



OVERVIEW OF FAMILY FUNCTIONS IN BOLA HAMLET, BOLA VILLAGE

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ABSTRACT

The family serves as the foundational unit of society, playing a critical role in maintaining the physical, mental, and social well-being of its members. This includes responsibilities for caregiving, particularly for children, parents, and members requiring special attention. Families are tasked with meeting physical, emotional, and social needs while ensuring access to appropriate health services. Additionally, they provide a safe and nurturing environment, fostering the holistic development of children. Families act as the first line of defense against harm, violence, and abuse and are especially vital in protecting vulnerable groups such as children, pregnant women, and the elderly. According to data from the Sikka Regency Health Office, there are 106,627 families in the region, including 118 families in Bola Hamlet. Objective to examine the functions of families in Bola Hamlet. This quantitative research employs a descriptive design aimed at understanding and outlining current conditions within a community. The study involved a population of 168 families and utilized an incidental sampling technique for data collection, with questionnaires as the primary instrument. Data yang di kumpulkan di klarifikasi dan di tabulasi, kemudian di olah serta disajikan dalam bentuk table frekuensi atau variabel penelitian di interpretasikan dengan menggunakan skala ordinal yaitu. Baik > 75 – 100%, cukup 50 – 74 %, kurang < 49 % The findings reveal that the most prominent family function is the socialization function, with 60 respondents (50%) categorized as sufficient. This is followed by the affective function, with 50 respondents (42%) in the sufficient category; the religious function, with 48 respondents (41%); the economic function, with 58 respondents (49%); and, lastly, the family care function, which showed the lowest performance, with only 33 respondents (27%) categorized as sufficient. This study provides an overview of family functions, including affective, socialization, economic, religious, and family care functions, concerning demographic factors such as age, gender, education, and occupation.

Keywords: affective function; economic function; family care function; religious function; socialization function

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INTRODUCTION

The social life in today's world is rapidly evolving alongside advancements in science and technology. This dynamic development is reflected in Indonesian society, from the smallest unit—families—to broader contexts such as the nation (Wirarti, 2018). Indonesia is the fourth most populous country in the world, following the United States. In addition to its large population, the country's vast archipelago and uneven population distribution exacerbate various demographic challenges. Issues such as migration rates and demographic structures further complicate Indonesia's population problems, requiring significant attention to ensure the nation's progress. The World Health Organization defines the family as the fundamental unit of society, with a crucial role in maintaining the physical, mental, and social well-being of its members. This pivotal role is evident in the family's responsibility to provide care and nurture to its members, particularly children, the elderly, and individuals requiring special attention. These responsibilities encompass fulfilling physical, emotional, and social needs while ensuring access to appropriate healthcare services. Families also create safe, loving environments that support the holistic development of children in all aspects of life. They act as the first line of defense against physical harm, violence, and abuse. Moreover, families play a protective role for vulnerable members, such as children, pregnant women, and the elderly.

As a universally recognized social institution, the family plays a vital role in shaping individuals and society as a whole. The family's functions are regarded as fundamental to individual development and fostering close social relationships (Santrock, J. W., 2018). Family functions can be viewed as a multidimensional concept that illustrates the interactions among family members working collectively to achieve family goals. The family serves as a space for the development of cognitive activities, which is demonstrated through family interactions and the roles of its members with their behaviors within the family environment (Herwati, et al., 2020). When family functions are not performed optimally, negative impacts can arise for both the family's development and society at large. Therefore, all family members must fulfill these functions effectively to achieve success and happiness for all. Family functions also serve as a foundation and guidance for every family in realizing prosperity and quality of life. These functions must be well understood by all families and prospective couples to adequately prepare for and lead their households. When a family operates effectively, its members can solve problems, support one another, communicate efficiently, and respond to emerging challenges (Maulina Amalia, 2009).

According to data from the National Population and Family Planning Agency (BKKBN), the number of families in Indonesia increased from 68,487,139 families in 2021 to 70,759,056 families in 2022. In East Nusa Tenggara Province, the BKKBN Provincial Office of NTT reported that there were 1,123,934 families in 2021 (PK-21), distributed across various regencies, including Sikka Regency. Data from the Population and Civil Registration Office of Sikka Regency (2023) indicates that as of December 2023, the number of families in the regency totaled 106,627. Of these, 168 families reside in Bola Hamlet, Bola Village (Bola, February 22, 2024). A preliminary survey involving three families in Bola Hamlet revealed that understanding and implementing family functions remain suboptimal. For example, some families lacked awareness of the affective function and failed to apply it effectively to foster harmony within the family. Additionally, certain families did not implement the socialization function, such as prohibiting their children from playing with peers. Poorly implemented family functions can result in an uncondusive and less harmonious family environment, which may affect safety and comfort within the community. This observation prompted the researcher to conduct a more in-depth study on family functions in Bola Hamlet. Objective to examine the functions of families in Bola Hamlet

METHOD

This research adopts a quantitative approach, using a descriptive research design. This design is employed to examine the current state of a condition or program and utilize the findings for future planning and development. Research Method This quantitative research employs a descriptive design aimed at understanding and outlining current conditions within a community. The study involved a population of 168 families and utilized an incidental sampling technique for data collection, with questionnaires as the primary instrument. The collected data is clarified and tabulated, then processed and presented in the form of a frequency table or research variables are interpreted using an ordinal scale, namely. Good > 75 - 100%, sufficient 50 - 74%, less < 49%.

RESULT

This research was conducted from July 9 to July 20, 2024, involving a total of 118 respondents. The study took place in Bola Hamlet, Bola Village, utilizing a questionnaire as the primary instrument to measure family function in the area.

Table 1.

Frequency Distribution of Respondents by Age

Age	f	%
Young Adults	15	13
Older Adults	103	87

The data in Table 1 indicate that the majority of respondents were older adults, accounting for 103 respondents (87%).

Table 2.

Frequency Distribution of Respondents by Gender

Gender	f	%
Male	79	67
Female	39	33

Table 2 shows that the majority of respondents were male, totaling 79 respondents (67%), while female respondents accounted for 39 (33%).

Table 3.

Frequency Distribution of Respondents by Education Level

Education Level	f	%
Elementary Education	90	76
Secondary Education	18	15
Higher Education	10	9

Table 3 indicates that 76% of respondents (90 individuals) had elementary-level education, making it the most common educational background.

Table 4.

Frequency Distribution of Respondents by Occupation

Occupation	f	%
Homemaker	20	17
Farmer	75	64
Employee	16	14
Fisherman	7	5

As shown in Table 4, farmers represented the largest occupational group, totaling 75 respondents (64%).

Table 5.

Affective Function

Response Category	f	%
Good	29	25
Adequate	50	42
Poor	39	33

Table 5 reveals that 42% of respondents (50 individuals) rated their affective family function as adequate.

Table 6.

Socialization Function

Response Category	f	%
Good	25	21
Adequate	60	50
Poor	33	29

Table 6 indicates that the socialization function was rated as adequate by 60 respondents (50%).

Table 7.

Religious Function

Response Category	f	%
Good	27	23
Adequate	48	41

Table 7 shows that 41% of respondents (48 individuals) assessed their religious function as adequate.

Table 8.

Economic Function

Response Category	f	%
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Good	20	17
Adequate	58	49
Poor	40	34

Table 8 highlights that the economic function was rated as adequate by 58 respondents (49%).

Table 9.
Family Care Function

Response Category	f	%
Good	14	11
Adequate	33	27
Poor	71	60

Table 9 indicates that 60% of respondents (71 individuals) rated their family care function as poor.

DISCUSSION

Respondent Characteristics

Respondent Age

According to Notoatmojo (2012), age refers to the duration of an individual's life from birth to the time of study. As a person ages, their maturity and capacity for critical thinking and effective work tend to improve. Moreover, the older an individual becomes, the more mature and organized their decision-making and actions become. (Harwijayanti et al., 2022). The findings of this study reveal that the majority of respondents (56%) fall within the age range of 41–60 years, totaling 55 individuals. Respondents in this age group generally possess a wealth of life experience and a more mature perspective, enabling them to socialize effectively and meet daily life needs. Furthermore, they tend to have a more significant influence on family decision-making, particularly concerning religious, economic, and affective functions. These findings align with the theory proposed by Notoatmojo (2012), which emphasizes that older individuals exhibit greater maturity in thought and action. However, they contrast with the research conducted by Pamungkas and Boylu (2018), which identified the majority of respondents as being in the 30–40 age group, representing 50% of the sample population. The predominant characteristics of respondents in this study also show that the majority were male.

Respondent Gender

According to Notoatmojo (2018), gender refers to the biological markers distinguishing humans into male and female categories. Gender can influence an individual's level of knowledge, with Notoatmojo asserting that women generally possess a higher potential for knowledge acquisition compared to men. Furthermore, Notoatmojo highlights that women tend to exhibit greater compliance in fulfilling roles and responsibilities, as they are often more attuned to matters that contribute to family functioning (Notoatmojo, 2018). The findings of this study show that the majority of respondents were male, totaling 79 individuals (67%), while female respondents accounted for 39 individuals (33%). Generally, women are more engaged in affective and caregiving functions, whereas men often concentrate on economic roles. However, these traditional roles can vary depending on specific family circumstances, educational levels, and occupations of family members. In Bola Hamlet, gender roles may still be heavily influenced by traditional social norms, with men regarded as primary breadwinners and women as household managers. Nevertheless, ongoing social changes have begun to alter these roles, particularly among younger and more educated respondents. These findings diverge from the research by Ahmad Asir (2014), which reported that 85% of respondents were male. This difference relates to family coping mechanisms, emphasizing that family functions are crucial for daily life and motivating family members to maintain social interactions within their communities. (Wahyuni et al., 2021).

CONCLUSION

The findings of this study reveal that the majority of respondents were aged 41–50 years, accounting for 35 individuals (30%), with males comprising the dominant gender group at 79 individuals (67%). In terms of education, most respondents had a basic education level, represented by 90 individuals (76%). The largest occupational group among respondents was farmers, totaling 75 individuals (64%). Regarding family functions, 50 respondents (42%) exhibited a moderate level of affective function, while socialization was similarly moderate for 60 respondents (50%). Additionally, a moderate level of religious function was observed in 48 respondents (41%), and 58 respondents (49%) demonstrated a moderate level of economic function. Finally, family care function was found to be at a moderate level in 33 respondents (27%).

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REFERENCES

- Abidin, N. L. S., Kep, M., Kom, S. K., Pesak, E., Fadillah, F., Sharfina, D., Laoh, J. M., Tambuwun, S., Kep, A. M., & Marasabessy, N. B. (2023). *Bunga Rampai Keperawatan Keluarga*. Media Pustaka Indo.
- Agrina, A., & Zulfitri, R. (2013). Efektifitas asuhan keperawatan keluarga terhadap tingkat kemandirian keluarga mengatasi masalah kesehatan di keluarga. *Sorot*, 7(2), 81–89.
- Agustanti, D., Kep, M., Kom, S., Rahayu, D. Y. S., Kep, M., Festi, P., Poniyah Simanullang, S. K. M., & Wicaksono, K. E. (2022). *Buku Ajar Keperawatan Keluarga*. Mahakarya Citra Utama Group.
- Ali, H. Z., & SKM, M. B. A. (2010). *Pengantar keperawatan keluarga*.
- Ariyani, N. Y., Saputra, M. K. N. A. U., Kep, M., & Adab, P. (n.d.). *Buku Ajar Praktik Lab Keperawatan Keluarga*. Penerbit Adab.
- Ariyanti, S., Sulistyono, R. E., Rahmawati, P. M., Surtikanti, S., Aristawati, E., Rahmi, C., Huda, N., Kelrey, F., Cahyono, B. D., & Nurcahyaningtyas, W. (2023). *Buku Ajar Keperawatan Keluarga*. PT. Sonpedia Publishing Indonesia.
- Fadhilah, N., Nuryati, E., Epid, M., Ardina, N. R., & Kep, M. (2021). *Asuhan keperawatan keluarga aplikasi dalam praktik: NICNOC, SKDI SIKI SLKI*. Jakad Media Publishing.
- Harwijayanti, B. P., Liana, Y., Tauho, K. D., Sinaga, M. R. E., Prasetiani, A. G., & Janah, E. N. (2022). *Keperawatan Keluarga*. Get Press.
- Irfan Syahroni, M. (2022). Prosedur Penelitian Kuantitatif. *EJurnal Al Musthafa*, 2(3), 43–56. <https://doi.org/10.62552/ejam.v2i3.50>
- Kep, N. A. E. M., & Kom, T. R. J. M. (2020). *Buku Ajar Keperawatan Keluarga Askep Stroke*. Pustaka Galeri Mandiri.
- Kesuma, N. S. I., Putri, M. K. N. I. M., Meliyani, M. K. N. R., Saputra, M. K. N. A. U., Elviani, M. K. Y., & Keb, A. M. (2023). *Keperawatan Keluarga*. Penerbit Adab.

- La Ode Alifariki, S. K., Arna, Y. D., Kep, M., Kom, S., Sari, N. M. T., Kep, M., Idayanti, N., Widyawati, S. K., Kep, M., & Memah, H. P. (2024). *ILMU KEPERAWATAN KELUARGA*. Media Pustaka Indo.
- Notoatmodjo, S. (2005). *Metodologi penelitian kesehatan*.
- Organization, W. H. (2019). *Report of the Global conference on primary health care: from Alma-Ata towards universal health coverage and the Sustainable Development Goals*. World Health Organization.
- Renteng, S., & Simak, V. F. (2021). *Keperawatan Keluarga*. Tohar Media.
- Riskika, S., Harun, B., Purnamawati, N. T., Kep, M., An, S. K., Andi Nasir, S. K. M., Hakim, B. N., MH, S. H., Lucia Firsty, P. K., & Anggraini, N. Y. (n.d.). *NURSING ETHICS (ETIKA KEPERAWATAN)*. Rizmedia Pustaka Indonesia.
- Roesminingsih, M., Widyaswari, M., Rosyanafi, R., & Zakariyah, F. (2024). *Metodologi Penelitian Kuantitatif*. Bayfa Cendekia Indonesia.
- Salamung, N., Pertiwi, M. R., Ifansyah, M. N., Riskika, S., Maurida, N., Suhariyati, S., Primasari, N. A., Rasiman, N. B., Maria P, D., & Rumbo, H. (2021). *Keperawatan Keluarga= Family Nursing*. Duta Media Publishing.
- Setiono, E. D. K. (2024). *Psikologi keluarga*. Penerbit Alumni.
- Suprajitno, S. (2019). *Asuhan Keperawatan Keluarga Aplikasi Dalam Praktik (95)*. STIKES PERINTIS.
- Syarbini, A. (2014). *Model pendidikan karakter dalam keluarga*. Elex Media Komputindo.
- Utami, N. R. A., Kep, M., Kom, S. K., Sari Octarina Piko, S. K. M., Wicaksono, N. K. E., Handayani, N. P. A., Kep, M., Elyta, T., Agustanti, D., & Kep, M. (2024). *Buku Ajar Keperawatan Keluarga II*. Mahakarya Citra Utama Group.
- Wahab, A. (2021). Sampling dalam Penelitian Kesehatan. *Jurnal Pendidikan Dan Teknologi Kesehatan*, 4(1), 38–45.
- Wahab, A. (2022). Sampling dalam Penelitian Kesehatan. *Jurnal Pendidikan Dan Teknologi Kesehatan*, 5(1), 42–49.
- Wahyuni, N. T., Kep, S. K. M., Parliani, N., & Riset, D. (2021). *Dwiva Hayati, S. Kep Buku Ajar Keperawatan Keluarga*.