EAS Journal of Nursing and Midwifery
Abbreviated Key Title: EAS J Nurs Midwifery
ISSN: 2663-0966 (Print) & ISSN: 2663-6735 (Online)
Published By East African Scholars Publisher, Kenya

OPEN ACCESS

Volume-2 | Issue-1 | Jan-Feb-2020 | DOI: 10.36349/easjnm.2020.v02i01.012

Research Article

Analysis of Factors Related To the Healthy Family Indicators Application in Community Health Center of West Aceh Working Area

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Article History
Received: 08.01.2020
Accepted: 18.01.2020
Published: 31.01.2020

Journal homepage:
https://www.easpublisher.com/easjnm

Quick Response Code

Abstract: The goal of the Healthy Indonesia Program is to increase the degree of community's health and nutritional status through health efforts and community empowerment. The coverage of family visits in Aceh was 27.51% with a healthy family indicator of 0.26 including unhealthy family. Healthy Family Indicators in the working area of Community Health Center of West Aceh found 60% were unhealthy families, 20% were pre-healthy families and 20% were healthy families. The purpose of this study was to analyze factors related to the implementation of healthy family indicators. The type of this research was quantitative with cross-sectional design. The population in this study were families lived in the working area of the Community Health Center of West Aceh Regency totaling 4,984 families. Stratified random sampling using the Slovin formula was used in this study with a sample of 370 households. Data collection was carried out in the working area of West Aceh Community Health Center using a questionnaire. Data analize that used are univariate analysis and bivariate analysis. The results showed that the factors which were not related to the application of the Healthy Family Indicator were health facilities and access to the healthcare. Lack of healthcare's use results in unhealthy families. Based on the results of this study, it is expected that families utilize healthcare to solve family health problems in order to create healthy families. Health workers do some approaches to the families to build the family's trust in health services.

Keywords: Factors, healthy family indicators

INTRODUCTION

Health not only cures, but also forms a society that understand health, healthy and maintain health. It also pursues the strength of primary health services and healthy family programs. The Healthy Indonesia Program with the Family Approach or better known as the Healthy Family program has the aim to improve the degree of public health through the family approach (Aceh Provincial Health Office, 2017).

The central and regional governments determine the family development policies through fostering family resilience and welfare, to support families in order to perform their functions optimally. As an elaboration of the mandate of the Act, the Ministry of Health established an operational strategy for health development through the Healthy Indonesia Program with a Family Approach (Ministry of Health of The Republic of Indonesia, 2016).

West Aceh Regency has 12 districts with a percentage of healthy family indicator (IKS) coverage of 0.28. The number of healthy family indicators (IKS) in each district in West Aceh include Johan Pahlawan 0.32, Kaway XVI 0.27, Sungai Mas 0.12, Woyla 0.15, Samatiga 0.23, Bubon 0.14, Aral Lambalek 0.18, Pante Ceureumen 0.16, Meureubo 0.38, West Woyla 0.18, Samatiga 0.23, Bubon 0.14, Arongan Lambalek 0.18, Pante Ceureumen 0.16, Meureubo 0.38, West Woyla 0.18, East Woyla 0.12, and Panton Reu 0.12 (Ministry of Health of the Republic of Indonesia, 2019).

The working area of the Meureubo Community Health Center in West Aceh Regency has a population of 18,164 people in 4,984 households and 26 villages. Based on the results of interviews conducted by researchers in 3 villages in the working area of the Meureubo Community Health Center. Langung village obtained 3 prehealthy families and 2 healthy families.

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Paya Peunaga villageobtained 2 unhealthy families, 2 prehealthy families and 1 healthy family. The village of Ranto Panyang from a total of 5 families found 3 unhealthy families and 2 prehealthy families.

The Healthy Indonesia Family Approach program has been running since 2017 in the Working Area of the Meureubo Community Health Center, but 8 villages out of 26 villages have not yet been surveyed because they are related to several obstacles such as distance and the presence of animals that threaten safety. Based on the results of interviews of health workers who conducted the Healthy Indonesia Family Approach Program said that 60% of families were not healthy, 20% were prehealthy families and 20% were healthy families.

The unhealthy families were caused by several problems, there were lack of awareness to live clean and healthy, the majority of people still use medication to healers / traditional healers and treatment rather than to health services, the habit of using polluted river water for daily needs such as bathing, washing and cooking, not taking the baby to the posyandu for immunization on the grounds of fearing the baby has a fever, giving food to the baby before the age of 6 months on the grounds that the baby is hungry and they spend it.

STUDY METHOD

The method of this research was quantitative research with cross-sectional design. The population in this study were families who lived in the working area of Community Health Center of West Aceh Regency totaling 4,984 families. The number of samples was 370 households calculated using the Slovin formula taken by stratified random sampling. Data collection was carried out in the working area of West Aceh Community Health Center using a questionnaire. Data analize that used are univariate analysis by frequency distribution and bivariate analysis by *chi square* test.

RESULT

Table 1. The Association between some factors and healthy family indicators implementation

Factors	**IKS**								**P-value**
	Healthy Family		**Pre-healthy family**		**Unhealthy family**		**Total**		
	f	**%**	**f**	**%**	**F**	**%**	**F**	**%**	
Family Behavior									0,002
Positive	34	28,81	69	58,48	15	12,71	118	100	
Negative	75	29,77	106	42,06	71	28,18	252	100	
Family Knowledge									0,000
High	35	24,46	73	59,36	15	12,20	123	100	
Low	74	29,96	102	41,30	71	28,75	247	100	
Family Habit									0,001
Good	34	28,33	71	59,17	15	12,5	120	100	
Bad	75	30	104	30	71	28,8	250	100	
Family Belief									0,000
Sure	103	29,24	173	49,29	75	20,80	351	100	
Not sure	6	31,58	2	10,52	11	57,90	19	100	
Health Facilities									0,303
Available	85	27,87	146	47,87	74	24,27	305	100	
Not available	24	36,92	29	44,62	12	18,46	65	100	
Access to the healthcare									0,759
Near	65	28,14	112	48,48	54	23,38	231	100	
Far	44	31,65	63	46,32	32	23,02	139	100	
Health Workers									0,006
Yes	73	28,07	136	52,30	51	19,62	260	100	
None	36	32,73	39	35,45	35	31,82	110	100	

Based on the table above it can be concluded that the Chi-Square Test results show that there was an association between family attitudes and healthy family indicators (P = 0.002), family knowledge (P = 0.000), family habits (P = 0.001), and family belief (P = 0,000), there was no association between health facility factors (P = 0.303), access to the healthcare (P = 0.759) and healthy family indicators, and there was an association between health workers factor and healthy family indicators (P = 0.006).

DISCUSSION

Behavior is factor related to healthy family indicators implementation in the Working Area of Community Health Center of West Aceh Regency (P value = 0.002). This conclusion is in accordance with

the study conducted by Triani et *al* (2018) it is found that hypertension sufferers who take medication routinely are 3% in RT 01, 8% in RT 02 and 0% in RT 03. This was a small amount compared to the achievement range of 100%. The reasons why many patients did not continue treatment routinely were they felt if they had no symptoms of hypertension such as nausea and dizziness. Based on the description above, it can be concluded that the family behavior who did not take medication is in accordance with the indicators in healthy family indicators in the management of hypertension, where hypertension sufferers do regular treatment if there are family members aged ≥ 15 years old and they are diagnosed as sufferers of high blood pressure (hyperteni) and regular treatment according to the instructions of the doctor or health worker.

Knowledge is factor related to healthy family indicators implementation in the Working Area of Community Health Center of West Aceh Regency (P value = 0,000). This conclusion is in line with the study conducted by Triani et *al* in Combongan village on the use of family planning. Data obtained from the results of research there were 21% of people who have used family planning in RT 01, 22% in RT 02, and 9% in RT 03. If it is compared to 100%, we can conclude that it was a small number. There are still many people who have not used family planning or have used family planning but have not continued it. This problem occurs because there are still many people who do not know the purpose and benefits of Family Planning itself. Based on this description, it can be concluded that the low level of family knowledge about the application of 12 healthy family indicators (IKS) that must be implemented to improve the degree of family health through promotive, preventive and curative stages. Families often decide on their own without seeking information about their health problems.

Habits is factor related to healthy family indicators implementation in the Working Area of Community Health Center of West Aceh Regency (P value = 0.001). This conclusion is in line with the research by Elsye Rahmawaty et *al* (2018) explained that family habits of unhealthy behavior can cause a decrease in the quality of life by cultivating things that result in unhealthy family health status, with the existence of healthy family indicators the family can practice a healthy lifestyle in daily life in order to improve the degree of public health. Based on these descriptions, it can be concluded that bad family habits can have an impact on unhealthy families. The existence of healthy family indicators is a guideline for families to be able to change wrong habits that can disrupt family health. The family must cultivate a healthy lifestyle in accordance with the IKS to leave unhealthy habits in order to improve the family's health status.

Believe is factor related to healthy family indicators implementation in the Working Area of Puskesmas West Aceh Regency (P value = 0,000). This conclusion is in agreement with the study conducted by Tiartin el. Al (2018) described the factors of knowledge, education, trust and beliefs are aspects that indirectly affect the low coverage of families following the family planning program, non-smoking members and infants get exclusive breastfeeding. Based on this description, it can be concluded that the family believes to implement IKS, with the family's belief in practicing 12 healthy family indicators, it is very easy to practice it in daily life. The main factor in changing behavior for a healthy life lies in belief. The family considers the importance of being a healthy family to avoid the risk and occurrence of illness in the family.

Health facility is factor not related to healthy family indicators implementation in the Working Area of Community Health Center of West Aceh Regency (P value = 0.303). This conclusion is not in line with what was stated by Hidayati (2011) that facilities / tools are an element of an organization to achieve a goal. Facilities are included in one of the elements in the health service program needed to achieve the implementation of a health service program. Therefore, to be a high-quality program, the requirements for the availability of infrastructure must be fulfilled. Based on the description, it can be concluded that families have health facilities to implement healthy family indicators but do not use health facilities that are already available in health services. Families prefer not to use health services such as treatment at a Community Health Center. Local tradition still adheres that the healing process is faster if treated to a healer / shaman. The medicine given by the Puskesmas does not guarantee cure for illness. Other evidence shows that there are many healers in the local area. Family motivation to take sick family members to the healthcare is also low, families prefer to use herbs for chronic treatment such as the elderly who have been sick for a long time at home.

Acces access to health services is factor not related to healthy family indicators implementation in the Working Area of Community Health Center of West Aceh Regency (P value = 0.759). This conclusion is not in line with the research conducted by Shinta et. al (2019) where the implementation of the healthy family indicators strategy using contract workers can fulfill the following objectives of healthy family indicators implementation; to get access to health services to the community, to improve the achievement of regional healthy family indicators and the achievement of 12 healthy family indicators. Lack of access to information in the form of no socialization or prior notification to target families, no prior visit schedule agreement, either through cadres or head of village, thus the target community or family feels that they do not get some benefits from the visit of contract workers, the

community feels contract staff visits are only to achieve the data collection target, not to solve problems in the target family. Based on the description above, it can be concluded that closely access to healthcare in applying the indicator of healthy families but they were unhealthy families. Closely access to healthcare does not make families come to the Community Health Center to check the family health problems. Posyandu which is held every month is not used by families in accessing health information. Families assume that the information provided does not solve their health problems.

Health worker is factor related to healthy family indicators implementation in the Working Area of Community Health Center of West Aceh Regency (P value = 0.006). This conclusion is in line with what was stated by Virdasari, et al (2018) that family data collection staff were conducted by 30-50 health and medical staff. Recruitment of data collection officers can be performed if the results of the resource needs analysis state that additional staff are needed. Based on this description, it can be concluded that health workers exist in implementing healthy family indicators. Health workers are executors who run healthy family indicators in the family. The existence of a survey team in healthy family indicators easily records families, survey officers must foster mutual trust in families in order to get health problems. The officials explained to the family the purpose and benefits of the survey so that the family gave a clear information about the existed problem.

CONCLUSION

The results of this study in general can be concluded that the factors associated with the implementation of healthy family indicators in families in the Working Area of the Community Health Center of West Aceh Regency are family behavior, family knowledge, family habits, family beliefs and health workers. Whereas unrelated factors are health facilities and access to the healthcare.

SUGGESTION

Based on the results of this study, it is expected that families utilize healthcare to solve family health problems in order to create healthy families. Health workers do some approaches to the families to build the family's trust in health services.

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