

Family Tourist Characteristics in Parenting Health Education Model Approaches Bio Massage and CHSE Based at Kids Club Hotel Nusa Dua Bali

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ARTICLE INFO

Article history:

Received September 19, 2022

Revised September 21, 2022

Accepted December 13, 2022

Available online December 25, 2022

Kata Kunci:

Wisatawan Keluarga, Kebutuhan Parenting, Klub Anak Hotel

Keywords:

Family Tourists, Parenting Needs, Hotel Kids Club



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ABSTRAK

Penelitian ini dilatarbelakangi oleh belum adanya modul pengembangan hotel kids club untuk mengurangi kekhawatiran wisatawan keluarga terhadap penyakit pada anak di tempat wisata, beban keluarga dan kejenuhan orang tua serta kebutuhan perjalanan yang tidak terpenuhi. Tujuan penelitian ini adalah menganalisis karakteristik wisatawan keluarga, tingkat kecemasan, parental burnout, dan kebutuhan pendidikan kesehatan parenting, serta menemukan desain model pendidikan kesehatan parenting. Metode penelitian pada tahap 1 menggunakan pendekatan penelitian deskriptif kuantitatif dengan pendekatan survey. Pengambilan sampel menggunakan teknik purposive side dengan jumlah sampel 100 orang pada saat survey dan akan dilanjutkan dengan metode FGD dengan 30 orang. Hasil penelitian menunjukkan karakteristik wisatawan keluarga sebagian besar wisatawan mancanegara khususnya Australia, cukup khawatir, cukup parental burnout, dan kebutuhan parenting pendidikan kesehatan seperti standar, pencapaian mutu dan kebutuhan dasar anak dalam pendidikan kesehatan parenting di hotel klub anak dikategorikan cukup. Disimpulkan bahwa wisatawan mancanegara membutuhkan panduan model kids club untuk mengurangi kekhawatiran jatuh sakit di tempat wisata sehingga menjadi daya tarik untuk meningkatkan kedatangan wisatawan keluarga asing.

ABSTRACT

This research is motivated by the absence of a kids club hotel development module to reduce family tourists' worries about illness in children at tourist attractions, burdening families and parental burnouts and unfulfilled travel needs. The purpose of this research was to analyze the characteristics of family tourists, the level of anxiety, parental burnout, and the need for parenting health education, and to find a model design for parenting health education. The research method in phase 1 uses a quantitative descriptive research approach with a survey approach. The sampling strategy uses a purposive side technique with a sample size of 100 people during the survey and will be followed by the FGD method with 30 people. The results showed that the characteristics of family tourists were that most tourists were from foreign countries, especially Australia, enough worries, enough parental burnout, and health education parenting needs such as standards, achievement of quality and basic needs of children in health education parenting at kids club hotels were categorized as sufficient. It was concluded that foreign tourists need guidelines for the kids club model to reduce worries about falling ill at tourist attractions so that it becomes an attraction to increase the arrival of foreign family tourists.

1. INTRODUCTION

Early childhood is children aged 0-8 years. Early childhood is a child aged between 3-6 years. Meanwhile, the essence of early childhood is that it is a unique individual who has a pattern of growth and development in the physical, cognitive, socio-emotional, creative, language and communication aspects that are specific to the stages that the child is going through ((Afiyah & Purnama, 2019; Fauziddin, 2015; Wulandari & Ambara, 2021). Early childhood is often referred to as the "golden age" or the golden age.

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Most potential children experience a sensitive period to grow and develop quickly and violently (Hulukati & Rahmi, 2020; Nityanasari, 2020). The development of each child is different because each individual has another product. Nutritious and balanced food and intensive stimulation are needed for this growth and development (Hasanah, 2016; Roza, 2020; Wahyuningsih et al., 2020). Children who are given intensive inspiration from their environment can carry out their developmental tasks well.

At this age, children are most sensitive and have the potential to learn something. Children's curiosity is enormous. We can see this from children often asking about what they see. Childhood is when children cannot develop their potential (Agustin et al., 2021; Gusliati et al., 2019; Sri Cahya Dewi & Suyanta, 2019). Children tend to like to play simultaneously, want to win alone, and often change the game's rules for their own sake (Mayar et al., 2022; Tanto et al., 2019). Thus, educational efforts are needed to optimize all aspects of development, both physical and psychological development. The potential of children is significant to be developed. These potentials include cognitive, language, socio-emotional, physical abilities, and so on (Rahmawati, 2018; Rosalina, 2011; Tanto & Sufyana, 2020).

However, the current problem is that the concerns of family tourists about diseases in children at tourist attractions are profound, so it becomes a concern about parental boredom and unfulfilled travel needs. These concerns have increased since the WHO declared the coronavirus outbreak a global pandemic due to the alarming level of spread and severity. Large-scale social restrictions imposed to accelerate the eradication of the spread of Covid-19 have significantly impacted poor economic growth, especially in Bali as a tourism destination (Ardan et al., 2020; Suastika, 2021). The impact was even worse than the Bali Bombing and SARS outbreak in 2002. Data shows a decrease in the number of tourists in Bali, reaching 83.26 percent in 2020 when compared to previous data in 2019, the number of foreign tourists coming to Bali reached 6.3 million people, and domestic tourists reached 9 million people.

Of these tourists, 36% are worried that family tourists will get sick, and 47% are worried that Indonesians will get sick. When traveling, health problems include influenza, fever, dehydration, diarrhea, allergies, motion sickness, urinary tract infections, and respiratory infections. Tourist attractions are a potential source of disease transmission. It is because, in tourist attractions, there are problems with cleanliness, environmental sanitation, and density of flies which cause health problems in children while traveling, including diarrhea, flu, cold coughs, nausea, vomiting, wounds, insect bites, urinary tract infections, and dehydration.

Solution to this problem, the government designated Nusa Dua as one of the Covid-19 green zone areas to open Bali tourism and manage standard child-friendly hotel children's clubs equipped with parenting health education books that still need to be created. The Kid's Club is a formal and non-formal education service facility and a daycare center (Clark et al., 2021; Rippe et al., 2014). The Kid's Club aims to stimulate the intellectual growth and development of children's intelligence in the form of guidance and guidance on potential and creativity with a playground as a recreational facility equipped with sports and health facilities, this facility is intended for children aged 3-6 years (Delly et al., 2018; Pramana et al., 2021). This Kid's Club is a mix between playgroup and kindergarten. Kids' clubs can be a means of education and recreation in a place that can stimulate creative and intellectual progress, both for individual intelligence and in interacting with their environment (Delly et al., 2018; Trisnadoli et al., 2021). Due to the absence of data that describes the characteristics of family tourists, what worries them, parental burnout, and health needs education parenting is needed, a study was conducted to provide an overview of making a CHSE-based kids club development module. The purpose of this study is to analyze the description of the characteristics of family tourists.

2. METHOD

The research method uses descriptive research with a survey type to obtain an overview of the characteristics of family tourists and health education important needs, which are used to create parenting health education modules that are registered with HKI. Sampling technique at the time of the survey with purposive side with the formula Ancient Rao with an error rate of 1% of the 500 population, a sample of 100 family tourists with children was obtained. Followed by FGD techniques for Kids Club managers, PAUD experts, tourism experts and lecturers in tourism care courses, child care in order to perfect the model module for the kids club development of 30 people. The data collection instrument was a questionnaire starting from the characteristics of family tourists with 42 questions covering the characteristics and health status of caregivers and tourist children, concerns with 14 questions, parental burnout with 20 questions and health education needs of parents with 50 questions given directly to respondents. offline. Analysis techniques were used with descriptions of univariate analysis, bivariate with Pearson correlation and qualitative with FGD.

3. RESULT AND DISCUSSION

Result

The subjects of this study were family tourists who brought children aged 1-12 years who were visiting the Kids Club which had been adjusted according to the inclusion criteria and exclusion criteria, namely 100 respondents. Based on the data, it can be seen that the characteristics of parents or caregivers of tourist children show that, the majority of accompanying children are female tourists 60%, the types of tourists are mostly foreign tourists as much as 68%, the majority of countries of origin are from Australia as much as 67%, the majority of accompanying tourist children are biological parents as much as 87% , Majority age 35-44 years, middle age as much as 46%, Education majority in Higher Education 92%, Entrepreneurial work 76%, Income > 26,000,000 as much as 68%, Information knowing kids Cub orally 36%, Go to kids club majority because Recreation/ vacation 76%. Based on the data Health Status of Child Caregivers of Tourist Families, it can be seen that the health status of the parents/caregivers of tourists' children is that the most health conditions are very healthy 99%, they always experience motion sickness 47%, a history of illness before traveling with colds 40%, coughs 32%, illnesses experienced during travel flu 52% and injuries 25%, history of hepatitis B immunization 97%, Polio 100%, BCG 96%, Covid immunization 2 times 81%, those carrying hygiene kit bags 96%, contents of hygiene bags including spare masks 75%, hand sanitizer 51%, vitamins 56% , history of positive covid screening test 84%, history of positive covid less than 12 months 52%.

Based on the data Characteristics of tourist children, it can be seen that tourist children in kids clubs are the most aged between 5 – 13 years: 50% of children (Kids), 57% of female sex, 98% of children from countries attending school, the highest level of school play Group/ Child kid 53%, have visited the kids club the most twice 43%, the last visit the child was less than 1 month 36%, the usual time when tourist children visit the Kids club hotel, on holidays 62%, the length of time tourist children are entrusted to kids hotel clubs between 2-3 hours 60%, the purpose of tourist children going to kids club hotels is recreation/vacation with friends 76%, the main activity of tourist children is playing the game tools prepared by the kids club 78%. Based on the data Health Status of Children of Tourist Families, it can be seen that the health status of children of family tourists is that the health conditions are mostly very healthy 100%, always experience motion sickness 58%, history of illness before traveling with colds 61%, cough 26%, illness experienced during travel with flu 46% and injuries 34 &, history of hepatitis B immunization 100%, Polio 100%, BCG 96%, history of positive covid screening test 84%, history of positive covid less than 12 months 54%.

Based on data analysis, the average value of concern for family tourists is 5.69 (enough), the highest score is 3 (sufficient), the lowest is zero (low) and the highest is 20 (high). Most of them have enough worries as many as 60 respondents (60%) and 4 respondents (4%) have less worries. The average value of family tourist parenting fatigue with a score of 4.83 (enough), the highest score is 28 and the lowest score is 0.00. Most of them have sufficient parental fatigue, 64 respondents (64%) and 12 respondents (12%) have high parental fatigue. The average quality standard of health education for family tourists is 41.13 (enough), the lowest score is 13 (poor) and the highest score is 54 (high). Frequency Distribution of Health Education Quality Standards for Family Travelers at Kids Club Hotels showed in Table 1.

Table 1. Frequency Distribution of Health Education Quality Standards for Family Travelers at Kids Club Hotels

Mother Knowledge Level	Frequency	Percentage (%)
Low quality standards	2	2
Adequate Quality Standards	85	85
High Quality Standard	13	13
Amount	100	100

Table 1 shows that most of them have adequate health education quality standards, as many as 85 respondents (85%) and 13 respondents (13%) have high quality health education standards. The average quality of health education achieved by family tourists is 40.13 (enough), with the highest score being 52 and the lowest score being 23. Most of the quality achievements are sufficient, as many as 80 respondents (80%) and 12 respondents (12%) have high quality achievements. The average value of children's basic needs with a score of 21.36 (enough), with the highest score of 24 and the lowest with a score of 9. Frequency Distribution of Children's Basic Needs in Parenting Health Education (PHE) for Family Travelers showed in Table 2. Table 2 shows that of the 100 respondents studied, most of the children's

needs in parenting health education were sufficient, 87 respondents (87%) and 11 respondents (11%) had high basic needs.

Table 2. Frequency Distribution of Children's Basic Needs in Parenting Health Education (PHE) for Family Travelers

Mother Knowledge Level	Frequency	Percentage (%)
Basic Needs of Children in Low PHE (<18.24)	2	2
Basic Needs of Children in PHE Enough (18.24-24.48)	87	87
Basic Needs of Children in High PHE (> 24.48)	11	11
Amount	100	100.0

Discussion

The discussion of the results of this study is in accordance with the stages, namely the research at the define stage and the design stage. The define stage is to seek information about data on family tourist characteristics, parental burnout, tourist concerns and the design stage regarding parenting health education. In discussing the characteristics of family tourists, there are 4 important data that are discussed, namely the identity characteristics of tourist caregivers, the health status of tourist families, the characteristics of tourist children and the health status of tourist children. Introduction to tourist children, the majority are biological parents as much as 87%, Majority age 35-44 years, middle age as much as 46%, Education majority is Higher Education 92%, Entrepreneurial work is 76%, income > 26,000,000 is 68%, Information about kids Club in general verbal 36%, the majority of the purpose of going to the kids club is for recreation/vacation 76%, the reason for coming to the kids club is because of recreation/holidays 57%, the number of visits to the kids club is mostly twice 43%. When viewed from the country of origin, most foreign tourists, especially tourists from Australia, are as much as 67%, this is in accordance with the data reported that foreign guests who came to Bali in 2019 reached 6.3 million people and 9 million domestic tourists (Raka, 2019). In terms of age, the majority of caregivers for tourist children are aged 35-44 years, which is called middle age as much as 46%, this age, according to the Ministry of Health in 2009, is called late adulthood, namely ages 36-45 years (Santika, 2014).

At this age they are considered to have better coordination of movements than younger ones so that in caring for children while traveling they will be more stable (Hasanah, 2016; Suriati et al., 2020; Tanto & Sufyana, 2020). Data on the health status of tourist caregivers is very healthy 99%, always experience motion sickness 47%, history of illness before travel cold 40%, cough 32%, illness experienced during travel flu 52% and injuries 25%, history of hepatitis B immunization 97%, Polio 100%, BCG 96%, Covid immunization 2 times 81%, those carrying hygiene kit bags 96%, contents of hygiene bags including spare masks 75%, hand sanitizer 51%, vitamins 56%, history of positive covid screening test 84%, positive covid history of less than 12 months 52%.

Most data on the ages of children between 5-13 years: 50% of children (Kids). KIDS Club is one of the services provided by the hotel (also available outside the hotel) to take care of children with an age range of 2-12 years (Delly et al., 2018; Rippe et al., 2014). The highest school level is Play Group/ Child kid 53%, this is because Playgroup is a form of non-formal early childhood education (PAUD) filled by children aged 2-4 years (Pramana et al., 2021; Trisnadoli et al., 2021). The main activity of tourist children is playing the game tools prepared by the kids club 78% are female 57%, children from their countries are at school 98%, the highest school level is Play Group/ Child kid 53%, have visited kids clubs the most twice 43%, the child's last visit was less than 1 month 36%, the usual time for tourist children to visit the Kids club hotel, on holidays 62%, the length of time tourist children are entrusted to the hotel's kids club between 2-3 hours 60%, the purpose of the tourist's child to the hotel's kids club is recreation/vacation with friends 76%.

Most data on the health status of children are very healthy 100%, always experience motion sickness 58%, history of illness before traveling with colds 61%, coughs 26%, illnesses experienced during travel with flu 46% and injuries 34% & history of hepatitis B immunization 100%, Polio 100%, BCG 96%. Based on the data showing the concerns of family tourists, the average value is quite worried with an average score of 5.59 and the most concerns are considered sufficient as much as 60%. less worried 4% and 11% worried high. Worry it is a feeling response that arises based on something abstract that is not necessarily going to be occur and fear of disease in tourist attractions and there are 57% severe worry.

In determining the concerns of family tourists using a questionnaire with 14 questions and among 14 there was data 85% did not feel symptoms of urinary disorders, 66% did not feel symptoms of sleep disturbances, 77% did not feel symptoms of intelligence disorders, 76% did not feel symptoms of physical muscle disorders, 83% did not feel symptoms of sensory physical disorders, 79% did not feel symptoms of heart problems, 56% did not feel symptoms of immune disorders (Mental Health Education,

2014). The results of other studies stated that foreign family tourists are worried about falling ill as much as 36% and concerns of Indonesians 47% (Petriella, 2018). Health problems that often occur when traveling include influenza, fever, dehydration, diarrhea, allergies, wintry depression, motion sickness, diabetes, urinary tract infections, and respiratory tract infections (Murdianto, 2019).

Parental Burnout is a condition in which parents experience physical, mental and emotional exhaustion (Minh et al., 2022; Roskam & Mikolajczak, 2021; Suárez et al., 2022). The fatigue value of caring for family tourists with a score of 4.83 or 64% is enough and 12% has high parental fatigue and 24% low fatigue. In determining parental burnout for family tourists using a questionnaire with 20 questions, there are data that 64% have never had a headache, 34% sometimes have had a headache, 64% have never had a backache, 35% have had a backache, 67% have never had aches, 26% sometimes feel pain, 85% never feel sad. The need for parenting health education includes 3 standard issues, issues of achieving quality and basic needs in parenting health education. The number of question items is 50 questions consisting of standard problems posed with 20 questions and 20 questions for achieving quality and 10 questions for basic needs of parenting health education.

The problem with standard health education data is that the average score is 41 with a sufficient category of 85% and 13% of the respondents scoring high. Among the 20 questions there is data 100% agree that the kids club measures body temperature with an infrared thermometer for every Kids Club visitor, wearing a mask is not agree 11%, disagree 26% and agree 50%, disagree 27%, education so as not to touch strongly agree 13% and agree 77% and other data such as sneezing and coughing ethics, greeting by clasping hands together, reporting yourself if having fever, cough, runny nose and sore throat, food storage, educational game tools (APE), joint activities that can be fun for children, rules of procedure, schedule of activities and consistent parenting according to schedule. The problem of data quality achievement is that the average score is 41 with the sufficient category of 85% and 13% of respondents with high scores. Among the 20 questions included caregivers for kids clubs who are able to speak international, skillfully measure TB, weight and body temperature, carry out care according to the needs of the child's age, recognize early symptoms of sick children, touch children to rest, provide first aid, educate swimming problems, prepare rubbish bin, apply Strict health protocols, age-appropriate eating and drinking arrangements for children, give Education on consuming healthy food and vitamins, Kids Club prepares educational game tools that can stimulate children's basic skills, Kids Club prepares clean toilets and bathrooms.

The problem of the basic needs of children has an average score of 21.36 with a sufficient category of 87%, 11% of respondents have a high score and 2% have a low score. Among the 10 questions there is data 97% of mothers agree that children are accustomed to respecting parents, harmony in the family strongly agrees 18% and agrees 79, discipline in the family strongly agrees 18% and agrees 79, gives rewards for every successful activity. strongly agree 16% and agree 89%, healthy and clean living attitude strongly agree 21% and agree 77%, children are accustomed to creative attitudes strongly agree 15% and agree 85%, children are accustomed to self-confidence strongly agree 11% and agree 89%. Children are accustomed to being honest, strongly agree 15% and agree 83%

4. CONCLUSION

Research concludes that family tourists who come to Bali accompany their children to the Kids Club hotel, mostly from foreign countries, especially Australia. Child tourists use the hotel's Kids Club mostly from foreign countries, especially Australia, female, aged between 5-13 years, Play Group/ Child kid, play game tools prepared by kids club, have visited at most twice, habit of visiting on holidays, duration between 2-3 hours, holiday destination with friends, very healthy health status, always motion sickness, history of illness before trip cold, cough, illness experienced during flu and wound travel & history of hepatitis B immunization, Polio, BCG.

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