FAMILY EMPOWERMENT ARE INFLUENTIAL IN HANDLING COUGH AND SHORTNESS OF BREATH IN TODDLERS AT THE TANJUNG DELITUA PRIMARY CLINIC, DELISERDANG REGENCY IN 2020

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ABSTRACT

National Medium Term Development Plan 2015-2019targets a reduction in the infant mortality rate per 1,000 live births to 24 in 2019. In addition, the SDGs in the health and welfare sector (3rd SDG), the target to be achieved by 2030, include ending infant mortality and which can be prevented by reducing the neonatal mortality rate to 12 per 1,000 live births and the under-five mortality rate from 25 per 1,000 live births.

Quasi-experimental research method with one group design before and after intervention to determine differences in families dealing with cough and shortness of breath before and after getting empowerment. The population in this study were mothers/families who had children under five who received services at the Tanjung Deli Tua Primary Clinic in September-October 2020 as many as 32 people. Sampling by Purposive sampling, Univariate and bivariate analysis of data used dependent t-test, often called Pair/Related t-test. by using SPSS

The results of the study showed an increase in the average knowledge of respondents 23,281, attitudes 1.44, and actions 17.56 before and after family empowerment was carried out with a P value of 0.000.

Keywords: Family empowerment, Cough not pneumonia, Toddler, Homecare

INTRODUCTION

Neonatal, Infant and Toddler Mortality is a very important matter that must be considered by policy makers, especially developing countries such as Indonesia. The infant mortality rate (IMR) reflects the level of health development of a country and the quality of life of its people. This figure is used to monitor and evaluate programs, as well as population and health policies of a country around the world. The 2015-2019 National Medium-Term Development Plan (RPJMN) targets a reduction in the infant mortality rate per 1,000 live births to 24 in 2019. In addition, the Sustainable Development Goals (SDGs) in the Health And Welfare Sector (SDGs 3) have a target that will achieved by 2030. These targets include ending preventable infant and under-five mortality by reducing the neonatal mortality rate to 12 per 1,000 live births and the under-five mortality rate from 25 per 1,000 live births. This target requires the government's hard work. The government has issued a policy in an effort to reduce this IMR through the Healthy Indonesia program with a family approach through Permenkes No.39 of 2016. However, this public policy has not reached all stakeholders, especially Puskesmas as the spearhead of the implementation of the Healthy Indonesia program, so that the implementation of the policy has not been optimal.

During the period 1990-2015, the under-five mortality rate showed a declining trend. In 1990 the under-five mortality rate in Indonesia was 97 deaths per 1,000 live births, higher than the ASEAN average for that year, which was 79 deaths per 1,000 live births. In 2015, the under-five mortality rate in Indonesia decreased to 26 deaths per 1,000 live births, the same as the average under-five mortality rate in ASEAN countries in the same year. Although declining, this figure is still higher than Vietnam, Brunei Darussalam, Thailand, Malaysia, and Singapore.

The 2017 SDKI shows a decrease in infant and under-five mortality rates, namely; Neonatal mortality decreased from 19 per 1000 live births to 15 per 1000 live births, infant mortality decreased from 32 per 1000 live births to 24

per 1000 live births, and under-five mortality from 40 per 1000 live births to 32 per 1000 live births in countries that have The highest under-five mortality rate in Southeast Asia is Laos. In 2015 the under-five mortality rate in Laos was 86 deaths per 1,000 live births (Suhariyanto, 2018).

The results of the 2012 SDKI obtained that the under-five mortality rate (AKABA) in North Sumatra was 54/1000 live, higher than the national average of 43 per 1000 KH. referring to the 2017 SDKI, the AKABA is 32 per 1000 KH, this figure can only describe the national figure but cannot describe the provincial figure.
Based on the health profile of North Sumatra from the city district report of 296,443 live births, there were 771 babies who died before the age of 1 year (2.6/1000 live births). The number of under-five deaths is 1,123 people (8/1000 KH). Lower than the deaths in 2016 of 1,219. The highest number of deaths was in Dairi Regency with 68 babies, SerdangBedagai Regency with 62 babies and Central Tapanuli Regency with 58 babies.
The main cause of death in the world in children under five years of age (toddlers) is respiratory infection. In addition, a combination of neonatal disorders (newborns less than 28 days old) is also the highest cause of death for children under five. and diarrhea. Mortality rates among children under five often occur in low-income countries. Characteristics of causes of death also tend to be different in each country. For example, in the UK child mortality tends to be dominated by neonatal complications. However, for deaths from infectious diseases, diarrhea, and malnutrition are very low. In contrast, infectious diseases and nutritional deficiencies are major causes of death in low-income countries (Jayani D H, 2019).
Pneumonia or pneumonia is still the main cause of death in infants under the age of 2 years. WHO data in 2015 recorded 5.9 million under-five deaths or 15 percent in one year, due to pneumonia. Indonesia is in the top 10 countries with the highest pneumonia deaths. At least 2-3 children die every hour due to this disease (NastitiKaswandani, 2017). In North Sumatra, from the district health reports, the highest number of pneumonia patients found and treated was PematangSiantar (42%), Deli Serdang District (40%) and Sibolga City (31%). The low coverage of pneumonia can be caused by the lack of good knowledge of the diagnosis of pneumonia by health workers. Reports are still sourced from reports from community health centeres.

No wonder the Indonesian AKB report card is still red. Indonesia is still 1 in 10 countries; Bangladesh, Ethiopia, Guinea-Bissau, India, Malawi, Mali, Nigeria, Pakistan and the United Republic of Tanzania. which became the focus of the Every Child Alive 2018 campaign. These countries were chosen because they are the source of more than half of the world's newborn deaths. UNICEF's Every Child ALIVE campaign urges governments, businesses, healthcare providers, communities and individuals in the 10 countries to fulfill their promise of universal health coverage (UHC) and save every child's life. This campaign aims to build consensus on the principle that every mother and baby deserves affordable and quality care. Accelerating the decline in IMR is one of the four priorities that are the focus of the Healthy Indonesia Program through a family approach that is carried out continuously and sustainably. (AnindhitaMaharrani, 2018)
According to the Ministry of Health in 2018, the prevalence of Acute Respiratory Infections (ISPA) diagnosed by health workers (doctors, nurses or midwives) was 9.3%, this disease is an acute respiratory infection, with symptoms of fever, cough for less than two weeks, runny nose / stuffy nose, sore throat. The province with the highest ISPA is East Nusa Tenggara (NTT) at 13.1% and the least is Jambi at 5.5%, North Sumatra is ranked 5th from the bottom

METHODS

Types of this research is quasi-experimental using a one-group before and after intervention design approach, aiming to see the differences in families dealing with cough and shortness of breath before and after getting empowerment including knowledge, attitudes and actions. The population is all mothers/families who have children under five who receive services at the TanjungDelitua Primary Clinic, Deli Serdang Regency from September to October 2019.

Sample

Amount required by using
Sample Size Formula For Average Estimation With Absolute Precision

$$n = \frac{z^{2}_{1-\alpha/2}\sigma^{2}}{d^{2}}$$

A total of 29 mothers, to anticipate drop outs, the sample was added by 10%, so the number of samples in the study were 32 mothers who had toddlers
Sampling technique is purposive sampling with **inclusion criteria**

1. Mother/family of child Mild cough (no fever and not more than 3 days)
2. Residence in the working area of TanjungRejo Health Center for at least the next 1 year

Exclusion Criteria
1. Non-permanent residence
2. The condition of the cough and cold experienced by children is quite severe
3. The child has severe shortness of breath

The data used in this study were primary data, questionnaire data collection tools and data were analyzed using univariate and bivariate methods to determine the difference in the average knowledge and attitudes of respondents before and after empowerment. Data analysis using the dependent t-test is often called the Pair/Related t-test. Analysis using SPSS

Discussion

This research was conducted at the TanjungPratama Clinic, Delitua District, Deli Serdang Regency for 2 (two) months, in the study Due to the Covid-19 pandemic which did not allow gathering the community, the researcher formed an enumerator to help researchers collect data and provide counseling/explanation using video and Create a whatsapp group to be able to convey messages and discuss.

Univariate Analysis

The results of the Univariate Analysis, the characteristics of Batita's mother, the behavior of Batita's mother before and after Family Empowerment for Handling Cough and Shortness of breath (not Pneumonia) on changes in mother's behavior at the PratamaTanjung Clinic, Delitua District, Deli Serdang Regency in 2020 can be described in the following tables

a. Characteristics of Toddler Mothers at the TanjungDelitua Primary Clinic, Deli Serdang Regency can be described in table 1

Table 1. Distribution of Respondents Characteristics of Mother Batita at TanjungPratama Clinic, Delitua District, Deli Serdang Regency in 2020

No	respondent characteristics	Amount	
		F	%
1	**Mother's age**		
	20-35 years	28	87,5
	➢ **35 years**	4	12,5
2	Parity		
	1	9	28,1
	2-33	20	62,5
	≥4	3	9,4
3	Education		
	Low	3	9,4
	Medium	19	59,4
	High	10	31,2
4	Profession		
	Doesn't work	29	90,6
	Work	3	9,4
	Amount	32	100

From the above table 4.1 it can be concluded that most of the mothers of toddlers aged 20-35 years were 28 people (87.5%) and more than 35 years were 4 people (12.5%).

Based on parity, the majority of mothers with parity 2-3 people were 20 people (62.5 %), and there were still mothers with parity more than 4 as many as 3 people (9.4%)

In terms of education, the majority of respondents have secondary education, namely 19 people (59.4%) and there are still 3 people with low education (9.4%).

Judging from the work of the majority of respondents as housewives as many as 29 people (90.6%) and those who work as entrepreneurs, namely 3 people (9.4%)

A. Description of respondent's behavior about Ms. Toddler regarding Handling Cough and Shortness of Breath (not Pneumonia) before and after being given family empowerment

Table 2 Distribution of Mother Toddler Behavior regarding Handling Cough and Shortness of Breath (not Pneumonia) at TanjungDelitua Primary Clinic Deli Serdang Regency in 2020

No	RespondenBehaviour	Pre Training		Post Training	
		F	%	F	%
1	Knowledge				
	Not enough	18	56,3	1	3,1
	Enough	10	31,3	7	21,9
	Good	4	12,5	24	75,0
2.	Attitude				
	- Support	31	96,9	32	100
	- Doesn't support	1	3,1		
3	Action				
	Accordance	4	12,5	31	96,9
	Doesn't accordance	28	87,5	1	3,1
	Amount	32	100	32	100

From table 4.2. It can be seen that the knowledge of the respondents before empowering the majority of families had less knowledge as many as 18 people (56.3 %), none of them had good knowledge about handling coughs and shortness of breath (not pneumonia) at home.

After empowering mothers and toddlers through counseling and video screenings about handling Cough and shortness of breath (not pneumonia) at home, the respondents' knowledge increased about handling Cough and shortness of breath (not pneumonia) at home. The majority of respondents have good knowledge to 24 people (75%), and knowledge is less than 1 person (3.1%)

Based on the attitude of the respondents before and after empowerment was carried out for mothers and toddlers through counseling and video screenings about handling cough and shortness of breath (not pneumonia) at home, the majority of respondents' attitudes supported the handling of cough and shortness of breath (not pneumonia) at home as many as 31 people (96.9 %) supportive attitude for handling Cough and shortness of breath (not pneumonia) at home and after empowering families all respondents already have a supportive attitude

Based on the respondent's actions. Based on the experience of handling Cough and shortness of breath (not pneumonia) at home, the majority of respondents' actions were not appropriate as many as 28 (87.5%) and after empowering the handling of Cough and shortness of breath (not pneumonia) at home based on the Posttest results obtained from 32 respondents 31 mothers (96 ,9,1%) mothers do handling Cough and shortness of breath (not pneumonia) at home is difficult as expected

2. Bivariate Analysis

The differences between the behaviors consist of; Knowledge, attitudes and actions of respondents before and after empowerment in handling Cough and shortness of breath (not pneumonia) at home can be seen in the following tables

a. The difference in respondents' knowledge before and after handling Cough and shortness of breath (not pneumonia) at home can be seen in table 4.3

Table.4.3. Distribution of Pretest and Posttest Results Respondents' Knowledge Before and After Family Empowerment on Handling Cough and Shortness of breath (not pneumonia) through the Homecare Approach at TanjungDelitua Primary Clinic in 2020

Variable	Mean	Deviation Standar	Mean Different	P. Value	SD pre & post
Knowledga - Pretest - Postest	 56,312 79,593	 16,288 8,477	23,281	0,00	16,030

The results of the study (Table 4.3) show that there is an influence of empowerment activities on increasing respondents' knowledge before and after Family Empowerment is carried out regarding Handling Cough and shortness of breath (not pneumonia). statistics obtained p value = 0.000,

Knowledge is the result of human sensing, or the result of someone knowing about objects through their senses, A.Wawan (2010) states that a person's knowledge of objects is influenced by several factors such as education, work and age. Mubarak and Nurul (2009) added several factors, namely interest, culture, experience and information. The results of the respondent's pretest showed that the score achieved by each respondent was different, the majority of respondents were in the poor category, only a small part could answer in the good category and it was sufficient to see from the education of the respondents who graduated from college.

In accordance with the opinion of Nurhaeni (2007) a person's knowledge can be influenced by education. Because the amount of information received is influenced by the level of education. someone with higher education the easier it is to get information. This is in accordance with research (Firdausa, 2013) which examines the relationship between maternal education level and Acute respiratory infection (ISPA) prevention behavior in children under five. The results of this study indicate that mothers with upper secondary education know good ISPA prevention

Education can be obtained formally or informally. Formal education is from elementary school to college. Informal education can be obtained directly or indirectly, such as through the mass media, from family, peers, health workers. Based on this research, it is known that some respondents have received information about handling coughs and shortness of breath from previous experiences. From the results of the pretest, the respondent correctly answered several questions compared to other respondents

Knowing health problems in the family is the main family task because without health everything will be meaningless. Parents must recognize the problems experienced by toddlers, indirectly will be the attention of parents to be able to make the right decisions in overcoming family problems (Sakina, 2012). The results of this study are in accordance with the theory of stimulus organism response (SOR). According to Hosland (1953) and the theory of Kurt Lewin (1970) in NotoAtmodjo (2007), knowledge change is basically a learning process. The learning process will be effective if the stimulus provided is in accordance with the needs of students, carried out intensively and periodically.

In this study, family empowerment in handling cough and shortness of breath was given within 2 months with the method of counseling, guidance, video playback sent via wa group to simulate how to release mucus that is attached to the respiratory tract and postural drainage position.

The results of the respondent's pretest showed that the score achieved by each respondent was different. Most of the respondents have less knowledge. but there were some respondents who at the beginning were able to answer the questionnaire correctly and got good grades, in the background some of these respondents were college and high school graduates. In general, the level of knowledge of respondents has increased after being given family empowerment interventions, it can be seen that all respondents experienced an increase in knowledge scores after the intervention.

Nurhaeni's research (2007) explains that the higher the individual's education level, the more mature the individual will be to choose or decide on something. The results of this study are strengthened by research conducted by Syahrani (2010) that the higher level of education will have an impact on development towards a better direction. Parents who have a higher education level will be more objective and have open insight in making all decisions or actions that are applied with positive actions or behavior. A low level of education will hinder the development of a person's attitude towards the newly introduced values, especially in carrying out the function of family health care towards the achievement of toddler development tasks.

b. The difference between the attitude of the respondents before and after the Family Empowerment was carried out regarding Handling Cough and shortness of breath (not pneumonia) at the TanjungDelitua Primary Clinic in 2020 can be seen in table 4

Table 4. Distribution of Pretest and Posttest Results of Respondents' Attitudes Before and After Family Empowerment was Done on Handling Cough and Shortness of breath (not pneumonia) at TanjungDelitua Primary Clinic in 2020

Variable	Mean	Deviation standart	Mean different	P. value	Deviation Standar pre & post
Attitude					
- Pretest	25,06	5,13	1,44	0,00	5,09
- Postest	26,50	2,17			

The results of the research that has been carried out there is a significant difference between the attitudes of respondents about Handling Cough and shortness of breath (not pneumonia) before family empowerment is carried out and after family empowerment is carried out with a difference of 1.44 with a standard deviation of 5.09, p value = 0.00,

Attitude is a condition in humans that moves to respond to the provision of Handling Cough and shortness of breath (not pneumonia), besides that attitude also provides readiness to respond positively or negatively about Handling Cough and shortness of breath (not pneumonia). From the research conducted before and after the Family Empowerment was carried out, there were no more respondents with an unsupportive attitude towards Handling Cough and shortness of breath (not pneumonia), the results of the study were in line with the theory, namely a supportive attitude based on good knowledge, according to B.F. Skinner (in, Azwar 2011) the formation of attitudes is influenced by personal experience, because attitudes will be more easily formed if the personal experience involves emotional factors. The influence of other people who are considered important. In general, individuals are conforming or in line with people's attitudes which they consider important. This tendency is motivated, among others, by the desire for affiliation and the desire to avoid conflict with the person who is considered important. Mass media as a means of communication, with the rise of social media that is easily accessible by mothers, has a major influence in the formation of people's opinions and beliefs. The existence of new information about something provides a new cognitive foundation for the formation of attitudes towards it. Suggestive messages that carry information

3. The difference between the respondent's actions before and after the Family Empowerment was carried out regarding Handling Cough and shortness of breath (not pneumonia) at the TanjungDelitua Primary Clinic in 2020 can be seen in the following table

Table.6. Distribution of Pretest and Posttest Results of Respondents' Actions Before and After Family Empowerment on Handling Cough and Shortness of breath (not pneumonia) at TanjungDelitua Primary Clinic in 2020

Variable	Mean	Deviation standar	Mean different	P. Value	SD pre & post
Action					
- Pretest	8,66	6,49	17,56	0,00	7,90
- Postest	26,28	5,82			

Family independence in Handling Cough and shortness of breath before the intervention was found mostly in the less category, after the family empowerment intervention the mother's knowledge had increased for the better. An increase in family knowledge was accompanied by an increase in the handling of cough and shortness of breath influenced by the use of methods in provide family empowerment with health education methods, guidance and counseling using flipcharts and modules that are brought home as well as demonstrations of how to treat coughs and shortness of breath using videos on how to give Steam Therapy and Chest physiotherapy. In accordance with research (Rohmatika, 2018) The combination of methods of implementing empowerment between health education,

guidance, and counseling, as well as demonstrations plays an important role in increasing knowledge and ability to care for toddlers. This is in accordance with the results of research by Suhardiningsih (2012), which says that skills are needed to be able to carry out nursing actions, belief in success, high enthusiasm and motivation to always try to achieve the desired goals.

Providing modules and videos about Steam therapy and Chest physiotherapy during family empowerment, helps families deepen and recall the material previously explained so that they get better understanding and reminders. Someone who has received health education, the level of knowledge and ability in handling Cough and shortness of breath in toddlers by doing steam therapy and chest physiotherapy will increase and then be applied through family behavior Chest physiotherapy is a very effective physiotherapy method in an effort to remove secretions and improve ventilation in patients with impaired lung function (Eva Fitriananda 2017).

Maramis PA (2013) in his research reveals several factors that can shape the presence or absence of differences in knowledge and skills in caring for toddlers with ARI, including personal experience, culture, other people who are considered important, mass media, educational institutions, and emotional factors from individuals. Behavior change can also be influenced by other external factors, namely according to Green's theory in Notoadmodjo (2007) is tradition and belief. The results of the interview were obtained in treating children with fever, parents carried out the tradition, namely a mixture of oil and onions rubbed on the body of a child with fever on the forehead, the tips of the fingers and toes, as well as on the armpits and other body folds.

Lawrence Green in Notoadmojo (2007) states that behavior is influenced by 3 main factors, namely predisposing factors (predisposing factors), enabling factors (enabling factors) and reinforcing factors (reinforcing factors), individual, family, or community behavior about health is determined by knowledge, attitudes, beliefs, traditions, and so on of the individual, family or community concerned, the availability of facilities, attitudes, and behavior of health workers will also support and strengthen the formation of behavior. Based on this theory, if you want to create new behaviors, it means that there is a need for efforts from health workers to support and strengthen the formation of good health behaviors in the family.

In this study, respondents were given intervention in the form of family empowerment regarding Handling Cough and Shortness of Breath (not Pneumonia). Family empowerment is done through health counseling, guidance, and counseling methods, about hand washing, correct cough etiquette, how to give steam and doing Chest Physiotherapy using Video. for handling Cough and Shortness of Breath through WA Group. Respondents are also provided with modules. At the time of the post test there was an increase in actions from inappropriate, there was a change in the respondent's actions to be appropriate in handling coughs and shortness of breath. According to Rahmawati (2007) audio-visual is the most appropriate tool at this time because the knowledge that exists in a person is received through the senses reaching 75% - 87% of human knowledge obtained or channeled through the sense of sight and 13% - 25% through the sense of hearing.

In line with Green's theory (1991) which states that behavior (actions) can be manipulated by providing appropriate health promotion.

CONCLUSION

Based on the discussion of the research results, conclusions can be drawn regarding Family Empowerment regarding Handling Cough and shortness of breath (not pneumonia) at the TanjungDelitua Primary Clinic in 2020. After conducting univariate and bivarial tests, it can be concluded as follows:

1. Mother's behavior regarding Family Empowerment regarding Handling Cough and shortness of breath (not pneumonia) at the TanjungDelitua Primary Clinic in 2020: The majority of knowledge is lacking, supportive attitudes and actions are not appropriate after empowerment, the majority of knowledge is sufficient, supportive attitudes and actions are appropriate
2. Based on the bivariate test, there was a significant difference in the behavior of the mother before the Family Empowerment was carried out on Handling Cough and shortness of breath (not pneumonia) at the TanjungDelitua Primary Clinic in 2020 there was a very significant change, namely an average increase in knowledge with a value of 14.875, attitude 1 ,44 and 17,56 all respondents are ready to carry out prevention of transmission from cough

Suggestions

1. Suggestions for other researchers

Further research is expected to improve the implementation of home care-based family empowerment, further optimizing the ability of families to be independent in terms of actively seeking health information by utilizing various available media.

2. Suggestions for related institutions

Family empowerment interventions can be integrated into government programs through promotive and preventive approaches, especially for sick toddlers. Family empowerment interventions can be used as a reference in technical terms and implementation in the field refers to the standard management that has been made.

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