



Correlation Between Perceptions of Family Health Services and Monitoring Growth Visits of Toddlers in The Working Area of Kaliwates Health Center Jember Regency

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ABSTRACT

Perceptions of family health services are associated with visits to monitor toddlers' growth. Poor perceptions of family health services can be at risk of reducing monitoring visits and the growth of toddlers. This study aims to analyze the correlation between the perception of family health services and the visits for growth monitoring of Toddlers in the working area of Kaliwates Community Health Center in Jember Regency. The research design used an observational correlational study. The sampling technique used in this research was Consecutive Sampling with 70 respondents from families with Toddlers. A questionnaire on family health service perception (ServQual) was used to assess the perception of family health services. A questionnaire on Toddlers' growth monitoring visits (PIS-PK) was used to measure whether or not Toddlers underwent growth monitoring visits. The chi-square test analysis showed a p-value of <0.001 ($p < 0.05$), indicating a significant correlation between the perception of family health services and Toddlers' growth monitoring visits. Most respondents had a positive perception, with 47 respondents (67.1%) having a good perception. Most Toddlers' growth monitoring visits were also good, with 44 respondents (62.9%) having undergone regular monitoring. Therefore, it is essential to establish a good perception of family health services to maintain and enhance the visits for Toddlers' growth monitoring

KEYWORDS

Family health services, Family perceptions, Growth monitoring, Toddlers

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1. BACKGROUND

The global under-five mortality rate in 2020 is 37 deaths/1000 births. Infant mortality in Indonesia aged 0-59 months in 2020 was 28,158 cases. (Riskesdas, 2016) explains that as many as 50% of toddlers in Indonesia did not have their height and

weighed measurements regularly. The prevalence of Toddler stunting in Indonesia is as high as 27.7% (SSGBI, 2019). The prevalence of wasting (thin and very thin) in toddlers is around 10.2% (Riskesdas, 2018).

Factors that cause problems in toddlers vary in each country but can be

triggered due to a lack of health awareness, and a lack of visits related to monitoring the growth and development of toddlers. Meanwhile in Indonesia, in dealing with toddler problems, the government has set objective indicators that toddlers must be monitored monthly, which are recorded in the PIS-PK (Rasni et al., 2019). Problems related to the decrease in visits for monitoring the growth of toddlers are influenced by various factors. Based on (Amalia & Andriani, 2019) explains that monitoring growth and development visits of toddlers can be influenced by family support, one of which is family perception, maternal occupational factors, cadre role factors, and the mother's level of knowledge (Mukarramah et al., 2022). The problems that have been mentioned can be overcome and anticipated in stages through regular visits to monitor the growth and development of toddlers in health services.

The lowest toddler growth monitoring rate in Jember Regency is in the Kaliwates Health Center work area 66% of the total toddler target in 2021, with the toddler growth monitoring rate of 66% with number of toddlers weighing as many as 2,470 out of a total target of 3,740 toddlers (Dinkes Jember, 2021). The level of monitoring the growth of toddlers in the working area of

the Kaliwates Health Center in 2021 does not reach the Health Office's strategic plan target of 85%. Family perceptions regarding health services, including Posyandu, must be an important concern to support the toddler growth monitoring program. The perception of family health services is one of the important indicators recorded in family health care (Friedman, et al, 2003). In this regard, this study is necessary to carry out further analysis regarding the relationship between the factors of perception of health services received by families and monitoring the growth of toddlers in the working area of the Kaliwates Health Center, Jember Regency.

2. METHODS

This research design is non-experimental research in the form of correlational quantitative research with a cross-sectional approach. The cross-sectional approach is an approach that is carried out only once at a time of measurement. This study identified scientific evidence regarding the relationship between perceptions of family health services and visits to monitor the growth of toddlers in the working area of the Kaliwates Health Center, Jember Regency.

The sample used in this study was a toddler family in the working area of the Kaliwates Health Center, Jember Regency, and had the inclusion criteria. The sampling technique used in this research is the Consecutive Sampling technique. Consecutive Sampling is selecting a sample by selecting all the individuals found, provided they have the inclusion criteria.

The family perception questionnaire related to health services (ServQual) was used to identify related perceptions of family health services received. This questionnaire has been developed by (Parasuraman, et al 1988 in Savitri, A.V.N, 2019). The ServQual questionnaire consists of 22 question variables, and 5 dimensions (Tangibles, Reliability, Responsiveness, Assurance, Empathy). The Toddler Growth Monitoring Visit Questionnaire (PIS-PK) measures whether a toddler is on a growth monitoring visit. The questionnaire consisted of only 1 question, namely, "Was the growth monitoring of toddlers carried out in the last 1 month". The answer choices consist of "Yes" or "No" (Permenkes, 2016).

Research data collection was obtained through the distribution of hardfile questionnaires given to respondents using the Self-Administered Questionnaires (SAQ) method. Researchers used data collection

tools in the form of questionnaires and visit sheets for monitoring the growth of toddlers. The first questionnaire is the respondent characteristic questionnaire, the second questionnaire is the toddler family perception questionnaire regarding service quality or Service Quality (ServQual), and the third questionnaire is the toddler growth monitoring visit questionnaire according to PIS-PK. Data collection was carried out door to door at each respondent's house.

Descriptive analysis in the form of categorical data is presented in tabular form regarding the amount and percentage. The data results from the variable perception of family health services and visits to monitor toddlers' growth from the study sample measured in quantity and percentage. Inferential analysis in this study used the Chi-square statistical test to determine the relationship between perceptions of family health services and visits to monitor the growth of toddlers in the working area of the Kaliwates Health Center, Jember Regency. The research hypothesis is an alternative (H_a) with an error rate of 0.05 ($\alpha = 0.05 / CI = 95\%$). H_a is accepted if the P value < 0.05 .

This research has been approved by the Health Research Ethics Committee, Faculty of Nursing, University of Jember

with number 223/UN25.1.14/KEPK/2023.
Ethics in this study include Autonomy, data

confidentiality, justice to respondents, and
benefits.

3. RESULTS

Table 1. Distribution of Respondent Characteristics in the Work Area of the Kaliwates Community Health Center, Jember Regency (f = 70)

| Respondent Characteristics | | f (%) |
|----------------------------|--|-----------------|
| Respondent | Respondent's age (in years) | |
| | M ± SD | 35 years ± 7,3 |
| | Relationship with Toddlers | |
| | Parent | 43 (61,4%) |
| | Grandparents | 13 (18,6%) |
| | Siblings | 14 (20,0%) |
| | Respondent's last education | |
| | Not in school/graduated | 15 (21,4%) |
| | Elementary school/ equivalent | 10 (14,3%) |
| | Junior high school/equivalent | 20 (28,6%) |
| | Senior high school/equivalent | 25 (35,7%) |
| | Marital status | |
| | Married | 56 (80%) |
| Divorced | 14 (20%) | |
| Respondent's occupation | | |
| Does not work | 60 (85,7%) | |
| Work | 10 (14,3%) | |
| Toddler | Toddler Age (in months) | 32 |
| | Md (P ₂₅ -P ₇₅) | (16,75 - 47,25) |

M=Mean, SD= Standard Deviation, Md=Median, P₂₅-P₇₅=25-75th Percentiles, f(%)=percentage of respondents

Table 1 shows that the average age of 70 respondents is 35 years. Most respondents have a relationship with toddlers as parents, namely as many as 43 respondents (61.4%). The most recent education was at the high school/equivalent level, namely 25 respondents (35.7%). More

than half of the respondents have married marital status as many as 56 respondents (80%). The largest number of respondents' children were in multiparas, namely 58 respondents (82.9%). Some respondents did not work as many as 60 (85.7%). And, the age of Toddlers has a median value of 32 months.

Table 2. Indicators of Perception of Family Health Services in the working area of the Kaliwates Health Center, Jember Regency (f=70)

| Indicators of Perception of Family Health Services | Md (P ₂₅ -P ₇₅) | Z | P-value |
|--|--|-------|---------|
| Tangibles | 3,0 ((-3,25) – 6,00) | 0,146 | 0,001 |
| Reliability | 4,0 ((-2,00) – 9,00) | 0,140 | 0,002 |
| Responsiveness | 3,0 ((-5,00) – 6,00) | 0,158 | <0,001 |
| Assurance | 3,0 ((-3,25) – 7,00) | 0,132 | 0,004 |
| Empathy | 3,5 ((-2,50) – 7,00) | 0,150 | <0,001 |
| Total Perceptions of Family Health Services | 23,0 ((-24,25) – 29,50) | 0,305 | <0,001 |

According to the results of statistical calculations in Table 5.2 using the Kolmogorov-Smirnov one sample, it was found that there were significant differences (p-value <0.001) in the perception of family health services,

including all indicators with values on all indicators (p-value <0.05).

The total score obtained from each item of the questionnaire instrument is categorized according to its level in Figure 1.

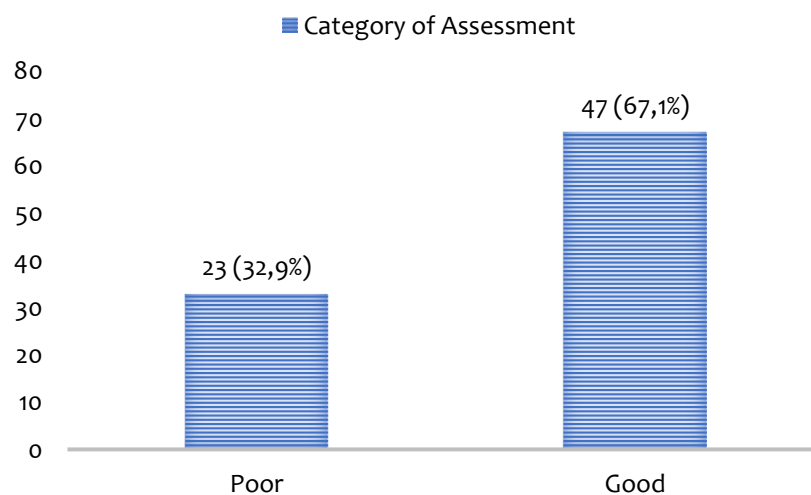


Figure 1. Category of family health service perceptions (f = 70)

Based on Figure 1, shows a picture of the perception of family health services,

namely the majority of respondents have a good perception.

Table 3. Indicators of Toddler Growth Monitoring Visits in the working area of the Kaliwates Health Center, Jember Regency (f=70)

| Indicator | Md (P ₂₅ -P ₇₅) | Z | P-value |
|----------------------------------|--|-------|---------|
| Toddler Growth Monitoring Visits | 1 (1-2) | 0,428 | <0,001 |

According to the results of statistical calculations in Table 3 using the Kolmogorov-Smirnov one sample, it was found that there was a significant difference

(p-value <0.001) during the visit to monitor the growth of toddlers.

The total score obtained from each item of the questionnaire instrument is categorized according to its level in Figure 2.

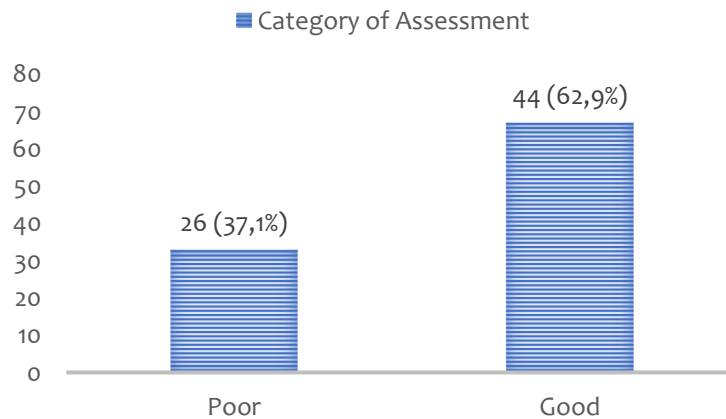


Figure 2. Category of Toddler Growth Monitoring Visit Assessment

Figure 2, shows an overview of the visit to monitor the growth of toddlers, namely

the majority of respondents had a good visit to monitor the growth of toddlers.

Table 4 Results of Analysis of the Relationship between Perceptions of Family Health Services and Toddler Growth Monitoring Visits in the working area of the Kaliwates Health Center, Jember Regency (f=70)

| Variabel | Median | Min-Max | P-value | OR |
|---------------------------------------|--------|--------------|---------|--------|
| Perceptions of Family Health Services | 23 | (-132) - 132 | <0,001 | 51,063 |
| Toddler Growth Monitoring Visits | 1 | 1-2 | | |

P-value= chi-square test significance value

Based on Table 4, the analysis of perceptions of family health services with visits to monitor toddlers' growth using the Chi-Square test obtained a p-value = <0.001 (p <0.05).

4. DISCUSSION

Perceptions of Family Health Services in the Work Area of the Kaliwates Health Center, Jember Regency

The results showed that most perceptions of family health services in the Kaliwates Health Center Work Area, Jember Regency, were good. The results of this

study indicate that the perception of good family health services is mostly at the last level of education in senior high school/equivalent. Other research also states that perception can be triggered by knowledge factors and past experiences related to the object or event that is being perceived (Widiati et al., 2020). Bad perceptions of families regarding health services can also arise due to a lack of education and valid information (Robbins, 2002 (Deriyanto et al., 2018)). Therefore, researchers assume that a higher level of education can improve perceptions of family health services.

The results showed significant differences in physical indicators (tangibles). This is possible because good perception is related to good physical indicators. Physical indicators are related to physical accessibility, including the condition of health service places and health service workers. In line with research (Fatimah, 2019), the results were that there was a relationship between accessibility and the decision to choose services or perceptions of health services. Several factors affect the level of utilization of health services, namely factors originating from health service providers and factors from the community who use health services related to

perceptions of health service utilization (Fitriani et al., 2021). Therefore, researchers assume that it is necessary to increase the ease of access to health services to increase good perceptions, especially in the family as the smallest unit in society in accessing health services.

The results showed that there were significant differences in the responsiveness indicators. This is possible because good perceptions are related to good responsiveness indicators. In line with the statement by Hidayati & Mulyani (2019) that responsiveness to health services is the perception of individuals, families, or communities who use health services related to non-medical matters, such as waiting time and friendliness of staff. Responsiveness indicators to perceptions are related to the quality of health services (Supartiningsih, 2017). Therefore, researchers assume that improving the quality of health services is necessary to produce a good perception, especially for families using health services.

The results of the study show that there are significant differences in the assurance indicators (Assurance). This is possible because good perceptions are related to good assurance indicators. The results of the research are not in line with

the research conducted (Lelaona & Siswani, 2020) which states that on the Assurance indicator, the majority of respondents stated that posyandu cadres did not provide guarantees of safety and comfort when Posyandu services took place. Research (Amnan, 2023) explains that only a minority of respondents have good perceptions regarding family health services. Therefore, researchers assume that there needs to be good assurance for respondents to increase good perceptions regarding family health services.

The results of the study show that there are significant differences between the Empathy indicators. As explained (Rafidah & Yuliastuti, 2020) that the role of community leaders, religious leaders, and local health cadres has a major influence on community and family perceptions. An assessment carried out on reliability indicators includes government attention to Posyandu officers (cadres, etc.), personal attention of Posyandu officers (cadres, etc.) regarding the needs of members/mothers under five/pregnant women/productive ages, flexibility/flexibility of Posyandu opening hours with the needs of members/mothers of toddler/pregnant women/WUS. Therefore, it is necessary to

have good empathy for health workers, especially the performance of health cadres.

Monitoring Growth Visits of Toddlers in the Working Area of the Kaliwates Health Center Jember Regency.

The results of data analysis found that visits to monitor the growth of toddlers in the working area of the Kaliwates Health Center, Jember Regency, were classified as good. This analysis's results align with research conducted by (Lushinta et al, 2022) which stated that as many as 55% of the respondents were good at visiting toddler growth monitoring. Visits to monitor the growth of toddlers, both good and bad, can be influenced by several factors, such as the role of community leaders, religious leaders, and health workers (Rafidah & Yuliastuti, 2020). Therefore, it is necessary to train good health workers to create the health workers expected by families of toddlers.

The results showed that visits to monitor the growth of toddlers were more common in families that had a relationship as parents of toddlers. (McBride & Mills, 1993 (Friedman et al, 2014)) also explained that the role of the mother is needed in carrying out visits to monitor the growth of toddlers because the role of the mother is more likely to be the role of child care.

However, fathers are also expected to be more actively involved in child/toddler care, including monitoring toddlers' growth. The family has an important role in monitoring the growth of their toddler. (Hanson & Bozett, 1987; Lamb, 1987; Teachman et al, 2001) in (Friedman et al, 2014) states that the role of parenting and socialization in children is the responsibility of the father and mother. Some families do not monitor the growth of their toddlers, this is affected by some parents working and taking care of their toddlers. Therefore, researchers have the assumption that parents (especially mothers) make it possible to help achieve toddler growth monitoring visits.

Correlation between Perceptions of Family Health Services and Monitoring Growth Visits of Toddlers in the Kaliwates Health Center Jember Regency Working Area.

The results showed a significant relationship between perceptions of family health services and visits to monitor the growth of toddlers, and there was also a strong relationship between the two variables. This is because most families have a good perception of family health services, and make regular visits to monitor toddlers' growth. Things that the Toddler family perceives are related to the quality of family

health services. Posyandu is a type of family health service, namely services for toddlers. Each family may have different perceptions regarding family health services. Families can have good perceptions, and it is also possible to have bad perceptions. This varies depending on experience and knowledge of the information obtained. The Health Belief Model (HBM) theory states that before an individual acts to do something better, the individual perceives that the action is good (Rosenstock et al, 1988).

The Health Belief Model (HBM) theory that was coined (Rosenstock et al, 1988) consists of 5 types of perceptions of trust, namely: 1) Perceived barriers: Perceptions related to obstacles felt by families so that they carry out monitoring of toddler growth; 2) Perceived severity: Perception of the family regarding the risk or severity of a toddler's condition if not monitoring the growth of the toddler; Perceived benefit: Family perceptions regarding benefits felt when monitoring toddler growth; Perceived susceptibility: The family's perception of the risks that can occur if they do not monitor the growth of toddlers; Cues to action: Support from the environment to monitor toddler growth. Therefore, visits to monitor toddlers' growth are largely influenced by the type of perception of family health

services. Therefore, the perception of family health services is related to visits to monitor toddlers' growth.

A statement from (McBride and Mills, 1993 (Friedman et al, 2014)) also explains that the role of the mother is needed in conducting visits to monitor the growth of toddlers because the mother's role is more likely to be the role of child care. However, fathers are also expected to be more actively involved in child/toddler care, including monitoring toddlers' growth. Parents of toddlers need special attention to create a good perception of family health services. The family health services must be optimized and adapted to the perceptions desired by the toddler family. Therefore, researchers assume that it is necessary to develop positive perceptions by health workers, especially parents of toddlers through improving family health services to meet the achievement of visits to monitor toddler growth.

5. Conclusions

Family participation in JKN in the working area of the Summersari Health Center, Jember Regency, is more Contribution Assistance Recipients (PBI) members (58.14%) than non-PBI (41.86%).

Logistics for family care in the Summersari Health Center, Jember Regency's working area are sufficiently fulfilled. There is a significant relationship between family participation in JKN and fulfillment of family care logistics in the working area of the Summersari Health Center, Jember Regency.

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AUTHOR CONTRIBUTIONS

Substantial contributions to conception, data collection, analysis, and writing: Mochammad Fikris Sholeh, Tantut Susanto, Fahrudin Kurdi. Manuscript revisions: Mochammad Fikris Sholeh.

CONFLICT OF INTEREST

The authors declared no potential conflicts of interest concerning this article's research, authorship, and/or publication.

DATA AVAILABILITY STATEMENT

The data are not publicly available due to privacy or ethical restrictions.

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