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FAMILY WELFARE AND HEALTH CARE SUPPORT UPON THE DEVELOPMENT OF UNDER 2 YEARS CHILDREN

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ABSTRACTS

Prolonged poverty influenced indirectly or directly upon children's development in every group race / ethnicts. This study examines the effect of welfare and health care support to the development of children under 2 years age. This study was observational, with cross-sectional design, sampling in this research taken by Multistage Random Sampling technique in three districts and 20 villages. The total sample of 279 mothers and their 3 months to 2 years old children in Blitar. Inferential data analysis with PLS (Partial Least Square) version 2.0. Result: The children development (gross motor, fine motor, socialization and language skills) is formed by maternal responsiveness (handling in fast and precise, emotional support, response mother to focus the child's attention and practice of language) of family welfare (pre-welfare, welfare I, welfare II, welfare III, welfare III Plus), and the support of health service (Public Health Center and Integrated Care Post (Posyandu).

Keywords: *welfare , health care, responsiveness, children's*

1. INTRODUCTION

In the UK, economic crisis and maternal depression can decreased the rate of cognitive and emotional welfare of children, and part of this situation comes from the lack of nurture and care of children from their economic resources and low emotional [1]. Prolonged poverty affects children's development indirectly through other variables, and care practices directly affect every group race / ethnicts. The influence of maternal depression was partially mediated through parenting on a sample of whites and Latinos but direct and not mediated through care practices on blacks. Environmental effect on whites and blacks but not significant for Latin [2]. There are several stages of family welfare, i.e 1) Stages Pre-Welfare; is a family that could not been able to fulfill one of the indicators stages of Family Welfare I. 2) Stages Welfare Family; The new family is able to meet the following indicators: (1) In general, family members have meal twice a day or more; (2) Members of the family have different clothes for home, work / school and traveling; (3) The house which occupied by the family has a roof, floor, fine walls; (4) If any family member sick would be taken to health facilities; (5) When couples of reproductive age looking for family planning service, they will go to contraceptive services ; (6) All children aged 7-15 years in the family go attending school. 3) Phase II Welfare Family, is a family that was able to meet Welfare Family Stages indicator (indicator 1 s / d 6) and the following indicators; (1) In general, family members practice their religion in accordance with the religion and beliefs (2) At least once a week the whole family have consume meat / fish / eggs; (3) All family members gained at least one pair of new clothes every year; (4) The floor area of the house at least 8 m2 for each of ocupant; (5) The latest three months family condition is in good health, so that it can fullfilled the task / function (6) There is one or more family members who work to earn income; (7) All family members aged 10-60 years could read Latin literate; (8) Couple with child bearing age use two or more devices / drugs contraception. 4) Phase III Family Welfare; is a family that already meet the indicator Welfare Stages I and II and Family Welfare Indicators The following indicators; (1) Family seeks to improve knowledge of religion; (2) Most of the family's income is saved in the form of money or belongings; (3) The family habit to eat together at least once a week used to communicate; (4) Families participating in community activities in

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the neighbourhood; (5) Family obtaining information from newspapers / magazines / radio / television. 5) Phase III Plus Welfare Family; Is a family that meets indicator Welfare Stages I, II and Family Welfare Indicators of Family Welfare III and the following indicators; (1) Families regularly raise donor to contribute material for social activities; (2) There is an active member of the family as a social gathering committee / foundation / public institutions.

The concept of healthy living Blum; stated that the healthy condition holistically not only health in physical but also spiritual and social in society. In order to create a healthy condition as it takes a harmony in maintaining a healthy body. H.L Blum explained that there are four main factors that affect the degree of public health. These four factors are a determinant factor of health problems [3]. These four factors are include of behavioral factors, lifestyle, environmental factors (social, economic, political, cultural), health service factors (type of coverage and quality) and genetic (hereditary). These four factors interacting and then affects individual and society health. Among the factors, human behavior is a determinant and the greatest and most difficult to overcome, followed by environmental factors. This is due to behavioral factors are more dominant than the environmental factors for the human living environment is also strongly influenced by the behaviour of the public. The absence of health workers support such as doctors, midwives, nurses and health cares has impact to some mothers could not make breastfeeding initiation [4].

The development of children associated to the condition of the family including their parents. In the family, mother has an important role in the growth and development of children. In China, the role of the mother is very important to practice positive parenting and child development [5]. The learning process and depression of mother are important factors that affect the role of perceived competence and satisfaction in postpartum mothers. Optimum health should be developed is continuously to promote the psychological well-being of mothers and prepared women with the skills learned sense to facilitate the role of mothers in adopting and enhance the competence and satisfaction in the role of being mother [6].

Parents have a very important role on the growth and development of children. One of the parents' role is the role of responsive parenting can lead to increased survival and growth, and protect from diseases. One of the many health outcomes associated with maternal response, is the cognitive and psychosocial effects. The Responsiveness of mother is often impacted by infant attachment, bonding between baby and caregiver. Generally the responsive caregivers produce good adhesion (warmth and trust) can enhance social competence and behaviour problems decrease. Inadequate parenting is will increase the destroy of closeness that is not good (rejection, anxiety, disorientation) lead to an increase the problems in children. Responsive mother will affecting the development of children, with or without attachment. When children need food, sanitation and access to health services in order to survive and develop optimally, relations were warm and affectionate with adult caregivers are responsive to the needs of children is an important factor. The existence of a strong relationship between the care, development and health of children with a caregiver that is more responsive, then will be better in result and that responsive parenting is necessary to support the growth, development and behavior of children and mothers [7].

Four groups of mothers varied in patterns of responsiveness given in infancy and preschool years. Mothers who have higher responsiveness to their children show a higher level in their children development. The study showed that the status of higher risk births combined with minimal response produces cognitive scores, on average 14 points lower than when parenting consistently higher response [8]. The safely touch interaction from mother to the baby at night are generally more consistent, sensitive and responsive than women who did not touch their baby [9].

Social support can decrease the impact of unresponsif mother. High maternal responsiveness as much as 50.35% and were lower as much as 49.65% [10]. Children's right to obtain the examination of growth and development in a holistic manner. Based on the report of Basic Health Research (Riskesdas) in 2010 describes that only 49.4% children were monitoring the growth of 4 times or more in the last 6 months and still another 23.8% children who never been weighed. Under five children who own KMS found that only 30.5% of children and ownership of books KIA 25.5%, while data growth monitoring of under five children remains not exist[11].

2. METHOD

This study was cross sectional study in which data collection is done at a specific moment. The sampling in this research is using Multistage Random Sampling technique, with the following steps: the first phase of the selection of mothers with children under two years of age in a single, the second stage determines cluster villages by simple random way in order to get some wards. The research location is in the city of Blitar, consisting of several villages selected. Based on the formula rule of the thumb in the SEM (Structural Equation Modeling), that use

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SEM with Maximum Likelihood method requires minimal sample of 100-200 respondents, or by five to ten times the indicator (observed variables) that exist in the model [12]. Then the sample size can be determined by a count of 279 mothers with children aged under two years. This study uses a questionnaire that includes: 1) the welfare of the family is a questionnaire that has been standardized by the National Population and Family Planning (BKKBN) [13]. 2) Support of Health Services, the research instrument used to collect data was questionnaire to determine their support for health care to responsiveness of mother, 3) Responsiveness of mother is a questionnaire and observation sheet, which was adopted from the Home Observation for Measurement of the Environment (HOME) inventory [14], 4) Pre-Screening questionnaire development (KPSP) questionnaires to asess the child's developmental level [15]. Analysis of the data with the asistance of software Smart Partial Least Square version 2.0 [16].

3. RESULTS

Family Welfare

Table 1 Distribution Frequency Rate of Family Welfare in Blitar 2014

No	Family welfare	Frequency	Percentage (%)
1	Phase Pre-Welfare	11	3,9
2	Phase Family Stages Welfare I	97	34,8
3	Phase Family Welfare II	87	31,2
4	Phase of Family Welfare III	58	20,8
5	Phase III Plus Welfare Family	26	9,3
	Amount	279	100,0

From table 1 can be seen that the level of Family Welfare has media stage I were 97 respondents (34.8%), phases II Family Welfare number 87 respondents (31.2%), phases III Family Welfare as much as by 58 respondents (20, 8%), phases III Plus Welfare Family by 26 respondents (9.3%) and the stages of Pre-welfare as many as 11 respondents (3.9%).

Characteristics of Children by Age and sex

According to the table 2 can be seen that the most are children aged 1-2 years. Child sex mostly male more than female children.

Table 2 Frequency Distribution of Children by Age and Gender in Blitar 2014

	Child	Frequency	Percentage (%)
	Age		
1	<1 year	100	35.8
2	12 years old	179	64.2
	Total	279	100.0
	Gender		
1	Man	153	54.8
2	Female	126	45.2
	Total	279	100.0

Characteristics of Mothers by Age, Education and Occupation

According to the table 3 on maternal characteristics by age, education, occupation, it is known that most maternal age is the age of 20-30 years. Most groups based education is high school educated. Based on the work of the job that most mothers do not work or as a housewife.

Table 3 The frequency distribution characteristics of the mother by age,Education and Employment Capital in Blitar 2014

No	Mother	Frequency	Percentage (%)
	Age		
1	<20 years	13	4.7
2	20-30 years	215	77.1
3	30-40 years	49	17.6
4	40-50 years	2	0.7
5	>50 years	-	-
	Total	279	100.0
	Education		
1	Not completed primary school	1	.4
2	Primary school	13	4.7
3	Junior High School	57	20.4
4	High School	154	55.2
5	Bachelor	54	19.4
	Total	279	100.0
	Employment		
1	Government employees	6	2.2
2	Private employees	48	17.2
3	Farmer	1	0.4
4	Labor	5	1.8
5	Entrepreneur	36	12.9
6	Unemployment	183	65.6
	Total	279	100.0

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Mother Responsiveness

Table 4 Responsiveness Variable Frequency Distribution of Capital in Blitar 2014

No	Mother Responsiveness	Category						Total	
		Good		Enough		Less			
		(f)	(%)	(f)	(%)	(f)	(%)	"	(%)
1	Penanganan cepat dan tepat	208	74.6	43	15.4	28	10.0	279	100
2	Dukungan emosi	15	5.4	230	82.4	34	12.2	279	100
3	Respon ibu terhadap fokus perhatian anak	9	3.2	164	58.8	106	38.0	279	100
4	Penggunaan bahasa	220	78.9	49	17.6	10	3.6	279	100

Based on table 4 of the variable frequency maternal responsiveness can be seen that most of the women had both categories in a language easily understood her well. Likewise, the mother gives to their child care quickly and accurately as well most have either category. In providing emotional support or affection mothers to their children mostly by having a good enough category. Mothers who respond to focus their attention mostly with the criteria fairly well. Mothers who have less category only a few of several indicators such as the practice of language, emotional support or affection and fast and precise handling. So overall responsiveness of mother to their child is good.

Support of Health Services

Based on Table 5, it can be seen that the Public Health Service (PHC) has good category represented by 117 respondents (41.9%) and good enough for 85 (30.5%). Likewise, the category of Integrated Service Post (Posyandu) is better expressed by 111 respondents (39.8%) and good enough are 93 in amount (33.3%).

Table 5 Frequency Distribution Factor of Health Services Support in Blitar 2014

No	Mother Responsiveness	Category						Total	
		Good		Enough		Less			
		(f)	(%)	(f)	(%)	(f)	(%)	"	(%)
1	Public Health Center	117	41,9	85	30,5	77	27,6	279	100
2	Integrated Health Post	111	39,8	93	33,3	75	26,9	279	100

Child Development

Table 6 Frequency Distribution of Child Development in Blitar 2014

No	Child Development	Category (Pre-Screening Questionnaire Development)				Total	
		Yes		No			
		(f)	(%)	(f)	(%)	Σ	(%)
1	Gross motoric	225	80.6	54	19.4	279	100
2	Fine motor	255	91.4	24	8.6	279	100
3	Socialization	263	94.3	16	5.7	279	100
4	Language	257	92.1	22	7.9	279	100

Based on table 6 of the variable frequency of child development, it is known that the development of children's gross motor, fine motor development, children with socialization and language development with both categories. Group categories with the highest score is the development of socialization and the least is gross motor development. So overall that the development of children aged under two years of the four aspects are good.

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Coefficient Parameter Line On Construct the Latent Effects of Direct and Indirect Delivery Variables

Coefficient Parameter Line On Construct the Latent Effects of Direct and Indirect Inter Variables can be seen in Table 7 below.

Table 7 Coefficient Parameter Line On Construct the Latent Effects of Direct and Indirect Indirect Variables

No	Causality relationship between Direct and Indirect Parameter	Path variable coefficient (γ)	T-Statistic
1.	Effect of maternal responsiveness to the family welfare	0.198657	2.854773
2.	Influence support health care to mothers responsiveness	0.595376	7.284302
3.	Effect of maternal responsiveness to the child's development	0.197893	4.276654

Family Welfare against maternal responsiveness

There is a significant effect between the welfare of the family upon maternal responsiveness. Here are the results on the track parameter coefficient analysis using Smart PLS software version 2.0.

Based on Table 8 can be seen the influence of psychological support to maternal health care pathways (ā) of 0.198 units with T-Statistics 2854 (Thitung> 1.96). Thus, it means that there is a significant relationship between the welfare of the family upon maternal responsiveness.

Table 8 Coefficient Hypothesis Test Results Effect Path Parameter to the responsiveness of family welfare mother in Blitar 2014

Causality relations	Coefficient Path Parameter (γ)	Subsample average (Bootstrap)	Standard Error (Bootstrap)	T-Statistc
X_1à Y_1	0.198657	0.678893	0.062390	2.854773

Factors affecting the responsiveness maternal health services

There is significant influence between the factors of health service (Puskesmas and Posyandu) with factors such as maternal responsiveness contingent responsiveness (speed and accuracy responds), emotional support, response to the focus of attention of the child, and the quality of language input. Here are the results on the track parameter coefficient analysis using Smart PLS software version 2.0.

Table 9 Coefficient Hypothesis Test Results Effect Parameter Path to Health Care Factors responsiveness Capital in Blitar 2014

Causality relations	Coefficient Path Parameter (ā)	Subsample average (Bootstrap)	Standard Error (Bootstrap)	T-Statistc
X_2à Y_1	0.595376	0.063314	0.060887	7.284302

From Table 9 it can be seen the influence of maternal responsiveness of health services on a path (ā) of 0.595 units with T-Statistics 7284 (Tcalc > 1.96). Thus, it means that there is significant influence between health services and maternal responsiveness.

Responsiveness mother to child development

There is a significant effect between maternal responsiveness to the child's development. Here are the results on the track parameter coefficient analysis using Smart PLS software version 2.0. From table 10 it can be seen the influence of maternal responsiveness to the child's development path (ā) amounted to 0197 units with T-Statistics 4276 (T calc > 1.96). Thus, it means that there is a significant relationship between maternal responsiveness to the child's development.

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Tabel 10 Hasil Uji Hipotesis Koefisien Parameter Jalur Pengaruh Responsiveness Ibu terhadap Perkembangan Anak di Kota Blitar Tahun 2014

Hubungan Kausalitas	Koefisien Parameter Jalur (ã)	Rata-rata Subsampel (Bootstrap)	Standar Error (Bootstrap)	T-Statistik
Y_1 à Y_2	0.197893	0.554329	0.060332	4.276654

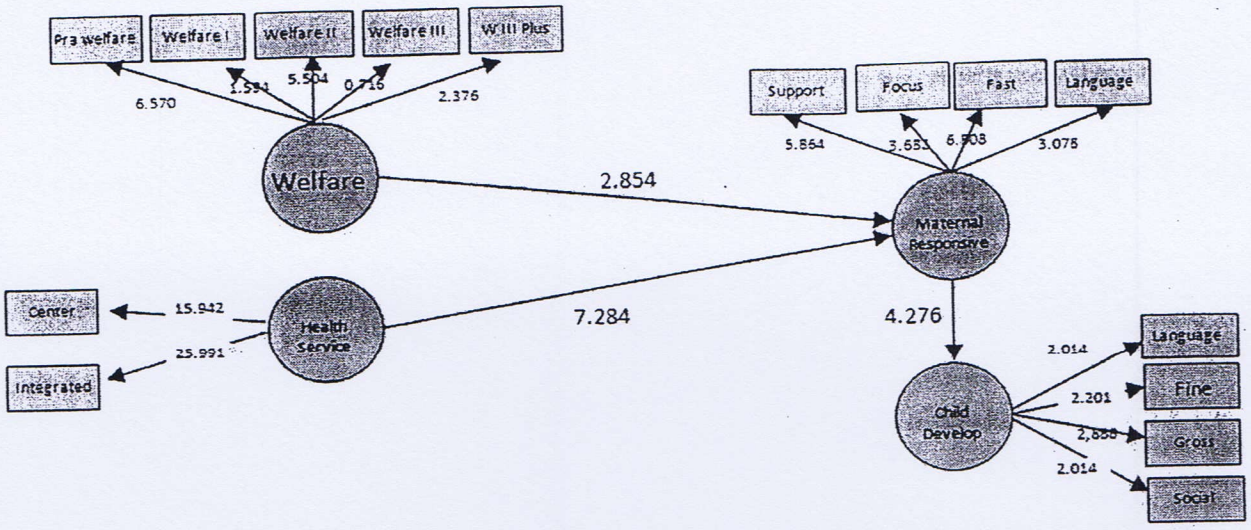

Figure 1: Relationship Model Analysis of the Exogenous Variables to Endogenous Variables

Communality dan Average Variance Extracted (AVE)

Convergent validity can be measured by the value Communality and Average Variance Extracted (AVE) greater than 0.5. Table 11 states that all constructs formed in the model has a value score of communality and AVE value greater than 0.5 means that all the latent variable constructs have convergent validity is valid and significant.

Table 11 Reliability Testing Model AVE Communality and Family Welfare and Support of Health Services in the Capital Against Child Development in Blitar 2014

Construct	Commu-nality	AVE	Specifi-cation
Family welfare	0.647921	0.547921	Valid and Significant
Health services	0.573450	0.673450	Valid and Significant
Mother rosponsiveness	0.513554	0.513554	Valid and Significant
Child development	0.537615	0.537615	Valid and Significant

4. DISCUSSION

There are many aspects of life affects the parents and child development, such as the characteristics of parents, child characteristics, family economic resources, family structure, parental mental health, marital relations or spouses, and the quality of the parents and relatives of the social networks [17].

Poverty is the cause of the reduction in maternal responsiveness, giving rise to the unfavorable development of the child. This study on a population largely overlooked often, young adolescents (M = 13.1 years), rural low-income and medium-sized, white children. These families were all in small towns and rural areas in North America. The negative relationship between poverty and maternal responsiveness mediated by a combination of high maternal stress and reduced social networks [18].

Prolonged poverty affects child behaviour problems indirectly through other variables, and care practices have a direct effect on each racial / ethnic groups. Effects of maternal depression is partly mediated through parenting groups and Latino whites but without intermediaries through care practices in the group of blacks. Environmental effects seen in groups of white and black but not significant for the

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Latino sample. Chronic poverty, the environment, maternal depression, and parenting has an effect on children's behavior problems in children of white, black, and Latin, but the processes and mechanisms through which factors exert different effects between the groups. The difference may be related to the mechanisms of social stratification and socio-cultural differences in family practice and raising children [2].

Windari research results (2013) that the first hypothesis test results indicate the probability (p-value) is a significant relationship between empathy with patient compliance officers in providing services antenatal care (ANC) in the third trimester pregnant women. The second hypothesis test indicates the probability (p-value) H1 accepted which means that there is a relationship of patient satisfaction with patient compliance in implementing the ANC in the third trimester pregnant women. As well as a third hypothesis test indicates the probability value (p-value) so that H0 and H1 accepted which means there is a relationship between empathy attendant and patient satisfaction with patient compliance in implementing the ANC in the third trimester pregnant women in Puskesmas Ngasem Kediri. This shows the importance of the role of health workers in motivating the mother so that their children can grow and develop according to age level [19].

Responsiveness refers to how parents responded and provided for the needs of children. At the most general level, maternal responsiveness refers to health, relationships are continuous with the caregiver to show characteristics such as warmth, maintenance, stability, predictability, and responsive (Warren, 2007). Four aspects of responsiveness: maternal contingent responses, affective emotional support, along with the child's attention, and language tailored to the level of receptive language children [20]. High maternal responsiveness as much as 50.35% and were lower as much as 49.65% [11]. In the course of a study that saw responsiveness mother with the criteria of high and low while in this study responsiveness mother has four indicators of contingent responsiveness (contingent responding), emotional-affective support (emotional support), support of infant foci of attention (in response to the focus of concern for the baby) and quality of language input (quality of language input).

5. CONCLUSION

Family welfare and health services that support from the Community Health Center (Puskesmas) and Integrated Service Post (Posyandu) forming maternal responsiveness to the development of under two years children. Further research to clarify and quantify the consistency of the variables found in this model, by applying this model to the mother and the other stage children besides under two years children, would possibly found the new model is the development model of maternal responsiveness to the child's development.

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