Indonesian Journal of Global Health Research
Volume 7 Number 2, April 2025
e-ISSN 2715-1972; p-ISSN 2714-9749
http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR

MOTHER EMPOWERMENT THROUGH FAMILY-BASED CHILD HEALTH EDUCATION

Alfrianne, Elisabeth Surbakti*, Maida Pardosi, Efendi Sianturi
Department of Midwifery, Politeknik Kesehatan Kementerian Kesehatan Medan, Jl. Jamin Ginting No.Km.13, RW.5, Lau Cih, Medan Tuntungan, Medan, Sumatera Utara 20137, Indonesia
*elisabethsurbakti@gmail.com

ABSTRACT
The role of parents (family) and caregivers is an important key in the growth and development of children, becoming the initial seed of a nation as the next generation becomes a better, dignified, and stronger nation. The future of a nation lies in the hands of children ad, adolescents, and adults, so it is necessary to empower mothers based on families. Objective: The aim is to improve the knowledge and attitudes of mothers with children aged 0-5 years by empowering mothers about child health education in child care patterns in families in Saentis Village, Deli Serdang Regency. Method: This study is quasi-experimental to improve mothers' knowledge and attitudes about family-based child-rearing patterns. Health promotion by PKK mothers who are Family Welfare Empowerment are trained to become agents of Change. The measuring instrument is a questionnaire. A sample of 50, namely mothers with children (0-5 years) (n = 50). Data analysis using the Paired T-test if the data is usually distributed, and if the data is not normally distributed, the Wilcoxon test is used. Results: This study shows a difference in the average; there is an increase in the knowledge and attitudes of mothers with children aged 0-5 years towards child health education in child care patterns in the family p-value = 0.001. Conclusions High maternal education impacts investment in quality human resources because, with maternal education, the nutritional status of toddlers will increase and ultimately can increase the educational opportunities for their toddlers as essential capital for increasing quality human resources.

Keywords: children; education; empowerment; family; parents

How to cite (in APA style)
Alfrianne, A., Surbakti, E., Pardosi, M., & Sianturi, E. (2025). Mother Empowerment through Family-Based Child Health Education. Indonesian Journal of Global Health Research, 7(2), 1147-1156. https://doi.org/10.37287/ijghr.v7i2.5841.

INTRODUCTION

Child health education is critical to improve optimal child growth and development so they can better follow the process. Child health education can also be called an effort to change knowledge, attitudes, skills, or practices regarding food consumption. Child health education targets patients, patient families, and people in the environment where they are. Child health education information targeting patients includes basic information about diseases, their causes, drug therapy, eating arrangements, physical activities, and things related to lifestyle changes.(Nurfurqoni, 2017; R. Septiani et al., 2019; Sriwiyanti, 2023)Child health is one of the main problems in the health sector. The Global Target of Sustainable Development Goals (SDGs) is to end preventable newborn and toddler deaths by 12 per 1,000 live births and the Under-five Mortality Rate (IMR) by 25 per 1,000 live births by 2030. The 2017 SDKI showed that the neonatal mortality rate was 15 per 1,000 live births, the IMR was 24 per 1,000 live births, and the under-five mortality rate was 32 per 1,000 live births. Therefore, hard work is needed to reduce these mortality rates.

The high rate of infant and toddler mortality is very dependent on parental care patterns, which are also influenced by the culture in their environment.(Liaqat et al., 2019).Conducting a study and promotional efforts through a socio-ecological approach is necessary. The community implements different strategies in child care with all its cultural potential, which

can overcome various environmental health problems.(Nagaring et al., 2021; Sharma et al., 2018)Some methods that can be used for children's health education include counseling, games, demonstrations, and preparing nutritious local food menus. Child health education aims to help mothers learn to choose good behavior regarding health, nutrition, and safety.(Bathory & Tomopoulos, 2017). In addition, healthy living behavior will also reduce the risk of contracting diseases in mothers and children in general in the family.According to Gillies, there are three levels of health education: 1) Primary health education, which improves the quality of health. 2) Secondary health education aims to help individuals with reversible health problems by adjusting their lifestyle. 3). Tertiary health education is to help sick individuals recover entirely and live according to their abilities. Health promotion is also a comprehensive health effort that is promotive, preventive, curative, and rehabilitative.(Murwani et al., 2019; Tadesse et al., 2020).

Parenting also needs to be a concern, not just child health education. Parenting is how parents treat children, educate, guide, discipline, and protect them in achieving adulthood and forming children's behavior through good community norms and values.(Rachmawati et al., 2024).According to Baumrind, parenting patterns can be categorized into three types, namely (a) authoritarian parenting patterns, (b) democratic parenting patterns (Authoritative), and (c) permissive parenting patterns. Child-rearing patterns aim to provide positive care for children, which has excellent benefits, including improving the quality of interaction between children and parents, optimizing child growth and development, preventing children from deviant behavior, and also being able to detect abnormalities in child growth and development.(Yapalalin et al., 2021).

Parenting patterns in families are generally influenced by internal factors (heredity or descent, parental age, parental gender, child's age, and child's gender) and external factors (culture, parental knowledge, socioeconomic status, and environment). Form of influence: Children resulting from this parenting pattern will develop into adults who are confident, responsible, and can manage their emotions well. Children also dare to express themselves and communicate well with others.(Puspita, 2024; P. P. Sari et al., 2020)Empowering mothers through child health education and family-based child care patterns can be a health promotion process to improve and develop health and an optimal healthy lifestyle, realize individuals' health potential, and help them make choices and decisions. "health promotion" is an umbrella term that describes various activities, including health education and disease prevention.(Hubley et al., 2021; Tadesse et al., 2020).

This is also stated in research(Salsabilla & Afrizal, 2024). The study's results on the role of PKK in handling childcare patterns in Cibinong village have a pretty good influence on the community. So, in this case, PKK plays a role in supporting the implementation of good parenting patterns by providing support and guidance to families in raising children. Likewise, the study's results (Sinaga et al., 2023), The relationship between parenting patterns and maternal nutritional knowledge with the nutritional and health status of toddlers show that most parenting patterns and health implemented by mothers are in a suitable category.The scope of health promotion for children, especially toddlers, includes breastfeeding, nutrition, growth, development, interaction, and socialization.(Asriwati & Ns, 2021; Muchtadi, 2019; Murwani et al., 2019).In breast milk, for toddler growth, the nutrients that are needed: Protein (3-4 grams/kilogram BW), Calcium, Vitamin D (Indonesia is a tropical area, so this is not a problem), Vitamins A and K are given postnatally and Fe (iron)(Muchtadi, 2019). Nutrition, toddlers, and preschool children are also age groups that are vulnerable to nutrition and disease. The toddler and preschool age groups suffer the most from nutrition, and the population is large.

Child growth and development are greatly influenced by: 1) language aspect, already mentioning colors, drawing at the age of four. 2) Social aspect: Children started dressing and playing according to their rules in the third year. In the fourth year, children tend to be independent and stubborn or impatient, physically and verbally aggressive, and take pride in achievements. 3) Cognitive aspect: Children are in the perceptual phase, tend to be egocentric in thinking and behaving, and begin to understand time in the third year. In the fourth year, children are in the initiative phase, understand time better, and assess things according to their dimensions. 4) Physical development and weight gain decrease, especially in early toddlerhood, because children use much energy to move. 5) Children's psychomotor abilities experience drastic changes, begin to be skilled in movement (locomotion), and begin to train gross motor skills: running, climbing, jumping, rolling, tiptoeing, grasping, and throwing, which help manage body balance.(Nurani, 2024; Yumni, 2009).

A healthy marriage fulfills the requirements of husband and wife readiness in biopsychosocial, economic, and spiritual aspects.(Lacks, 2016). A healthy marriage meets the age criteria of a prospective husband and wife. The healthy reproductive period is 20-35 years old because it affects women's health. Biologically, reproductive organs are more mature if there is a psychosocial reproductive process. In this age range, women have sufficient mental maturity.(Yakubu & Salisu, 2018)His research stated that community sensitization, comprehensive sexuality education, and ensuring girls enroll and stay in school can reduce the rate of teenage pregnancy. The aim is to improve the knowledge and attitudes of mothers with children aged 0-5 years by empowering mothers about child health education in child care patterns in families in Saentis Village, Deli Serdang Regency.

METHOD

This research was conducted in Saentis Village, Deli Serdang Regency. This research is quasi-experimental. It aims to improve mothers' knowledge and attitudes about child-rearing patterns in the family. The sample was mothers with children (0-5 years) (n=50). The intervention conducted as an experiment in this study was the provision of health promotion on parenting patterns in the family by PKK mothers. PKK mothers are mothers trained by researchers to become agents of Change. Socialization was conducted for 1 day starting at 09.00 - 13.00 WIB. The media used in this socialization were information media in the form of laptops, PowerPoints, and projectors. The materials provided were a series of parenting education: understanding good parenting patterns, parenting patterns in early childhood education: authoritarian, permissive, and democratic, and their impact on child development and the growth and development of children aged 0-5 years. PKK mothers carried out health promotion through socialization in women's religious groups (perwiritan) and home visits. The questionnaire given was mothers with children aged 0-5 years knowledge and atitute about the knowledge and attitudes of in the form of multiple choice 20 questions (multiple choice) after the Validity and Reliability Test was carried out using the SPSS Application, 20 valid knowledge questionnaires were obtained and the Cronbach's Alpha result was 0.959. Data analysis methods were analyzed using the IBM SPSS version 22 program. The intervention groups before and after were analyzed using an independent t-test with a significance level set at p-value <0.05.

RESULT

After conducting this research, the characteristics of the respondents were obtained through the distribution of questionnaires as follows:

Table 1.
Frequency Distribution of Characteristics*mothers who have children 0-5 years old*

Respondent Data	f	%
Age		
20-25 years	9	18
26-30 years	20	40
31-35 years	8	16
36-40 years	7	14
41-45 years	6	12
Education		
SD	17	34
Junior High School	9	18
High School /Vocational School	22	44
S1/D3	2	4
Number of children		
1-2	41	74
3-4	9	18
>5	0	0
Work		
Housewife	37	74
Employee	12	18
Teacher	1	8
Health Information		
Facebook	2	4
Instagram	7	14
Whatsapp	14	28
Health workers	13	26
TV	13	26

Based on the table above, it can be seen that the characteristics of the respondents seen from the age of the majority of respondents are 26-30 years old, as many as 20 people (40%) have a high school/vocational high school education, as many as 22 people (44%), the number of children aged 1-2 years as many as 41 people (74%), then from the majority of jobs are housewives (IRT) as many as 37 people (74%) and health information obtained is from Whatsapp as much as 26%.

Table 2.
Frequency Distribution of Knowledge and Attitude Categories of mothers who have children 0-5 years old (n=50)

Variables	Pre Test		Post Test	
	f	%	f	%
Knowledge				
Good	2	4	47	94
Enough	6	12	3	6
Not enough	42	84	0	0
Attitude				
Good	2	4	48	96
Enough	3	6	2	4
Not enough	45	90	0	0
Amount	50	100	50	100

Based on the table above, it can be seen that before counseling (pretest) was conducted for mothers who have children aged 0-5 years, they had less knowledge 84%, less attitude 90%, and less action 76%. After being given intervention (post-test), good knowledge was 94%, good attitude was 96%, and good action was 94%.

Table 3.
Average Distribution of Knowledge and Attitudes of Mothers who have children 0-5 years (n=50)

Variables	Mean ± SD	Mean Change ± SD	*p-value**
Knowledge			
Before	47.10 ± 13.631	-40.30 ± 5.988	0.001
After	87.40 ± 7.643		
Attitude			
Before	44.28 ± 12.059	-43.36 ± 6.874	0.001
After	87.64 ± 5.185		

*difference within groups (before and after) using paired t-test, at a significance level of 5%

The table above shows that after health education was conducted through counseling to mothers who have children aged 0-5 years, there was an increase in the average value of knowledge by 40.30. In the mother's attitude, there was also an increase in the average value of attitude, which was 43.36; the mother's actions also increased the average value of attitude, which was 37.00. The results of the statistical test with the paired t-test test showed a difference in the community's average knowledge, attitudes, and actions towards child health education in child care patterns in the family p-value = 0.001.

DISCUSSION

The results of the characteristics of the respondents seen from the age of the respondents, the majority were 26-30 years old, as many as 20 people (40%), had a high school/vocational high school education, as many as 22 people (44%), the number of children aged 1-2 years as many as 41 people (74%), then from the majority of jobs were housewives (IRT) as many as 37 people (74%) and health information obtained from Whatsapp as many as 26%. Judging from the age of the respondents, it can be concluded that the age of the respondents is included in early adulthood so that at that age, it is still easy to receive information well compared to the age of older age groups and the desire to obtain information to increase knowledge is still high so that it can be an influence when health education is carried out. Respondents' education can affect a person's knowledge, but that does not mean their knowledge will also be low if they are educated. Besides, mothers who pay attention to their children's health conditions will know more about the early signs of disease so that they can take the right action. However, the respondents in this study were primarily high school/vocational high school educated. Knowledge can increase and influence a person if the person often interacts and gets information from outside, such as friends, neighbors, or the media. Work affects knowledge; people who often interact with others will be exposed to more information or knowledge than people without any interaction with others. A housewife interacts more often with her family or other mothers when she is looking after her child and playing outside so that they can exchange information and experiences regarding health information. In addition, it can be done through television, magazines, or by quickly accessing the internet so that knowledge can be increased to prevent disease, maintain health, and improve the health status of the family.(Ertiana & Zain, 2023; Maulidiyah & Probowati, 2016).

Essential capital is a great strength and asset used as the primary material and foundation in carrying out efforts to achieve health education goals. The essential capital is political commitment and value system, parenting, compassion, and sharpening as the principal essential capital. The essential capital of political commitment realizes the next essential capital, namely a policy and strategy in health education. The value system of parenting, compassion, and sharpening will run when supported by the next essential capital, namely social, economic, and cultural. These four essential capitals will realize the principal essential capital, namely the family, especially mothers, caregivers, and educators who have a central

role in early childhood health education as well as role models.(Simanulang, 2019; Siswanto, 2012).The first essential capital is parents and family, especially mothers. Education has a scope that extends from informal forms to an experience that is not limited in time or place in the living environment.(Mudyahardjo, 2004). This experience from an early age leads to the achievement of educational domains, namely knowledge, awareness, and attitude, which can be practiced in everyday life. Parents are responsible for transforming values and norms(Barbour, 1990; Subekti et al., 2018). Parents must have the knowledge and skills to educate their children, care for them, and love them. In informal health education, mothers have a primary and important role.

Why do mothers play a significant role? Mothers are given the gift of breast milk for their babies. Mothers have the nature of having and giving energy to their babies. Mothers are the first and foremost people who come into contact with babies. Therefore, mothers have a role as gratifiers of children's needs and biopsychosocial stimulators of children's growth and development (Siswanto, 2012).Parenting patterns are a form of regulation or habitual pattern structured as a reference that children must obey.(Arum, 2015; Maysaroh et al., 2023). There are four types or forms of parenting: authoritarian parenting, democratic parenting, neglectful parenting, and permissive parenting. Democratic parenting has high characteristics of affection, involvement, parental sensitivity to children, reason, and encouragement of independence. The characteristics of democratic parenting are: a) Parents view children as something realistic and do not demand excessive things according to the child's abilities; b) Parents give freedom to teenagers to do what they like; c) Show response to talents that are already owned; d) Encourage children to express opinions or questions; e) Provide an understanding of good and bad things; f) Appreciate the success that children have achieved. Authoritarian parenting is a parenting pattern that tries to form, control, and evaluate that children's behavior and attitudes are by behavioral standards, are absolute, motivated, and have higher authority. This parenting pattern is restrictive and punitive, urging children to follow their parents' advice. The characteristics of authoritarian parenting are: a) Children must submit and obey the will of their parents; b) Parental control over children's behavior is rigorous; c) Rarely get praise; d) Parents do not know compromise. Parenting patterns towards their children greatly influence the child's future life. As the child's closest family, parents become examples and role models for their children.(Taib et al., 2020; Tridhonanto, 2014).

Childcare patterns are the behavioral attitudes of mothers or other caregivers regarding closeness to children, feeding, caring for, cleanliness, affection, and so on. All of these are related to the mother's abilities, especially in health, nutritional status, general education, knowledge, and skills about childcare.(Sinaga et al., 2023). Parenting is a pattern of interaction between parents and children, namely how parents behave or behave when interacting with children, including how to apply rules, teach values/norms, provide attention and affection, and demonstrate good attitudes and behavior so that they become role models for their children.(Ningsih et al., 2023).According to(F. D. Septiani et al., 2021), several things influence parenting patterns for their children, namely parental age, parental education, previous experience in raising children, parental involvement, parental stress, and husband and wife relationships. These parenting factors can influence parenting patterns for their children and become one of the benchmarks for parenting quality. The mother's education assists the whole child's development, which means developing physical potential, emotions, moral attitudes, knowledge, and skills as much as possible to become a human (Handayani, 2017).

After conducting health education through socialization to mothers who have children aged 0-5 years, this study showed an increase in the average value of knowledge of 40.30. Then, in the attitude of mothers, there was also an increase in the average value of attitudes of 43.36. The results of statistical tests with paired t-test statistics showed differences in the community's average knowledge, attitudes, and actions toward children's health education in childcare patterns in the family p-value = 0.001.This is supported by research from(Pelealu et al., 2019), which shows the effect of providing health education on handling febrile seizures in toddlers on the level of anxiety in mothers with a p-value = 0.001, which is smaller than α = 0.05. The results of the study(D. P. Sari & Ratnawati, 2020) The results of this study are by the theory that maternal knowledge can be influenced by health education that is carried out, namely from the statistical test showing an average difference of -1.019 with a standard deviation of 1.770. The statistical test results obtained a p-value = 0.000 <0.05, thus indicating that there is a significant relationship between health education and maternal knowledge regarding ISPA in toddlers at the Limo Village Posyandu.

The mother's education level can determine her attitude and behavior when facing various problems. A mother has an important role in the health and growth of her child. This can be shown by the fact that children from mothers with a higher educational background will get a better chance of living and growing and quickly receive broader insights about nutrition. Children with low-educated mothers have a higher mortality rate than children with highly educated mothers.(Ertiana & Zain, 2023). The role of parents is vital in household management and plays a role in determining the type of food that their family will consume. Lack of nutritional intake can be caused by the limited amount of food consumed or the food meets the required nutritional elements (Jannah & Maesaroh, 2018). The results of this study are based on Faradhiasih's research, which shows a relationship between maternal education and the nutritional status of toddlers in the city of Tangerang district, Banten (Astuti & Sulistyowati, 2013).

The study results showed that the level of education and attitude are the access doors to the extent to which a mother receives information; of course, it is related to a mother's knowledge. Therefore, good education means that parents can receive all information from outside about how to properly raise children, especially how mothers provide food for children, how to maintain children's health, their education, and so on. So that the more knowledge they have and the behavior will provide good nutritional status for their children. High maternal education impacts investment in quality human resources because, with maternal education, the nutritional status of toddlers will increase and ultimately can increase the educational opportunities for their toddlers as essential capital for increasing quality human resources. The level of education is the access door to the extent to which a mother receives information, which, of course, is related to a mother's knowledge.

CONCLUSION

Health education through socialization to mothers with children aged 0-5 years has increased the average value of knowledge by 40.30. There was also an increase in the average value of attitudes, namely 43.36. This study shows a difference in the average knowledge and attitudes of mothers with children aged 0-5 years towards child health education in child care patterns in the family, p-value = 0.001.

REFERENCES

Arum, D. (2015). Hubungan Tingkat Keotoriteran Pola Asuh Orang Tua Dengan Pembentukan Kepribadian Siswa Kelas 5 Mi Mubtadiul Ulum Carangrejo Kesamben Jombang. Universitas Pesantren Tinggi Darul Ulum.

Asriwati, S. K., & Ns, S. P. (2021). Global Bourden Of Disease. Kesehatan Masyarakat Di Era Society, 5, 35.

Astuti, F. D., & Sulistyowati, T. F. (2013). Hubungan tingkat pendidikan ibu dan tingkat pendapatan keluarga dengan status gizi anak prasekolah dan sekolah dasar di Kecamatan Godean. Jurnal Kesehatan Masyarakat (Journal of Public Health), 7(1), 15–20.

Barbour, L. S. (1990). Violence against women: blaming the victim. The University of Vermont and State Agricultural College.

Bathory, E., & Tomopoulos, S. (2017). Sleep regulation, physiology and development, sleep duration and patterns, and sleep hygiene in infants, toddlers, and preschool-age children. Current Problems in Pediatric and Adolescent Health Care, 47(2), 29–42.

Ertiana, D., & Zain, S. (2023). Pendidikan Dan Pengetahuan Ibu Tentang Gizi Berhubungan Dengan Status Gizi Balita. Jurnal Ilkes (Ilmu Kesehatan), 14(1), 3.

Handayani, R. (2017). Faktor-faktor yang berhubungan dengan status gizi pada anak balita. Jurnal Endurance, 2(2), 217–224.

Hubley, J., Copeman, J., & Woodall, J. (2021). Practical health promotion. John Wiley & Sons.

Jannah, M., & Maesaroh, S. (2018). Hubungan tingkat pendidikan ibu dengan status gizi balita di posyandu bangunsari semin gunung kidul tahun 2014. Jurnal Kebidanan Indonesia, 6(1).

Lacks, P. (2016). The relationships between school climate, teacher self-efficacy, and teacher beliefs.

Liaqat, M., Hussain, M., Afzal, M., & Gillani, S. A. (2019). Role of Parents, Community, and Health Care System in Child Health.

Maulidiyah, D. S., & Probowati, R. (2016). Gambaran Faktor Yang Mempengaruhi Status Gizi Ibu Hamil Di Desa Kebondalem Kecamatan Bareng Kabupaten Jombang: Overview Factors Affecting Nutritional Status Pregnancy In the village Kebondalem Jombang District of Bareng. Jurnal Ilmiah Kebidanan (Scientific Journal of Midwifery), 2(2), 58–65.

Maysaroh, P., Yulianto, A., & Yusnita, Y. (2023). Penyuluhan Kesehatan Tentang Pola Asuh Orang Tua Dengan Keberhasilan Toilet Training Pada Anak Usia Pra Sekolah. Bagimu Negeri: Jurnal Pengabdian Kepada Masyarakat, 7(1), 47–52.

Muchtadi, D. (2019). Gizi Untuk Bayi: Air Susu Ibu. Susu Formula, Dan Makanan Tambahan, Jakarta: Pustaka Sinar Harapan.

Mudyahardjo, R. (2004). Philosophy of Education Science. Teenage Rosdakarya.

Murwani, A., Santoso, S., Lestari, E., & Sulaeman, E. S. (2019). The Health Promotion Model of Public Health Program for Elderly. Global Journal of Health Science, 11(7), 119.

Nagaring, D. D., Sambiran, S., & Sumampow, I. (2021). Peran Pemerintah Dalam Mengatasi Penyandang Masalah Kesejahteraan Sosial (PMKS) di Kota Manado (Studi Di Dinas Sosial Dan Pemberdayaan Masyarakat Kota Manado). Governance, 1(2).

Ningsih, F., Setyaningsih, K., & Fahmi, F. (2023). Pola Asuh Orang Tua Muda Pada Anak Usia Dini Di Desa Sukaraja Kecamatan Pedamaran Kabupaten Ogan Komering Ilir. Jurnal Pendidikan Dan Konseling (JPDK), 5(2), 693–704.

Nurani, N. (2024). Juridical Study of Intellectual Property Rights (IPR) for Plant Variety Protection (PVP) in Improving Agribusiness Competitiveness to Support the Sustainability of Indonesia's Economic Development. Journal of Law and Sustainable Development, 12(1), e3094–e3094.

Nurfurqoni, F. A. (2017). Pengaruh Modul Skrining Tumbuh Kembang terhadap Efektivitas Skrining Tumbuh Kembang Balita (Studi Eksperimen terhadap Kader di Puskesmas Merdeka dan Bogor Timur). Jurnal Bidan, 3(2), 60–66.

Pelealu, A. A. A., Palendeng, O. E. L., & Kallo, V. (2019). Pemberian Pendidikan Kesehatan Tentang Penanganan Kejang Demam Pada Anak Balita Terhadap Tingkat Kecemasan Pada Ibu. Jurnal Keperawatan, 7(2).

Puspita, D. P. (2024). Pengaruh Pola Asuh Orang Tua Single Parent Terhadap Kepribadian Dan Religiusitas Anak Di Madrasah Tsanawiyah (Mts) N 2 Kaur Provinsi Bengkulu. UIN Fatmawati Sukarno Bengkulu.

Rachmawati, R., Tantohadi, T., & Ubabuddin, U. (2024). Pola Asuh Parenting Style Metode Pengasuhan Dan Pendidikan Pada Anak. Jurnal Pendidikan Dan Keguruan, 2(2), 304–311.

Salsabilla, S., & Afrizal, S. (2024). Peran Ibu Pemberdayaan Kesejahteraan Keluarga (PKK) dalam menangani Praktik Pola Asuh Anak. Edu Sociata: Jurnal Pendidikan Sosiologi, 7(1), 625–634.

Sari, D. P., & Ratnawati, D. (2020). Pendidikan Kesehatan Meningkatkan Tingkat Pengetahuan dan Sikap Ibu dalam Merawat Balita dengan ISPA. Jurnal Ilmiah Ilmu Keperawatan Indonesia, 10(02), 39–45.

Sari, P. P., Rahman, T., & Mulyadi, S. (2020). Pola asuh orang tua terhadap perkembangan emosional anak usia dini. Jurnal Paud Agapedia, 4(1), 157–170.

Septiani, F. D., Fatuhurrahman, I., & Pratiwi, I. A. (2021). Pola Asuh Orang Tua Terhadap Motivasi Belajar Pada Anak Sekolah Dasar. Jurnal Educatio Fkip Unma, 7(3), 1104–1111.

Septiani, R., Widyaningsih, S., & Iqomh, M. K. B. (2019). Tingkat perkembangan anak pra sekolah usia 3-5 tahun yang mengikuti dan tidak mengikuti Pendidikan Anak Usia Dini (PAUD). Jurnal Keperawatan Jiwa, 4(2), 114–125.

Sharma, A., Gardner, T., & Begbie, D. (2018). Approaches to Water Sensitive Urban Design: Potential, Design, Ecological Health, Urban Greening, Economics, Policies, and Community Perceptions. Woodhead Publishing.

Simanulang, R. (2019). Kapabilitas Program Asah, Asih dan Asuh dalam Penanggulangan Stunting untuk Mewujudkan Sustainable Development Goals.

Sinaga, E. S., Gea, P., Wahyudi, P. S., Hasibuan, R. A., & Tambunan, R. (2023). Pemberdayaan Orang Tua Dalam Memahami Pola Asuh Dan Pemberian Asi Eksklusif Dengan Status GizI. Mitra Keperawatan Dan Kebidanan Prima, 5(1), 66–70.

Siswanto, H. (2012). Pendidikan kesehatan unsur utama dalam pendidikan anak usia dini. Jurnal Cakrawala Pendidikan, 5(2).

Sriwiyanti, Sp. (2023). Pentingnya Pendidikan Gizi Seimbang Pada Anak-Anak Sekolah Dasar (SD). Lembaga Chakra Brahmana Lentera.

Subekti, A., Sutomo, B., Santoso, B., Salikun, S., Amalia, R., Puspita, R., & Umia, K. (2018). Penerapan Media Software Interaktif Sebagai Media Edukasi Dalam Perubahan Tingkat Pengetahuan Dan Perilaku Kesehatan Gigi Serta Tingkat Kebersihan Gigi. Link, 14(1), 31–35.

Tadesse, T., Gillies, R. M., & Manathunga, C. (2020). Shifting the instructional paradigm in higher education classrooms in Ethiopia: What happens when we use cooperative learning pedagogies more seriously? International Journal of Educational Research, 99, 101509.

Taib, B., Ummah, D. M., & Bun, Y. (2020). Analisis pola asuh otoriter orang tua terhadap perkembangan moral anak. Jurnal Ilmiah Cahaya Paud, 2(2), 128–137.

Tridhonanto, A. (2014). Beranda Agency. Mengembangkan Pola Asuh Demokratis, 5.

Yakubu, I., & Salisu, W. J. (2018). Determinants of adolescent pregnancy in sub-Saharan Africa: a systematic review. Reproductive Health, 15(1), 1–11.

Yapalalin, S., Wondal, R., & Al Hadad, B. (2021). Kajian Tentang Pola Asuh Orangtua Terhadap Perilaku Anak Usia Dini. Jurnal Ilmiah Cahaya Paud, 3(1), 1–10.

Yumni, F. L. (2009). Analisis Faktor Pola Asuh Orang Tua Pada Balita Bawah Garis Merah (Bgm) Di Wilayah Kerja Public Health Center Bungah Kabupaten Gresik. Universitas Airlangga.