



Healthy Family Indicator in Barombong Village Tamalate District Makassar City

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Abstract

The government created the Healthy Family Indicators (IKS) program to assess or measure the level of progress of healthy families in each region. The Healthy Family Index (IKS) is a calculation of the twelve healthy family indicators for each family whose size ranges from 0 to 1. Families classified as healthy families are families with IKS > 0.8. IKS achievements are still relatively low for several regions in Indonesia, the results of IKS calculations from the 9 initial target provinces namely North Sumatra, South Sumatra, Lampung, DKI Jakarta, West Java, Central Java, East Java, Banten and South Sulawesi as of June 8 2017 obtained families who have IKS above 0.8 of 0.163 out of 570,326 families (Pusdatin, 2018). This study aims to describe the family indicators and index of healthy families in Barombong Village. The type of research used is quantitative descriptive research. Based on the results of the study showed that the healthy family index of 95 families consisted of 32 (33.7%) healthy families, 27 (28.4%) pre-healthy families and 36 (37.9%) unhealthy families. Meanwhile, 62 families (69.7%) participated in the Family Planning program, 6 families (75%) gave birth to mothers, 5 families (83.3%) babies received complete basic immunization, babies received exclusive breastfeeding there were 5 families (55.6%), Toddlers who received growth monitoring there were 10 families (62.5%), there were no pulmonary TB sufferers in 95 families (100%), Patients with hypertension who received regular treatment there were 3 families (50%) , no mental disorders were found in 95 families (100%), 68 families (71.6%) smoked family members, 75 families (78.9%) had become JKN members, 95 families (100%) these already have clean water facilities, and 95 families (100%) already use healthy latrines. It is recommended that the local puskesmas make policies and efforts to increase family planning participation so that couples of reproductive age (PUS) realize that participating in family planning is to limit birth rates in the long term, make regulations and make appeals not to smoke, especially for areas that are close to members' activities. family.

Keywords: Healthy Family Index, 12 Healthy Family Indicators, Barombong Village

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1. Introduction

Indonesia is currently intensively making efforts to improve the health status of its people. One of the visions and missions of President Jokowi - JK is contained in the 5th Agenda of NAWA CITA, namely to improve the quality of life for Indonesian people by creating the Healthy Indonesia Program. The Healthy Indonesia Program is a health development program set out in the Ministry of Health's Strategic Plan for the 2015-2019 period with the aim of improving the health status and nutritional status of the community through health efforts and community empowerment supported by financial protection and equity in health services (Ministry of Health, 2015).

The Healthy Indonesia Program is implemented by upholding three main pillars, namely: implementing a healthy paradigm, strengthening health services, and implementing the National Health Insurance (JKN). The application of the healthy paradigm is carried out with the strategy of mainstreaming health in development, strengthening promotive and preventive efforts, as well as community empowerment. Strengthening health services is carried out with a strategy of increasing access to health services, optimizing the referral system, and improving quality using the Continuum of care approach and health risk-based interventions. While the implementation of the National Health Insurance (JKN) is carried out with a strategy of expanding targets and benefits (benefits), as well as quality and cost control. (Ministry of Health, 2015).

The government created the Healthy Family Indicators (IKS) program to assess or measure the level of progress of healthy families in each region. Indicators of a Healthy Family include: Families participating in the Family Planning (KB) program, Mothers giving birth at health facilities, Babies receiving complete basic immunization, Infants 0-6 months receiving exclusive Breast Milk (ASI), Toddlers receiving growth monitoring, Patients with pulmonary tuberculosis get treatment according to standard, people with hypertension take treatment regularly, people with mental disorders get treatment and are not abandoned, no family members smoke, the family is already a member of the





National Health Insurance (JKN), the family has access to clean water facilities, the family has access or using healthy latrines. The form of achievement of healthy family indicators can be expressed in healthy families having > 80% good indicators, pre-healthy families having 50% - 80% good indicators and unhealthy families having <50% good indicators.

Health development starts from the smallest unit of society, namely the family. The family which is part of the community actually has a very important role in forming healthy culture and behavior. It is from the family that education for individuals begins, a good social order is created, healthy culture and behavior can be instilled earlier. Therefore, the family has a strategic position to serve as a health service unit because health problems in the family are interrelated and affect each other among family members, which in turn will also affect the family and the surrounding community. (Harmoko, 2012).

2. Research Method

The type of research used in this research is descriptive quantitative research, which is intended to describe the phenomena that occur. In descriptive research, what is meant is descriptive quantitative because the description uses size, number or frequency. Time and Location The research was conducted in Barombong Village, Tamalate District, Makassar City. Time This research was carried out in November 2019. The population is all subjects or certain objects determined by the researcher. The population in this study were all those living in RW 10 with a total of 126 households. The sample is the object under study and is considered to represent the entire population. The sampling technique in this study was carried out by simple random sampling, where each member or population unit has the same opportunity to be selected as a sample.





3. Results And Discussions

a. Result

1) Gender

Table 5.1
Distribution of Respondent Characteristics Based on Gender in Barombong Village, Tamalate District, Makassar City in 2019

No	Gender	Amount	Percentage (%)
1	Man	83	87,4
2	Woman	12	12,6
	Total	95	100

Source: Primary data 2019

Based on the table above, it shows that the sex of the head of the family is dominated by men, namely 83 households (87.4%).

2) Age

Table 5.2
Distribution of Respondent Characteristics Based on Age in Kelurahan Barombong Kec. Tamalate, Makassar City in 2019

No	Age	Amount	Percentage (%)
1	21 – 30 Tahun	13	13,7
2	31 – 40 Tahun	12	40.0
3	41 – 50 Tahun	26	27,4
4	> 50 Tahun	20	21,0
	Total	95	100

Source: Primary data 2019

Based on the table above, it shows that the most age is at the age of 41-50 years, namely 36 households (37.9%).

3) Education

Table 5.3
Distribution of Respondent Characteristics Based on Type of Education in Kelurahan Barombong Kec. Tamalate Makassar City in 2019

No	Knowledge	Amount	Percentage (%)
1	No school	7	7,4





2	Graduated from elementary school	40	42,1
3	Middle school graduate	32	33,7
4	Graduated from high school	10	10,5
5	Completed D3/D4	6	6,3
	Total	95	100

Source: Primary data 2019

Based on the table above, it shows that out of 95 families. Most of the education was at the end of elementary school with 40 families (42.1%).

4) Jobs

Table 5.4
Distribution of Respondent Characteristics Based on Type of Work in Kelurahan Barombong Kec. Tamalate Makassar City in 2019

No	Work	Amount	Percentage (%)
1	Not working	3	3,2
2	Fisherman	46	48,8
3	Laborer	23	24,2
4	Entrepreneur / Trader	19	20,0
5	Private sector employee	4	4,2
	Total	95	100

Source: Primary data 2019

b. Discussion

1. Description of families participating in the family planning program

Efforts are being made to control population size and direct population mobility to create a community that grows in balance with family planning (KB) programs. Quality and prosperous small families can be planned by each family through the family planning program. Contraception is a method or effort used to prevent pregnancy that occurs due to the meeting between sperm and a mature





egg, these efforts can be temporary or permanent and can be done using methods, tools or drugs (Firdawsyi Nuzula, 2015).

The purpose of implementing the family planning program is to form a small family according to the socio-economic strength of a family by regulating the birth of children in order to obtain a happy and prosperous family that can meet their needs (Sulistyawati, 2013).

Another purpose of the family planning program is to significantly reduce birth rates. To achieve this goal, policies are categorized into three phases (splitting, delaying and stopping). The purpose of the policy is to save mothers and children due to giving birth at a young age, spacing births too close and give birth at old age.

Based on the results of the study, it was shown that out of 95 families there were 89 families who were couples of childbearing age and who participated in the Family Planning (KB) program as many as 27 families (28.4%) and who did not follow the Family Planning (KB) program as many as 62 families (65, 3%) while the other 6 families are not included in the indicator due to the elderly and single parents. This shows the reason why mothers who do not use contraception because they are uncomfortable and get support from their husbands think that they still want to have a different sex than the children they have. Even though the number of children they have is quite a lot or more than two children, if they haven't got a child of the desired sex, then they will still delay using it to get offspring.

This research is in line with Appriana Bathara Musu's research (2012) regarding the relationship between husband's support and the use of contraceptives. The results showed that married couples who had a positive attitude towards family planning tended to use contraception. The absence of discussion about the family planning device used by the wife can be an obstacle to the use of contraception.





2. Description of mothers giving birth in health facilities

Childbirth is the process of expelling the products of conception (fetus and urine) that can live in the outside world, from the uterus through the birth canal or by other means. (Ellyana Hutapea, 2012).

Childbirth is the process of opening and thinning the cervix and the fetus descends into the birth canal. Birth is the process by which the fetus and amniotic fluid are pushed out through the birth canal. (Wati Sufiawati, 2012).

The results showed that out of 95 households, 8 families had postnatal mothers with 6 families (75.0%) stating that they gave birth at health facilities, while the other 2 families (25.0%) did not give birth at health facilities. This is because some people realize that it is important to check their pregnancies and give birth at health facilities because the facilities are complete, while those who do not give birth at health facilities prefer to have births with traditional birth attendants. giving birth due to lack of communication with health workers.

This research is in line with Ellyana Hutapea's research (2012) which states that there is a significant relationship between prenatal care and the selection of birth attendants where mothers who have a complete pregnancy check-up have 11.549 times the chance to choose a health worker as a birth attendant compared to those who do not have a complete pregnancy.

3. Description of infants who received complete basic immunization

Immunization is a way to actively increase a person's immunity against an antigen so that when he is later exposed to a similar antigen, disease does not occur. Vaccine is a biological product made from germs, germ components (bacteria, viruses, and rickettsiae) or germ poisons that have been weakened or killed and will give rise to active specific immunity against certain diseases. Complete basic immunization is an immunization program launched by the government to improve the health status of infants in Indonesia. This immunization is given from newborns (hepatitis B) to 9 months old (measles).





The results showed that there were 6 families with children (aged 12-23 months), consisting of 5 families (83.3%) who had carried out complete basic immunization and 1 family (16.7%) had not carried out complete basic immunization. This is because some mothers are aware of the importance of complete basic immunization for their babies, while those who do not provide complete basic immunization because they are busy with their jobs (traders).

This research is in line with Susianti's research (2017) that mothers who work outside the home have less knowledge of giving immunizations to infants, compared to mothers who do not work outside the home such as IRT, although more have less knowledge but there are some mothers who have poor knowledge enough about immunization in infants.

4. Conclusion

Based on the results of the research on the description of healthy family indicators in the Barombong Family, Tamalate District, Makassar City in 2019, the following conclusions are drawn that the description of healthy families in the Barombong village is 32 (33.7%) healthy families, 27 (28.4%) preschool families healthy, 36 (37.9%) families are unhealthy. While a description of the 12 indicators of healthy families in Barombong Village, Tamalate District, Makassar City in 2019 is as follows:

- a) Families participating in the Family Planning program have not been successful because there are still many couples of childbearing age who do not participate in the family planning program as many as 62 families (69.7%).
- b) Mothers who gave birth at these health facilities were successful because there were already 6 families (75%) who had given birth at health facilities.
- c) Babies who have received complete basic immunization have been successful because there are families (83.3%) who have already received complete basic immunization.
- d) Babies get enough exclusive breastfeeding because there are only 5 families (55.6%) who give exclusive breastfeeding to their babies.
- e) Toddlers who receive growth monitoring are quite good because there are as many as 10 families (62.5%) whose toddlers receive growth monitoring.





- f) Pulmonary TB patients who were treated according to this standard were successful because there were no pulmonary TB patients found in 95 families (100%).
- g) Patients with hypertension who have regular treatment have not been successful because there are 3 families (50%) because there are still other hypertensive patients who have not been treated regularly.
- h) Patients with mental disorders who received treatment and were not abandoned were successful because there were no mental disorders found in 95 families (100%).
- i) Family members who smoke have not been successful because as many as 68 families (71.6%) have family members who smoke.
- j) There are 75 families (78.9%) who are already JKN members.
- k) Families with clean water facilities are successful because 95 families (100%) already have clean water facilities.
- l) Families using healthy latrines were successful because 95 families (100%) were already using healthy latrines.

5. Compliance with ethical standards

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Disclosure of conflict of interest

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Statement of informed consent

Every action we take as authors is a mutual agreement or consent.





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