, integrative holistic early age children education

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INTRODUCTION

Growth and development problem in under-five age children, constituting an important determinant of high-quality Human Resource (HR) has not achieved optimally yet. Too early stimulation against children's rational ability results in the creation of human beings who receive others' opinion difficultly, engage in conflict easily, and etc.

The complexity of HR quality problem is exacerbated with global penetration of lifestyle model frequently not appropriate to the local reality scraping the nation's cultural and moral norms. Empirically, horrible event sceneries are presented almost everyday such as: murder, robbery, rape, student quarrel, drug abuse, pornographic photograph and video circulation, and etc. Recently, many violence, sodomy, and sexual abuse cases affect early age children committed by educator, relative, neighbor, and even parent.

The attempt of building high-quality human resource should focus more on the most strategic target group, early age child group. It is a critical period for brain development. The great leap of children development (golden ages) occurs in this period rather than in the next periods. Moral values should be inculcated into children earlier as the controller of individual's attitude and behavior in doing social interaction in family, community, and nation environments.

The higher demand for need leads many mothers to working outside. Children become lonely as they are often left alone or taken care by others and watch TV and play video or online game too much, so that the deficit of informal education (education in family environment) occurs. Whereas, caretaking environment, particularly

mother-child interaction, caretaking pattern, and family stimulation affected child growth and development (Madanijah et al. 2005).

Parents also often inhibit learning process conducted by educator, due to their ignorance about how to educate the child well. On the other hand, parents' enthusiasm in parenting education program has not been maximal yet. The general objectives of program are to improve parent's knowledge, attitude, and skill on caretaking, to help parents develop self-consciousness (Rahman et al. 2008)(Jin et al. 2007)(Klein and Rye 2004), to improve self-confidence (Gota 2012)(Bloomfield and Kendall 2012)(Kendall et al. 2013), and to improve mother-child interaction (Klein and Rye 2004)(Lee et al. 2010). Inadequate information on how to achieve healthy life can result in a deviating caretaking of child. Parents' incapability of dealing with such the change results in dysfunctional families and problematic children.

Caretaking environment, particularly mother-child interaction, caretaking and family stimulation, affect the child's growth and development³ (Madanijah et al. 2005). It is in line with stating that family is the first and principal education institution in creating child's self identity. Child's characters develop firstly in family institution.

Some studies prove that children who get good caretaking will show a good social competency during childhood and will be more popular among their peers in preschool period. These children can also establish better intense friendship, and harmonious, more intensive, non-dominant interaction, and can deal with the difficult assignment better and is not easily discouraged.

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Health promotion about parent's caretaking pattern through integrative holistic early age children education is a populist program to solve the problem. The general objectives of program are to improve parents' knowledge, skill, and skill on their caretaking pattern, to help parents develop self consciousness (Rahman et al. 2008)(Jin et al. 2007)(Klein and Rye 2004), to improve self confidence (Gota 2012)(Bloomfield and Kendall 2012)(Kendall et al. 2013), to improve mother-child interaction (Klein and Rye 2004)(Lee et al. 2010), to improve physical and mental health of baby (Aracena et al. 2009), to reduce the violation behavior against children (Aracena et al. 2009)(Oveisi et al. 2010)(Fayyad et al. 2010), to reduce violence problem against children, adolescent social problem (Kaiser, Hancock, and Kaiser 2003)(Goddard, Myers-walls, and Lee 2004), to support and to take care of their children (Smith, Perou, and Lesesne 2002) in the attempt of integrative holistic early age children development. Many state and organizational policies emphasize on parenting education (Kemendikbud 2017)(Unicef 2006), as parenting education program has proved to be strategic (Sanders 2008).

Other studies conducted by (Faujiah, Tafsir, and Sumadi 2018) found that without parent and community's consciousness, ability, and commitment to improving caretaking, the indicators of low EQ and ESQ in children such as non-empathy, unreliability, dishonesty, unfriendliness, hypocrisy, unconsciousness, egoism, disrespect, uncaring, and etc will continue to the next periods.

Thus, it is important to conduct holistic approach (Cohn et al. 2009). Those theories support the use of indicators specified by adding material into Under-Five Age Child Family Building (Indonesian: *Bina Keluarga Balita* or BKB), integrated service post (Indonesian: *Posyandu*), family-based early age child education (Indonesian: *PAUD*), and Indonesian Children's Ten Image (Indonesian: *Dasa Citra Anak Indonesia*) (Kemendikbud 2017), caretaking pattern theory (Syakrani 2004)(Ashar, Lubis, and Aritonang 2008)(Cohn et al. 2009)(Barlow and Parsons 2005)(Soetjningsih and Ranuh 2016).

Parents can obtain information about holistic caretaking through health promotion in parenting education learning process. Such the learning process is related to

many factors inside parents (Perrino et al. 2001)(Spath and Redmond 2000)(Johnson 1993)(White and Wellington 2009), surrounding environment such as parent participation, access to information source, stakeholder's role in related activities (Syakrani 2004). The growth of participation is also affected by perception and motivation (Labonté, Laverack, and Baum 2008).

This study adopts (Green and Kreuter 1991) Precede and Proceed health promotion planning model, determinant of (Engle, Menon, and Haddad n.d.) Extended Model of Care and early age child growth and development ecology.

METHOD

Considering the objective of research, the type of research employed was quantitative one with explanatory study type. To support and to sharpen the analysis, qualitative data-based information was provided. The implementation of research was conducted using survey method with cross sectional approach. This research was conducted in Integrative Holistic Early Age Child Education (Indonesian: *Pendidikan Anak Usia Dini Holistik Integratif*) synergizing *Pos PAUD*, *BKB*, and *Posyandu* in Bantul Regency of Yogyakarta, including Cempaka, Melatisari, Putra Harapan, Amanah, and Harapan Bunda Playgroups.

The population of research included parents of early age children attending one-stop Integrative Holistic Early Age Child Education, consisting of 156 persons. The sampling technique employed was purposive sampling one. Techniques of collecting data used were questionnaire, in-depth interview, documentation study, and observation. In this research, data analysis was conducted using SEM. Data was converted using Successive Interval Method first and then parametric assumption test was conducted, including normality, linearity, multicollinearity, and heteroscedasticity tests, thereby producing BLUE (*Best Linear Unbiased Estimator*).

RESULT

Model analysis was conducted using *Structural Equation Modeling* (SEM). Considering the result of path coefficient, the causal relationship of health promotion between variables and holistic caretaking is illustrated below:

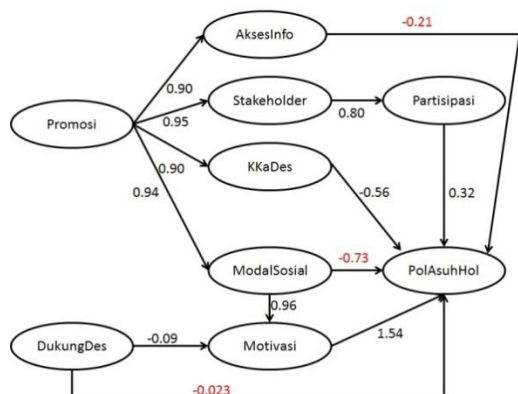


Figure 4.1. Loading factor value of structural model of holistic caretaking pattern model

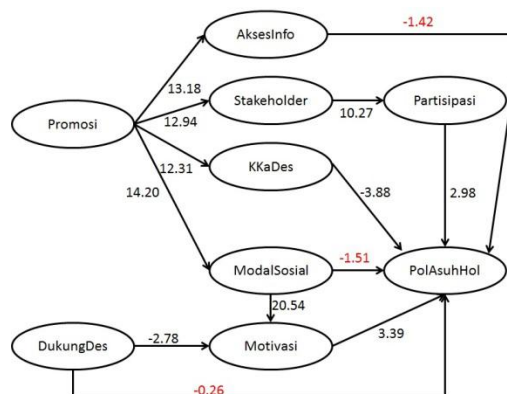


Figure 4.1. T-value of structural model of holistic caretaking pattern model

Note:

Promosi : Health Promotion

AksesInfo : Access to information source

Stakeholder : Stakeholder's role

KKaDes : Village Head Leadership

DukungDes : Village government's support

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PolAsuhHol : Holistic Caretaking Pattern

Figure 1 shows the estimated value between variables, while Figure 2 shows the t-value of inter-variable relation representing the significance of relation. From Figure 2, it can be seen that t-value is less than 1.96 indicating an insignificant relation. Thus, not all hypotheses can be explained in this model. However, it can be explained that health promotion and stakeholders' role affects holistic caretaking pattern indirectly. Meanwhile, participation, village head's leadership, social capital, village

government's support (RT, RW, Village Head) and motivation affect holistic caretaking pattern either directly or indirectly. Village Head's support and social capital affect it indirectly through motivation. There are three variables having no significant relationship with holistic caretaking pattern: access to information, village head's support, and stakeholder's role. Thus, model re-specification should be made by including the variable into the next estimation. Figure 3 shows the path coefficient in model improvement.

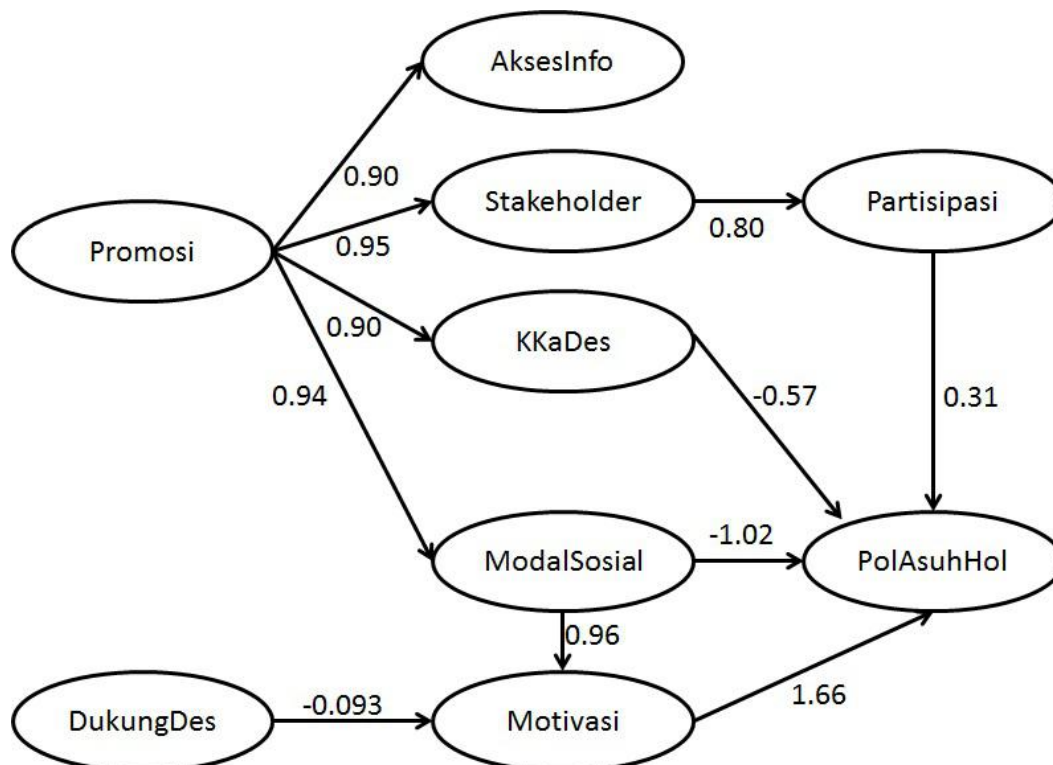


Figure 3. Estimated Value of the structural model improvement of holistic caretaking pattern

The coefficient of determinacy (R^2) is 0.42. From this value, it can be interpreted that statistically, participation, social capital, and village head could explain holistic caretaking variable of 42% while the rest of 58% is explained by other effects.

Model Testing

RMSEA is the most popular goodness of fit measurement and used most widely in many studies. It is because RMSEA value is neither overestimated nor underestimated, and not dependent on the size of sample.

Value of $0.05 \leq RMSEA \leq 0.08$ indicates that the model has very good goodness of fit. From Table 1, it can be seen that RMSEA value of the model tested is 0.08, belonging to fit model.

NFI, RFI, IFI and CFI values are stated as good when they reach > 0.9 . This testing method compares the existing model and null model, to cope with the model complexity. From Table 1, it can be seen that the measure has exceeded 0.9 and it can be stated that the existing model has been fit.

Table 4.1 Goodness of fit value of model

Indicator	Value	Cut point	Decision
chi-square	1441.9	p-value>0.05	Unfit Model
RMSEA	0.08	0.06< RMSEA <0.08	Fit Model
RFI	0.96	RFI>0.90	Fit Model
NFI	0.97	NFI>0.9	Fit Model
CFI	0.98	CFI>0.95	Fit Model
IFI	0.98	IFI>0.90	Fit Model
GFI	0.69	GFI>0.9	Unfit Model

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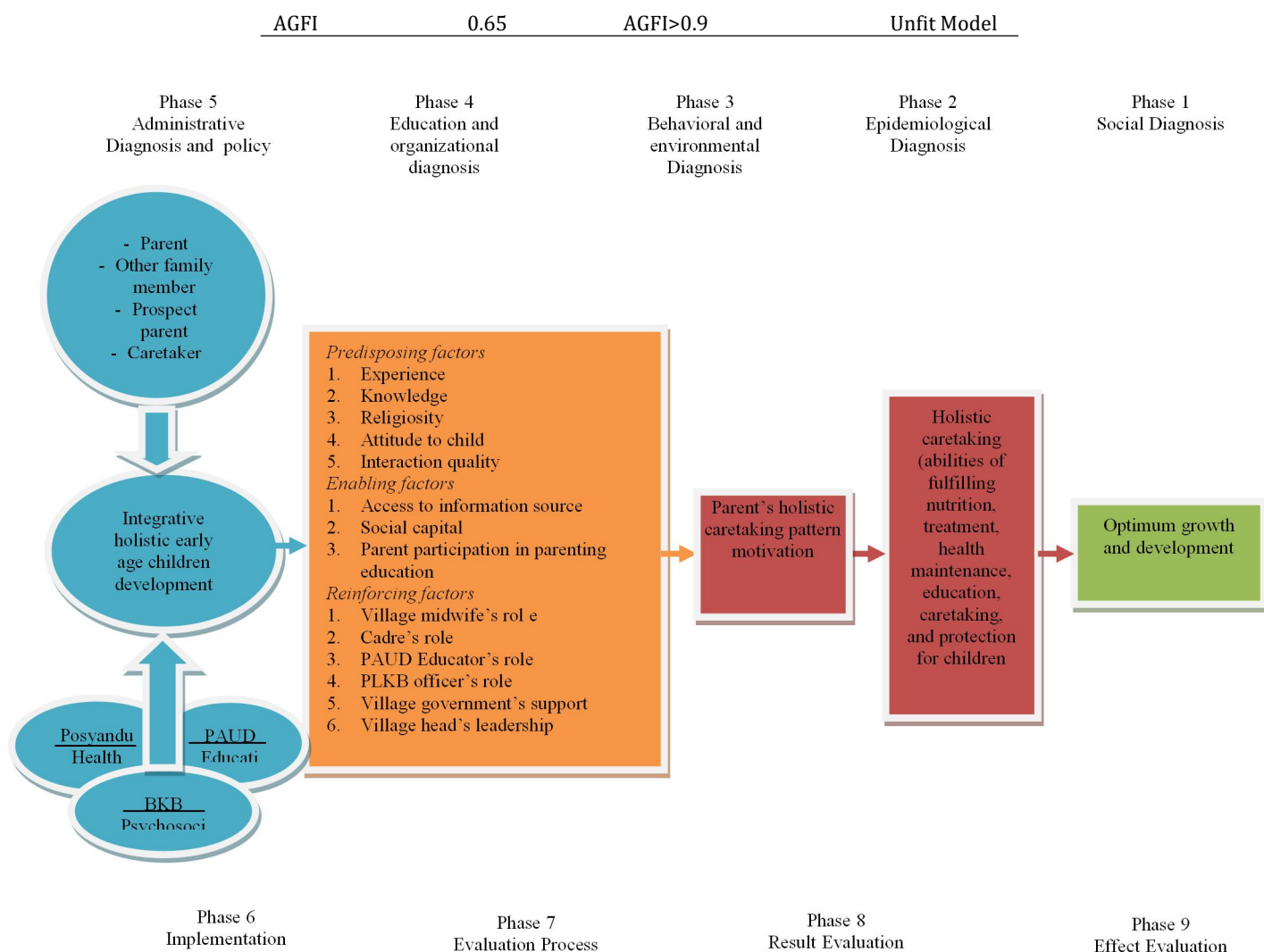


Figure 4. 5 Health Promotion Model Through Parenting Education in Integrative Holistic Early Age Children Education

DISCUSSION

The result of SEM analysis explains that health promotion affects social capital, access to information source, stakeholder's role, and village head leadership. All of relations are positive. Meanwhile, village government's support does not affect health promotion. Social capital contributes 88% to health promotion. Social capital contributes 81% to health promotion. Village head leadership contributes 80% to health promotion. Stakeholder's role contributes 90% to health promotion. This size of contribution can be seen from R-square value obtained from model testing.

The strategy reactivated recently is social capital development, the one obtained from social relation in society and school through parent-teacher at school (McNeal 2001)(Sherrod, Flanagan, and Youniss 2010). Social capital reflects support the parents or other resources receive through social capital. Parents' opportunity of looking for help from other students' parents is an aspect of parents' social capital. This social capital should contribute to children's sense of belonging at school and within society. Social capital can encourage and affect positively the children by means of having higher sense of belonging than that before.

The children's pleasure felt by children obtained among others from social support contributes to a development

favorable to children, including achievement, cognitive skill, prosocial behavior, and mental health (Hansen, Larson, and Dworkin 2003). The contribution of parent's social capital to children has been proved theoretically. Social capital gets special attention as it can maintain social control and orderliness effectively (Chaskin et al. 2006). Therefore, promoting social capital is an important strategy (McNeal 2001).

Health promotion about child caretaking pattern is given to parents and related stakeholders. The related stakeholder is given insight into caretaking pattern in order to make activity or program related to child caretaking. Health promotion affects the improvement of information access, stakeholder's knowledge, village head's leadership, and parents' social capital.

Empowerment is not a static but a varying condition in various life situations at individual, family, social network, and society levels. Parents identifies the child growth and development problem smartly but they are not always correct, thereby needing related stakeholder's help.

Previous studies have shown that parents' empowerment is related to caretaking resource improvement and self-efficacy and to reduced stress in child caretaking (Gallant, Beaulieu, and Carnevale 2002)(Øien, Fallang, and Østensjø 2009). It is also related to child's behavior development and psychosocial, physical, verbal, and

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social developments (Boot et al. 2006)(Uludag 2008). Parent empowerment is related to parents' stronger participation in child caretaking⁴⁹ (Mckenna et al. 2010), and continuity and holistic treatment (Tourigny, Chartrand, and Massicotte 2008).

Access to information source, village head leadership, and stakeholder's role affects health promotion. Health promotion is intended to empower parents in holistic caretaking pattern. In line with previous studies, there is a positive relationship between parent empowerment and parents' experience with information access and support adequacy (Vuorenmaa et al. 2013). However, the relationship between parent empowerment and parents' experience is very complex. There is a positive relationship between parent empowerment and parent participation (Øien, Fallang, and Østensjø† 2009), parents' good collaboration^{51,52} (Ygge, Lindholm, and Arnetz 2006)(Ewertzon et al. 2008), and partnership between parents and teachers (Chao et al. 2006)(Mikkelsen and Frederiksen 2011). The words involvement and participation are usually used synonymously (Ygge, Lindholm, and Arnetz 2006)(Baart, Abma, and Abma 2010) or as the consequence of individual caretaking interests (Rentinck et al. 2009) (Thor et al. 2007).

By supporting parents' participation in making decision about child growth and development, stakeholders can reinforce parents' resource, recalling that parents' resource is very important (Halme, Kekkonen, and Perälä 2012). Stakeholders can contribute significantly reinforcing the child wellbeing constituting the main objective of holistic caretaking pattern.

In addition, through reinforcing parents' participation, stakeholders can emphasize on parents' responsibility for taking care of their children. This study suggests that parents should be encouraged actively to take part in decision making concerning their children caretaking. Adequate access to information on family empowerment relates positively to all dimensions of parent empowerment. The importance of adequate information access concerning child caretaking (Vuorenmaa et al. 2013) (Hook 2006) clearly underlines the urgency of developing information. Adequate access to information is highly related to family empowerment (Vuorenmaa et al. 2013).

Health promotion process about holistic caretaking is given through parenting education activity. The activity itself lasts for about a half of to an hour. The material delivered is only limited to module, so that it has been less complete. Education (illumination) method is conducted by reading the material provided. Actually, a program can be organized into more attractive and effective one in improving parents' participation (Scott et al. 2010) considering parents' input, good and comprehensive planning, and not consisting of a discontinued series.

An effective caretaking behavior such as communication method and behavioral management can reduce children abuse and negligence case (Prinz et al. 2009), can improve children's self-confidence in the beginning of school period^{63,64} (Brooks-gunn and Markman 2005)(Chazan-cohen et al. 2009) reduce aggressive and hyperactive behavior (Webster-stratton et al. 2014)(Webster-stratton, Reid, and Stoolmiller 2008) and reduce chronic diseases such as diabetes, asthma, and obesity (Skelton and Skelton 2012)(Piazza-waggoner et al. 2008). An effective caretaking behavior can be

measured and modified (Lindsay, Strand, and Davis 2011)(Minkovitz et al. 2007). To assess and to support an effective caretaking behavior, early intervention in baby and early age children period has shown direct and sustainable effect on pediatric outcome (Carta and Lefever 2013) (Barlow et al. 2010) and short term improvement in parents' psychosocial wellbeing (Barlow et al. 2012).

Health promotion program through parenting education to improve holistic pattern is nearly the same in the research site, implemented in the form of parent meeting (parent class) activity, parents' involvement in children group/class, parents' participation in common event, but parent consultation and house visitation day activities have been conducted rarely. Parents and instructors generally prefer parenting education in group format (Goddard, Myers-walls, and Lee 2004) as it saves money, potentially fulfilling many parents' need²⁹ (Barlow and Parsons 2005). The study finds that group-based program is more successful in improving the behavior of three-to-ten year old children in long term (Barlow and Stewart-Brown 2000) compared with individual program (Barlow and Parsons 2005). Theoretically, the requirement of effective communication is the presence of good response system between communicator and participants⁷⁶ (Notoadmodjo 2012). However, based on the result of field observation and interview with PAUD educators, it can be explained that many parents are still uncaring about child caretaking. It can be seen from only a few of them establishing smooth communication with educator about how to develop the child's potency optimally.

The messages delivered using media is generally retained in receiver (parent)'s mind. Ginott suggests that child growth and development can be optimum, parents need a good method to improve their caretaking pattern. This development requires the parents to keep learning to reform their caretaking skill to make the child development optimal. Better understanding on dynamic and expectation, and acting and working in collaborative network and relationship are needed and it should starts with improving the care constituting cause and consequence of cooperation between stakeholders (Antonacopoulou and Ric 2005). Coordinated cross-sector service providing still becomes a challenge. The service coordination attempt should be continued not only to ensure access to coherent information on caretaking, but also to improve early problem identification and parent empowerment.

Stakeholders' role affects holistic caretaking pattern indirectly. Stakeholders in this study included PAUD educators, cadres, PLKB officer, and village midwife. (Bal et al. 2013) stated that different stakeholders have different skill and knowledge. Such the skepticism, according to (Gitanjali Co Devan Anderson 2013) can also be due to ineffective organizational resource management and no internal and external communication and transparency established, and program and implementation strategy and process. Nevertheless, stakeholders play an optimum role in motivating the parents to attend parenting education activity and holistic caretaking pattern.

The recruitment of high-quality staffs will contribute to the effectiveness of program, thereby impacting on the successful program (Fertman and Allensworth 2010). Health professional intervention is needed in promoting, supporting, and maintaining healthy (Cooper et al. 2009)

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by means of giving training by psychologist, social workers, nurses, physicians, counselors, and etc to facilitate the distribution of intervention (Kazdin and Blase 2015).

The very important finding of study reveals that village head leadership, social capital, village government's support (RT, RW, Village Head), and motivation affects holistic caretaking pattern either directly or indirectly. Village government's support and social capital affect motivation indirectly.

Participation affects motivation more considerably. The better the participation of mother, the better is the parents' motivation in their caretaking pattern. It is in line, stating that participation is an important component in generating independency and empowerment process. Parents' participation in local institutions such as posyandu, BKB, and etc will affect positively the motivation of attending health promotion program through parenting education to improve holistic caretaking pattern.

Parents will attempt to learn to acquire knowledge from the caretaking pattern applied to their children. It is confirmed by Gagne's theory stating that learning is a process in which an individual can change his/her behavior by improving learning motivation.

Theoretically, knowledge relates to experience and consequentially creates the parents' attitude to child caretaking pattern. Attitude improvement requires the changing knowledge and experience. Parents' experience pertains to whether or not the parents have been involved in caretaking pattern activities. Theoretically, experience not only creates everyone's a body of knowledge, but also something's value order. Data resulting from focused group discussion shows that caretaking pattern practice and information creating parents' experience is non-holistic caretaking pattern, so that not all aspects have been implemented by the parents in taking care of their children.

Experience can also be obtained from mothers' intervention during pregnancy. The intervention has successfully improved parents' knowledge on caretaking⁸³ (Svensson et al. 2009). There is a good effect of intervention on child caretaking (Deave, Johnson, and Ingram 2008). Pregnant women prefer receiving recommendation about effective caretaking behavior from health workers during pregnancy and in neonatal visit (Moniz et al. 2016).

Prenatal caretaking support improves parent-child relationship (Olds et al. 2015)(Svensson et al. 2009). However, this model often focuses on medical problem rather than comprehensive caretaking (Perrin et al. 2014)(Olds et al. 2015). The relationship between parenting self-efficacy and parenting behavior effectiveness is very complex that can be seen from different socio-economic, race, ethnic, and cultural backgrounds (Jones and Prinz 2005).

As aforementioned, participation requires motivation. Suggested that the participants' motivation to attend an activity will determine their participation in such the activity. Thus, when an individual has strong or high motivation to participate in an activity, it can be seen his/her participation in the activity and otherwise. When an individual is not motivated to participate in an activity, he/she participates inadequately or is not willing to participate in it. (Jim 2008) revealed that participation results in psychical and physical mobilization (the change of knowledge, attitude, and behavior) because the

program implemented has been consistent with need, priority, and resource condition owned⁸⁹.

CONCLUSION

A good holistic caretaking model is designed by involving experience, religiosity, knowledge, motivation, social capital, participation, access to information source, village government's support, village head leadership, and stakeholders' role factors. The appropriate health promotion strategy to improve holistic caretaking pattern is to improve motivation and participation in parenting education. The improvement of cross-sector cooperation is important to do.

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Ethical approval

Ethical issues (including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed and considered by the authors. The Ethics Committee of Jenderal Achmad Yani University approved the study protocol.

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Competing interests

The authors declare that they have no competing interests.

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