

Mother Class Program Enhancing Capability of Mother to Provide Stimulating the Development of Children

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Mother Class Program Enhancing Capability of Mother to Provide Stimulating the Development of Children at Dawan Village Bali

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ABSTRACT

Mother Class program is a class that mothers who have children aged between 0-5 years with the same discussion, brainstorming, and exchange of experience will be the fulfillment of health care, nutrition, and stimulation of growth and development. The aims of this study were to determine the effect of Mother Class program to increase the ability of mother providing stimulation and development of infants. This study used a quasi-experimental design approach pretest-posttest control group design. The total samples of 48 toddlers were divided into 2 groups and technique of sampling with purposive sampling technique. The intervention group received education about developmental stimulation and stimulation modules, but the control group only follow post-service activities only. Data analysis using the Mann-Whitney test and the Wilcoxon the signed-ranks test. The results showed there was a difference in the ability of the mother to stimulate the development between the control group and the intervention group after the implementation of the Mother Class program (p -value $< \alpha = 0, 05$). It is recommended that the Mother Class carried out routinely follow a schedule of post service.

Keywords; *Mother Class, Mother Capability, Development Stimulation*

INTRODUCTION

Reduce child mortality is one of the objectives of Sustainable Development Goals (SDGs), which could be achieved if the access to and quality of child health services implemented optimally. To the accelerated efforts together to improve access and quality of child health services need to be implemented. Child health program managers are expected to know and understand about effective intervention in achieving the SDGs.

The importance of stimulation and care of children, aged under three years, has become especially critical as more children survive and their quality of life becomes a concern¹. One of the efforts of enhancing child survival is launching a community-based program that is class mothers. Mother class program is not a new program, the

program in conjunction with the implementation classes for pregnant mothers and mothers-class is a continuation of the class of pregnant women.

Mother class program is a class where mothers who have children between 0-5 years old with same discussion, brainstorming, and exchange of experience will be the fulfillment of health care, nutrition, and stimulation of growth and development. Seeing the importance of mothers class program in order to enhance the empowerment of mothers through increased knowledge, attitude, and skills of a toddler care. To improve the ability of mothers in the care of good toddler mothers then organized classes in order to improve the knowledge, attitudes, and skills of mothers about infant care. Impact of this empowerment is increasing the health status of children under five².

Based on the health profile report of Bali in 2014, has been explained about the outcome of the healthcare service of children under five. Children under five years

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old health services are health care for children aged 12-59 months according to the standard include monitoring the growth of at least 8 times a year, monitoring the development of at least 2 times a year, and Vitamin A 2 times a year (February and August). In 2014 the health care coverage of children under five reached 86.91% increase compared to the year 2013 by 81.3%, this achievement has been passed target of the strategic plan of Ministry of Health in 2014, namely 85%. Only three districts that have not reached the target, that are Buleleng, Karangasem, and Klungkung³.

The results of a preliminary study in post service at Dawan village, enforcement post service only focused on the child's weight and supplementary feeding for children under five years old. Some mothers that are asked randomly describe lack understanding about stimulation of growth and development of children in this area are dubious and experiencing divergence. Healthcare mother and child book saved by a cadre fearing which reason afraid that book will be lost. In that book, there is also much information about health record of the children. These fears are certainly justified and that solutions require information regarding health care, nutrition, and stimulation of growth and development of children can still be obtained, parent or caregiver. So to Optimization of mother class program need pocked books that interesting and can be brought by parent or caregiver might be able to answer these problems.

MATERIALS AND METHOD

This study used a quasi-experimental design approach pretest-posttest control group design. Total sample of 48 infants who were divided into 2 groups and techniques of sampling with purposive sampling technique. The intervention group received education about developmental stimulation and stimulation module, while the control group only follow post services activities only. Analysis of the data using Mann-Whitney test and Wilcoxon signed-ranks test.

RESULTS

The average age of the mother was 30 years old, with most of the mother's education level in secondary education with work mostly housewives.

Table 1. Distribution of Knowledge, Attitudes and Skills of mother for giving Growth Stimulation Before intervention mother class program

Variable	Intervention (n = 24)		Control (n = 24)	
	f	f%	f	f%
Knowledge of				
Good	3	12.5	8	33.3
Less than	21	87.5	16	66.7
Attitude				
Positive	10	41.7	12	50
Negative	14	58.3	12	50
Skills				
Good	10	41.7	5	20.8
Less	14	58.3	19	79.2
Capability				
Share ability	6	25	7	30.3
Less than	18	75	17	66.7

Before the implementation mother class program, the proportion of mother who has a good knowledge is 12.5% in the intervention group and 33.3% in the control group.

The proportion of mothers who have a positive attitude of 41.7% in the intervention group and 50% in the control group. The proportion of mothers who have good skills of 41.7% in the intervention group and 20.8% in the control group. The ability of mothers identified from the category of knowledge, attitudes, and skills of mothers giving stimulation. The analysis showed 25% of mothers are able to provide stimulation in the intervention group, whereas the control group 30.3% of women who are able to provide stimulation.

Table 2. Distribution Category Knowledge, Attitude, Skills and Capabilities Mother Toddlers Giving Growth Stimulation After Implementation mother class program

Variable	Intervention (n = 24)		Control (n = 24)	
	f	f%	f	f%
Knowledge of				
Good	20	83.3	13	54.2
Less	4	16.7	11	45.8
Attitude				

Cont... Table 2.

Positive	11	45.8	12	50
Negative	13	54.2	12	50
Skills				
Good	20	83.3	12	50
Less	4	16.7	12	50
Capability				
Share ability	20	83.3	12	50
Less	4	16.7	12	50

After the implementation of mother class program shows the proportion of mothers who have a good knowledge of 83.3% in the intervention group and 54.2% in the control group.

The proportion of mothers who have a positive attitude of 45.8% in the intervention group and 50% in the control group. The proportion of mothers who have good skills of 83.3% in the intervention group and 50% in the control group. The ability of mothers identified from the category of knowledge, attitudes, and skills of mothers giving stimulation. The analysis showed after mother class program implementation 83.3% of the mothers were able to provide stimulation in the intervention group, whereas the control group 50% of the mothers were able to provide stimulation.

Differences in Knowledge, Attitude, Skills, and Ability of Mother for Giving Growth Stimulation Between Control Groups And Intervention groups After mother class program Implementation can be seen in the following table:

Table 3. Differences in Knowledge, Attitude, Skills and Ability of Mother for Giving Growth Stimulation Between Control Groups And Intervention After mother class program Implementation

Knowledge	Intervention group		Control group		total		p Value
		%		f%		f%	
Good	20	83.3	4	16.7	24	100	0,031 *
Less	13	54.2	11	45.8	24	100	
Attitude	Intervention group		Control group		total		p Value
		f%		f%		f%	
Positive	11	45.8	13	54.2	24	100	0.775
Negative	12	50	12	50	24	100	
Skills	Intervention group		Control group		total		p Value
		f%		f%		f%	
Good	20	83.3	4	16.7	24	100	0,015 *
Less	19	79.2	12	50	24	100	
Capability	Intervention group		Control group		Total		p Value
		f%		f%		f%	
Able	20	83.3	4	16.7	24	100	0,015 *
Less able	12	50	12	50	24	100	

* Meaningful at $\alpha = 0.05$

1 Table 3 shows no difference in knowledge and skills of the mother after the implementation of the mother class program between the intervention and control groups (p-value $<\alpha = 0.05$). However, no differences were found between the attitude of the intervention group and the control group after the implementation of mother class program (p-value = $0.015 > \alpha = 0.05$). The ability of mothers was identified from these three aspects showed a difference between the control group and the intervention group after the implementation of mother class program (p-value = $0.015 < \alpha = 0.05$).

DISCUSSION

The average age of mothers in the control group was 29.50 while in the intervention group were older than control group is 30.88 years. In the intervention group, most mothers have the secondary education is 66.7% and largely as a housewife. In the control group, the majority of mothers have the secondary education (70.8%) and mostly as a housewife.

1 The housewife should be stimulating better because they have more time with the children. However, if knowledge of the possibility of giving inadequate stimulation will not be optimal. The behavior patterns of new and growing ability of a person occur through certain stages, beginning with the formation of knowledge, attitude until it has a new skill or behavior patterns of new⁴.

3 Education needs to be identified to ensure that the groups will be compared in this study are similar or homogeneous. The level of education to be important to be identified or considered as the level of education can affect a person's knowledge. If the education level of respondents who researched significantly different, then it can affect the results of research, higher education groups would have better knowledge compared to a lower level of education.

According to the growth and development of children who either cannot be separated from the mother's level of knowledge of the mother is good. Knowledge can be obtained through education, both formal and non- formal. Knowledge obtained through various media. Research on the relationship with the knowledge level of formal education has been studied by Nuzuliana. The study concluded there was a significant relationship with the formal education level of mothers' knowledge of Pap smear (p = 0.000; r = 0.616). The higher the education

level of the mother, then the mother's knowledge is also getting better.

Before the implementation of mother class program, the proportion of women who have a good knowledge of 12.5% in the intervention group and 33.3% in the control group. The proportion of mothers who have a positive attitude of 41.7% in the intervention group and 50% in the control group. The proportion of mothers who have good skills of 41.7% in the intervention group and 20.8% in the control group. The ability of mothers identified from the category of knowledge, attitudes, and skills of mothers giving stimulation, showed 25% of mothers are able to provide stimulation in the intervention group, whereas the control group 30.3% of the mother who is able to provide stimulation.

Before the implementation of mother class program seen that knowledge, attitudes, skills, and abilities mother only a small portion of the category of good in both groups. This may be due to information obtained stimulation is not adequate. Knowledge of the less stimulation will certainly impact the lack of ability of the mother or the mother's behavior in providing stimulation to their children.

The results are consistent with the research of Yusup which stated that the level of knowledge of the mother before being given health education with modeling approach shows that respondents are knowledgeable both the 30 respondents (30.3%), and knowledgeable about the 69 respondents (69.7%). This shows that most respondents do not understand very well about infant growth stimulation 0-6 months⁵.

The child will learn various skills and develops concepts by interacting with the family. Parent's attitudes, behaviors, and relationships all determine the child's personality and subsequent behavioral patterns⁶.

1 According to Roger⁷, people will change behavior through several stages. These stages are starting to realize their individual stimulus, intrigued by the stimulus, think and consider the stimulus, began to try new behaviors and use new behavior. New behavior adopted by individuals will not last long and lasting if the individual receives such behavior with full consciousness and is based on a clear knowledge and belief.

The results showed there is difference in the ability of the mother to stimulate the development of the group

that followed mother class program but no difference in the ability of the mother in providing stimulation to the group that did not follow the mother class program.

This research in line with the research conducted by Syamsu Maternal knowledge in the stimulation of toddler child development after the intervention found that there was a significant difference between maternal-educated women in the intervention group and mothers who did not receive health education in the control group in the developmental stimulation of toddler children at post- test in the intervention and control group Value = 0,000.⁸

⁵ The results are consistent with the research of Silvia that found the subjects did not have sufficient information to ensure the prevention of accidents in childhood before the educational intervention. By analyzing the mothers' knowledge before and after the educational intervention, there is an increase in percentage related to their knowledge compared to the step before the intervention. Therefore, it reaffirms the importance of regular implementation of educational health interventions on this topic in communities⁹.

Mother class program held in a participatory means mothers are positioned not only receive the information for passive position tends to be ineffective in changing behavior. Therefore mother class program is designed with a participatory learning method, where the mother is not seen as a student but as people learn. In practice, women are encouraged to learn from the experience of others, while the facilitator acts as a steering to the right knowledge. Information on stimulation obtained in mother class program implementation, exchange experiences with other residents to learn which makes an increase in the knowledge that it will increase the mother's ability to provide stimulation. In mother class implementation, mothers also taught and given examples of games that can stimulate child development.

Some mother in the intervention group is a housewife so they have much time for their children. This is in line with Widajanti research that found there were significant differences in knowledge, attitude, and practice of under-five children stimulation between working and nonworking mothers. The knowledge of stimulation of the working mothers was worse than that of the nonworking mothers and the attitude and practice of the working mothers were better than those of the nonworking mothers¹⁰. Result consistent with

research that there are relationships between family background factors (age of mother, education, family income and the number of children) and parenting knowledge, quality of stimulation in the home, and the child academic performance¹¹⁻¹³

CONCLUSION

Before the implementation of mother class program, the knowledge, attitudes, skills, and abilities of mother to provide developmental stimulation are only a small part of the good categories in both groups.

There is a difference in the ability of mothers to provide developmental stimulation in groups that follow the mother Class program, but there is no difference in the ability of mothers to provide stimulation in groups that do not follow the mother Class program.

Conflict of Interest: All authors declare that there is no any conflict of interest within this research and publication including the financial agency

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