Path Analysis: Parent Participation in Holistic Caretaking Pattern Through Parenting Education

Authors

Tri Sunarsih¹, Bhisma Murti², Sapja Anantanyu³, Mahendra Wijaya⁴

¹General Ahmad Yani Health Science College of Yogyakarta
²Medicine Faculty of Sebelas Maret University
³Social Politic Faculty of Sebelas Maret University
⁴Doctoral Program of Sebelas Maret University

Corresponding Author:

Tri Sunarsih,
Lecturer, Midwifery Study Program, General Ahmad Yani Health Science College of Yogyakarta
Email: are_she79@yahoo.com

ABSTRACT

The primary pillar of a nation’s progress is highly determined by human resource (HR) quality. The more developing globalization age eroding the nation’s cultural and moral norms worsens the complexity of human resource quality problem in Indonesia. The attempt of establishing a high-quality human resource should focus more on the most strategic target group, early age group. Caretaking environment, particularly mother-child interaction, caretaking pattern and family stimulation, affects the child growth and development. Parenting education program is the form of parent empowerment activity in the holistic integrative early age development attempt. Objective: to analyze the effect of parent participation on holistic caretaking pattern through parenting education. This research was taken place in Karanganyar Regency, Central Java. Research method: the method used in this research was cross-sectional design; this research employed path analysis. The sample consisted of 108 parents, taken using purposive sampling technique. Result: parent participation in health promotion process through parenting education and parent participation in social institutions (integrated service post/posyandu, under-five age family building/BKB) simultaneously affected significantly the holistic caretaking pattern, either directly or indirectly. The largest effect on caretaking pattern was exerted by interaction between parents and media. Conclusion: in both parenting education and other social institution activities, the attempt of improving participation was required by involving parents in activity planning, activity planning, activity evaluation, activity maintenance and utilization as well as improving parents’ or other family members’ consciousness as the first and primary educator for their children.

Keywords: parent participation, holistic caretaking pattern, parenting education

INTRODUCTION

The primary pillar of a nation’s progress is highly determined by human resource (HR) quality. Human resource development discourse declines in some last years in Indonesia. The decreased competitiveness rank and IPM of Indonesia shows the lowered quality of Indonesian Human Resource. In 2011, Indonesia as on 124th rank out of 187 surveyed countries, with score of 0.617. This rank went down from 108th in 2010 [1].
The more developing globalization age eroding the nation’s cultural and moral norms worsens the complexity of human resource quality problem in Indonesia. Information accessibility brings about global penetration of lifestyle models frequently inconsistent with local reality. Empirically, almost everyday there is horrible event scene such as: murder, robbery, rape, inter-group conflict, inter-race quarrel, student/college student college, drug and narcotic abuses, pornographic photograph and video, and etc. Recently many sodomy and sexual abuse cases occur to early age children committed by educator, even relative, neighbor, or their parent.

The attempt of establishing a high-quality human resource should focus more on the most strategic target group, early age group. This is the critical period for brain development. Caretaking environment, particularly mother-child interaction, caretaking pattern and family stimulation, affects the child growth and development [2]. Some studies prove that children receiving good caretaking pattern will show good social competency during childhood, and will be more popular among their peer in preschool [3]. These children have more capability of establishing intense friendship, harmonious interaction, being responsive and not dominating, as well [3].

In Indonesia, Parenting education program is the form of parent empowerment activity in the holistic integrative early age development attempt. Many public and organizational policies [4]; [5]; emphasize on parenting education. The general objective of this program is to help parents develop their self-consciousness [6], improve their self-confidence [7], improve mother-child interaction [8] and support and raise their children [9].

The reality in the field shows that parenting education program gains less participation from the community, particularly parents with early age children, because of inadequate information given about its objective, benefit and implementation. On the other hand, community’s consciousness of the importance of parent caretaking pattern is still low. Parent knowledge and attitude in taking care of their children are affected by inadequate information about the way to achieve healthy life, likely leading to distortion of caretaking for children.

The result of other study found that without consciousness, ability, and commitment to improve caretaking pattern by parent and community, the indicators of low EQ and ESQ among the children including antipathy, unreliability, dishonesty, unfriendliness, hypocrite, non-conscientiousness, selfish, disrespect, uncaring, and etc will persists in the next period [10]. For that reason, there should be a health promoting attempt through parenting education, because parenting education program has proved strategic [11]. The objective of research is to find out the effect of parent participation on holistic caretaking pattern through parenting education.

**RESEARCH METHOD**

Considering the objective of research, the type of research used was explanatory study of quantitative research. To support and to sharpen the analysis, qualitative data-based information was used. The research was carried out using survey method with cross sectional approach. This study was taken place in Integrative Holistic Early Age Children Education (PAUD) synergizing PAUD, BKB, and Posyandu post in five selected location: 1) PAUD Nakita Wetan Kali, Girilayu, Matesih; 2) PAUD Kasih Bunda Panjang, Sepanjang, Tawangmangu; 3) PAUD Mawar Putih Krangean, Ngeblak, Tawangmangu; 4) PAUD Amanah Dagen, Dagen, Jaten; and 5) PAUD Seruni Sehat Jl. Jeruk 03 Ngringo, Jaten.

The populations of research were parents of early age children attending one-stop Integrative Holistic Early Age Children Education, consisting of 108 persons. The sampling technique used was purposive sampling one. Techniques of collecting data used were questionnaire, in-depth interview, documentation study, and observation. In this research the data was analyzed using path analysis. Data was converted using Successive Interval Method first and tested using parametric assumption including normality, linearity, multicolinearity, and heteroscedasticity, thereby resulting in BLUE (Best Linear Unbiased Estimator).
RESULT AND DISCUSSION

Result of Analysis

The hypothesis was accomplished with analysis. The result of path analysis on the effect of parent participation on holistic caretaking pattern through parenting education is presented briefly in the table below.

Table 1. Result of analysis on the effect of parent participation on holistic caretaking pattern through parenting education

<table>
<thead>
<tr>
<th>Independent variable</th>
<th>Regression</th>
<th>Standardized coefficients beta</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>1.62</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Parent participation</td>
<td>0.18</td>
<td>0.29</td>
<td>3.72</td>
<td>0.000*</td>
</tr>
<tr>
<td>Role of stakeholders</td>
<td>0.37</td>
<td>0.52</td>
<td>6.69</td>
<td>0.000*</td>
</tr>
</tbody>
</table>

R = 0.72  
Adjusted R Square = 0.50  
P < 0.000

Considering the analysis summarized in table 1, it can be found that coefficient of multiple correlation (R) is 0.72 and coefficient of multiple regression (R^2) is 0.514 and F_{regression} is 55.475 with p < 0.05, in fact p < 0.05. It indicates that there is a significant effect of parent participation and health promoting process through parenting education simultaneously on the effectiveness of holistic caretaking pattern. Direct and indirect effects of exogenous (independent) variable on endogenous (dependent) variable are presented in the table below.

Table 2. Direct and indirect effects of parent participation on holistic caretaking pattern

<table>
<thead>
<tr>
<th>Endogenous/ dependent variable</th>
<th>Exogenous/ independent variable</th>
<th>Effect (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health promoting process through parenting education</td>
<td>Parent participation</td>
<td>49.8</td>
</tr>
<tr>
<td>Holistic Caretaking Pattern</td>
<td>Parent participation</td>
<td>29.2</td>
</tr>
<tr>
<td></td>
<td>Health promoting process through parenting education</td>
<td>52.5</td>
</tr>
</tbody>
</table>

Table 2 shows that the direct effect of parent participation on children caretaking pattern holistically is 29.2%, while the indirect effect through parenting education is 26.1%. The result of analysis proves that parent participation contributes significantly to parent caretaking pattern holistically, either directly or indirectly through parenting education. Thus, the hypothesis of research is supported.

To get a more comprehensive description, the result of analysis on direct and indirect effect in each aspect of parent participation access variable is presented below.

![Figure 4.7. Path analysis model of the effect of parent participation aspects on holistically children caretaking pattern](image-url)
Based on the result of analysis, direct and indirect effects of individual exogenous (independent) variables on endogenous variable are presented in the following table.

Table 3. Direct and indirect effects of parent participation aspects on holistically children caretaking pattern

<table>
<thead>
<tr>
<th>Endogenous/ dependent variable</th>
<th>Exogenous/ independent variable</th>
<th>Effect (%)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health promoting process</td>
<td>Parent participation</td>
<td>32.0</td>
<td></td>
</tr>
<tr>
<td>through parenting education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holistic Caretaking Pattern</td>
<td>Parent participation in parenting education</td>
<td>29.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parent participation in social institution (X 3.2)</td>
<td>20.8</td>
<td>16.9</td>
</tr>
<tr>
<td></td>
<td>Health promoting process through parenting education (X 5)</td>
<td>15.6</td>
<td>15.5</td>
</tr>
</tbody>
</table>

Table 3 reveals that direct effect of parent participation in parenting education process on holistic caretaking is 20.8%, while the indirect effect through parenting education is 16.9%. Direct effect of parent participation in social institution on holistically children caretaking pattern is 15.6%, while the indirect effect through parenting education is 15.5%. The result of analysis proves that parent participation in parenting education process and parent participation in social institution contributes significantly to holistic caretaking pattern, either directly or indirectly through health promotion process with parenting education.

**DISCUSSION**

Considering the result of analysis, it can be found that the direct effect of parent participation on parent caretaking pattern is 29.2%, while the indirect effect through parenting education is 26.1%, with p < 0.05. Thus, it can be concluded that there is a positive significant effect of parent participation on holistic caretaking pattern. It suggests that holistic caretaking pattern will be highly determined by the amount of parent participation. The larger and the better the parent participation, the larger is the holistic caretaking pattern performed. The parent participation is explained through two predictor sub-variables: parent participation in health promoting process through parenting education and parent participation in social institution (integrated service post/posyandu, under-five age family building/BKB) with the indicator of parent participation being measured with the intensity of involvement in planning, implementing, evaluating, maintaining and utilization activities, giving contribution/fund, and consciousness of being involved.

Parent participation is one of important factors that can affect parent caretaking pattern. The availability of social medium and parents’ access to it is equally crucial like their access to integrated service post/posyandu, under-five age family building/BKB and etc. Attending the social programs existing within the society will increase the parents’ knowledge on their caretaking pattern. Just like attending posyandu, parents will recognize their children’s growth and development. The result of research shows that there are both direct (15.6%) and indirect (15.5%) effects through parenting education of parent participation in social institution on holistic caretaking pattern. Adults participating in a number of programs are more satisfied in performing their role as parent, knowledgeable about child behavior and need, and feel more competent as parent.

An attempt of developing community participation is through local organization. Furthermore, in institution actor group, according to [12], the most important one to be partner is mass organization, because it is intended to improve the social change the mass organization needs. Participation can also be attempted through community empowerment activity including physical involvement, social involvement, and psychological involvement [12].

Parent participation in both social activity and parenting education is the form of participation based on physical involvement type by attending the meeting in specified time. Some parents attend the parenting education activity voluntarily because they feel the need for knowledge to be acquired, but some others
attending it compulsively because they have not been aware of their need for it. The direct effect of parent participation in parenting education process on holistic caretaking is 20.8%, while the indirect effect through parenting education is 16.9%. [13] suggests that the members of society involved in any activity or program can improve their positive perception on the activity or program.

Considering the result of field observation and interview with the educators of Early Age Children Education (PAUD) it can be explained that many parents are still less caring about child caretaking. It can be seen from the small number of them establishing smooth communication with educator about how to develop their children’s potency optimally. And some others are less caring about recognizing the development their children should have, so that they are forced to attend the parenting education activity. [14] suggests that participation result in psychical and physical mobilization (knowledge, attitude, and behavior changes) because the program performed is consistent with need, priority, and resource condition existing.

Community participation will be the insurer for a good and right process. The participation expected from the community in an activity including illumination (education) is that in decision making in activity planning, implementation, benefit gaining, and activity evaluation [15]. Few parents have been involved in parenting education activity. Most parents are only “subjected” to waiting for the schedule from PAUD management, so that the participation occurs only in the implementation, not in planning and evaluation. Participation in program planning becomes an important factor to formulate the expected objective [16]. The plan established in participative manner will develop plan and relevant implementation [17]. Participative approach in evaluation is the attempt of involving all stakeholders in the objective of taking all of opinion in order to be more focused and activity design [18]. Evaluation is divided into three: (1) process, (2) effect, and (3) product evaluations [19].

CONCLUSION AND SUGGESTION

Considering the result of data analysis and discussion, it can be concluded that parent participation in health promotion process through parenting education and parent participation in social institutions (integrated service post/posyandu, under-five age family building/BKB) simultaneously affected significantly the holistic caretaking pattern, either directly or indirectly. The largest effect on caretaking pattern was exerted by parent participation in health promoting process through parenting education. From those findings, the author recommended that in both parenting education and other social institution activities, the attempt of improving participation is required by involving parents in activity planning, activity planning, activity evaluation, activity maintenance and utilization as well as improving parents’ or other family members’ consciousness as the first and primary educator for their children.

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