

Duties Family in The Prevention of Acute Respiratory Infectious Disease (ARI) in Children in Society based on Leinenger Theory Approach

Nuzul Qur'aniati, S.Kep., Ns., M.Ng, Iqlima Dwi K, S.Kep., Ns., M.Kep, Aria Aulia N, S.Kep., Ns., M.Kep

Maternity and Child Nursing Department, Faculty of Nursing Universitas Airlangga Surabaya

Abstract- Introduction: Infectious diseases are the second highest cause of infant mortality in the world. In Indonesia acute respiratory infection (ARI) is one of infectious diseases which causes many deaths, especially in infants and toddlers. Efforts to overcome these, nurses are expected to have a role to perform five tasks assessment families with adopted culture. Understanding of the culture can be carried through nursing transcultural approach that explains awareness and appreciation of cultural differences. This study aims to describe the family experience in the implementation of tasks in the family health and disease prevention of infectious diseases due to lifestyle based on Leininger's theory. **Methodology:** This study used the method of qualitative with phenomenological study approach. In this study consist of six participants who met the inclusion criteria. Data were analyzed using Collaizi method. **Results:** The results obtained consist of five themes. Theme 1 is a familiar problem. Theme 2 is how to make decisions. Theme 3 is caring for a sick member. Theme 4 is modification of the physical environment and compliance. Theme 5 is the use of existing health facilities. **Discussion:** Family has implemented five family duties in the prevention of infectious diseases in children with relatively simple home treatment for prevention of transmission, utilizing the nearby health facilities such as health centers, doctors clinique, and hospitals beside utilizing alternative treatments such as massage and treatment to the traditional healer as the influence of cultural values Java. Application of their family duties largely influenced by economic conditions and lower-middle education and the influence of Javanese culture. The results of this study recommends that community empowerment in the prevention of infectious diseases in children with operational research methods is essential.

Index Terms- ARI in children, five family duties, transcultural nursing approach

I. INTRODUCTION

Health development in the health ministry's strategic plan for 2010-2014 focuses on eight priorities, one of which is the control of infectious diseases and non-communicable diseases and followed with environmental sanitation (Ministry of Health of Indonesia, 2012). Infectious diseases and lifestyle diseases are the diseases that can be prevented, but the incidence of the disease remains high in the world, especially in developing countries.

Infectious diseases are a major cause of morbidity and mortality in infants and children that are especially common in developing countries, including Indonesia. In 2000, *the World Health Organitatio*s (WHO) reported that infectious diseases are the second highest cause of infant mortality in the world where the *Proportional Mortality Rate* (PMR) Acute Respiratory Infections (ARIs) are 19% and 13% for diarrhea. Information on infectious diseases in 2013, Basic Health Research (called *Riskesdas*) report that period prevalence of ARI Indonesia (25.0%) is not much different from 2007 (25.5%). Characteristics of the population with the highest ARI occur in the age group 1-4 years (25.8%). By sex, did not differ between men and women. The disease is more experienced in population groups with the lowest quintile of the index and middle ownership down.

The family is becoming one of the focus of intervention in nursing as a family is an important resource in the provision of services for individuals and families that are proven to increase the effectiveness of treatment (Gillis and Davis in Friedman, Bowden and Jones, 2003). A family can function well if each provides motivation, freedom and to provide protection and security to achieve the potential for family members so that the family also has a duty of care for family members including recognizing health problems, making good decisions, able to provide an environment conducive to health maintenance and growth of individuals and families are able to use health facilities (Maglaya et. al, 2009).

Nurses have a role to start improving the health status and is expected to advocate for the needs of the community. To achieve this required a good assessment capability in determining the most obvious problems. Assesment that can be done is through the study of five tasks families with adopted culture. Understanding of the culture can be carried through in nursing transcultural approach that explains awareness and appreciation of cultural differences. This means that professional nurses have the knowledge and practice that are based on the concept of culture and to practice planning.

II. MATERIALS AND METHODS

This study used the method of qualitative with phenomenological study approach. This study used the initial step in phenomenological research is to explore the direct descriptive phenomenology, analyze and describe the phenomenon of family on family duties in the prevention of infectious diseases in children in the community.

The population in this study were families with children who suffer from infectious diseases in the health center in August-September 2014. The sample in this study were six participants who meet the inclusion and exclusion criteria in recruitment. Participants in this study is a mother with a child suffering from infectious diseases, are willing to become participants by giving consent and signed a consent form. Although only amounted to six participants it is in line with the theory Polit and Hungler (1999) explains that in qualitative research the number of participants is determined by the saturation of the data, namely the participants reached a saturation point where no new information has been obtained and repeatability can be achieved. It is also appropriate that described Riemen (1986) in Creswell (1998) which states that the ideal number of participants in the qualitative study with phenomenological method consists of 3 to 10 people.

Collecting data in this study used the research instrument in the form of a structured interview based on the prevention of infectious diseases Leinenger theory developed by researchers using recorder and *field notes*.

Data validation is done by checking the correctness of the data based on the results recorded, performing a comparative analysis to ensure research results. Data analysis in this study used Collaizi method because this method provides the steps are simple, clear, and detailed. The process of transcription is done through (1) play the recording and writing the word-for-word into a computer file; (2) rechecking the results of the interview transcript to listen to the recording while reading the transcript; (3) Results of field notes in the form of non-verbal responses during the interview integrated accordance; (4) Researchers read the transcript repeatable results and determine the significant statements; (5) Keywords are identified through screening a statement-statements and keywords that have the same relative sense formulated in one category; (6) The same category are grouped into sub-themes that are more common. The theme of the grouping formed several sub-themes which implies equal. Prior to the study conducted by researchers has completed ethical clearance, and letter permit from health district officer and community health center itself.

III. THE RESULTS

All participants in this study are housewives with range of age 25-40 years of age. All participants are Muslims. At the time of the interview participants was accompanied by his son. 4 out of 6 participants are living in the boarding family, with unhealthy environment, lots of birds and near the river.

Based on the results of the data analysis are resulted five themes that emerged from the content analysis performed.

Theme 1: Know the problem

This theme discusses the structure and contents of the perception of the family in caring for a child with ARI.

More than two third participants mentioned varies opinion related to the causes of disease such as exhaustion, contracted from other family members, the influence of weather, dust and unhealthy environment. In addition to the average participant also mentioned eating too much ice so his endurance down, eat snacks containong MSG, and unconscionus (called sawanan

Javanese) with a clown, a cat as the etiology of fever, cough and runny nose.

Almost the majority of participants said that children who are experience sick tend to be fussy, crying and asking carried on.

Theme 2: Taking decisions

Looking at the changes that occurs in the health status of family members, usually a family member who lives at home or who is given the responsibility to make a decision to save his family. Family also look after their family based on their personal experience or to treat his or her family member in his own way. In addition, the family also seek information from another family member, neighbor or coworker.

Theme 3: Caring for a sick member

Family will be responsible for looking after their member who is sick. Both the nuclear family and the extended family will provide the necessary care by family members. The family realized that ARI will often experienced by their children due to lack of immunity. At this stage, the family is able to care for sick family members, knowing the state of illness, treatment is needed, the existence of the necessary medical facilities.

Family describes the efforts made by the family if a family member is sick. Most of the family state that giving paracetamol, traditional medicine in the form of a mixture of ginger, lemon juice, a little salt, onion, and sratching with oil Telone (**called kerokkan**). Small families also mention compresses, giving antibiotics, and drinking water convulsions as alternative.

The results of the interview explains that the majority of funding sources of treatment comes from personal payment. Only one (1) person used prudential insurance. The average income of the participants are ranged in the range of 1.5 to 2 million rupiah.

Theme 4 is Modification of the physical environment and fulfillment environmental conditions

Family seeks to create a supportive environment for children who are sick. Efforts were mentioned by family associated with transmission is to use a mask, limitation to playig, always hand washing, separating cutlery, giving multivitamins, isolating from sick chidren to health children, do not drink ice.

Theme 5: use of health facilities

Families are able to use public resources in order to maintain health. Public perceptions of the health-illness closely related to the health seeking behavior showed that family still seeks to health care and alternative medicine to treat their family. Transportation used to to place health facilities are riding motorcycles, catching public transportation, and on foot depending on distance.

The results of the interview also mentioned that the participants have the expectation to health workers in order to polite, friendly and able to provide an explanation of the condition of the disease without being asked.

IV. DISCUSSION

There are two basic functions of the family that are physical and psychosocial well-being needs. Physical well-being includes

the requirement for food, clothing, safety and physical health. Psychosocial well-being is being able to be a family when the basic framework structure or psychosocial growth and growing families who successfully underwent psychosocial well. Family will be well-function when meet both the basic functions of this family such as to carry out the task with good family health. While transcultural approach is a nursing service that focuses on the analysis and comparative study of cultural differences which focused on the behavior of individuals or groups, as well as the process for maintaining or improving health behaviors and physical illness behavior and psychocultural appropriate with cultural background (Leininger, 1978). What was found in this study are consistent with that proposed by Angel and Thoits (1987) in which a person or family's perception of the disease is influenced by culture or values are reflected in the implementation of local and family duties.

At this stage the results showed that the family is able to recognize family health problems by identifying the health problems faced by the family. Based on the results of indepth interviews, the majority of participants said that the cause of pain in children are drinking ice cold, tea box, and contracting of his brother. The majority of participants' responses who their children are sick child are fussy, crying, asking carrying. According to Nelson (2002) that the upper respiratory tract infection (ARI) is an infection caused by viruses and bacteria, including nasopharyngitis or common cold, rhinitis, sinusitis. According to the Ministry of Health (MOH) (2005) ARI may be caused by the behavior of individuals such as physical sanitary home and lack of availability of clean water. This is supported also by the results of participant observation in their home environment. 4 out of 6 participants living in the boarding family room live in a room with width of about 3 x 2 m², where environmental conditions much poultry, birds and close to the river. The location of the shelf plate under the bird cage. The environment of participants are also many sellers of ice that are not clean for example ice cubes made from raw water, syrup with artificial sweeteners, and glass washed using water in a basin that is used over and over again.

The second stage of the family's ability is to make decisions in taking appropriate action. Individuals make decisions after a phase of experience or recognition of symptoms (*the symton experience*). Then the family began trying to treat theirself in their own way. In addition, they began to seek information from another family member, neighbor or co-worker.

At this stage the family is able to care for sick family members, knowing the state of illness, treatment is needed, the existence of health facilities required and the resources available in the family (Effendi, 2009).

Families are people who play an important role very close to the people and is considered the most widely know the condition of the patient and is considered the most influence on the patient, so that the family is very important in the treatment and cure of patients (Hariyanto *et al.* 2002).

Source of medical expenses that are generally utilized almost all participants in solving health problems are independent sources, and only one uses health insurance, another participant also mentions getting help from parents The average income is the range of 1.5 to 2 million and the main earner is the husband who works as a driver or private. Economic factors can

also determine the patient or his family treated. According to Friedman (2010) suggests that the task of the components of family health care for family members caring for the sick is not only in the physical but the family has a family support and economic support within the health services covered by the family. In addition, the majority of participants are primary and secondary education so that it is aligned with the results of research in which there are almost half of the participants are believed to bring to an irrational treatment of convulsions. In addition, a slightly different case with proposed by Friedman (2010) that a person who only has basic education but high social sense of the people will affect everyday behavior and thought processes to seek information on the community. Family education is one of the inputs in the process of formation of a new unit of output behaviors that affect the family's ability to perform as expected action (Notoadmojo, 2003). Leininger (1984) explains that the process of confronting and solving problems started from a family where the higher education clients, the conviction must be supported by scientific evidence that rational and can learn to adapt to the culture in accordance with their health condition. Another opinion explains that education and income are components of socioeconomic and family factors play an important role in regulating family members (Ma, 2009). Friedman, Bowden & Jones (2003) explains that the income generated by the family will be used to meet the expenditure of which is to meet the needs of family health. The results showed that the participants also mentioned that at the moment there are family members who are sick parent will provide assistance. This is in line with the manner described by Hanson (2005) in Kaakinen, et. Al, 2010)

The environmental factors greatly affect the client's psychological condition. According to Gordon and Le Richt (1950), environment that is the aggregate of all conditions and external influences affect the life and development of an organization. In general, environmental factors include physical and non-physical environment. The physical environment is a natural environment that are around humans, while non-physical is the environment arising from the interaction between people (Mansjoer *et al.*, 2001).

In terms of environmental factor, the family should be able to maintain a home environment that can affect health and personal development of members of the family. The environment continues to be a concept in the health care of family members. The availability of a healthy environment in the form of adequate shelter is an aspect of family care functions. Home environment needs to be adapted to the development and the family circumstances as well as the overall health of family members (Friedman, 2010). Provision of physical and non-physical environment indirectly interconnected with economic factors.

Families are able to use public resources in order to maintain health. Public perceptions of the health-illness closely related to the health seeking behavior. This is in line with the findings that there are participants who use non-medical treatment through expert convulsions although also went to the facility or healthcare facility. Both the subject matter will affect on the health facilities used or not provided.

This study showed that the majority of participants embrace the values of Javanese culture, ranging from Java language habits, the use of traditional medicines and therapies convulsions

of Java. In the context cultural values and lifestyles became one of the supporting components of transcultural models. Cultural values is something that formulated and defined by the adherents of culture is considered good or bad.

This study has several problems such as: technical constraints related to the process of the interview where distraction occurs while the child is fussy so that the assessment should be stopped temporarily in order to meet the needs of the child's mother. This can cause poor concentration mother but researchers attempted to repeat the question and remind what has been presented based on the results of field notes.

V. CONCLUSIONS AND RECOMMENDATIONS

Based on previous research results and discussion can be concluded that the family has implemented five family duties in the prevention of infectious diseases in children with relatively simple home treatment for prevention of transmission, utilizing the nearby health facilities are health centers, doctors' offices around, and hospitals in addition to utilizing alternative medicine such as massage and treatment to the experts convulsions as the influence of cultural values Java. Application of their family duties largely influenced by economic conditions and lower-middle education and the influence of Javanese culture. For further studies of community empowerment in the prevention of infectious diseases in children with operational research methods.

REFERENCES

- [1] Andrews, M & Boyle, JS *Transcultural Concepts in Nursing Care*, Second edition, Philadelphia, JB lippincot Company, 1995.
- [2] Arikunto, S (2002). *Procedure Research: A Practice Education* . Jakarta: Rineka Reserved.
- [3] Creswell, JW (1998), *Qualitative Inquiry and Research Design: Among choosing five tradition*. Thousands oaks: Sage Publications Inc.
- [4] Effendi, F & Makhfudli (2009). *Community Health Nursing: Theory and Practice in Nursing*. Jakarta: Salemba Medical.
- [5] Fitzpatrick, JJ & Whall, AL (1998) *Conceptual Models Of Nursing: Analysis and Application* , Normalk: Appleton & Lange.
- [6] Friedman, MM, Bowden, VR & Jones, EG (2003). *Family Nursing Research: Theory and Practice*. New Jersey: Pearson Education, Inc.
- [7] Friedman (1998). *Family Nursing: Research, Theory and Practice*. Issue 3, EGC: Jakarta.
- [8] Friedman. (2010). *Textbooks family nursing research, theory, dan praktik* (5th edition). Jakarta: Faculty of Medicine, University of Indonesia
- [9] Geiger & Davidhizar, (1995) *Transcultural Nursing Assessment and intervension* , Second edition, St. Louis Mosby.
- [10] Deny Hardita Martha, (2014) *Effect of Health Education Methods Brainstorming on knowledge and attitudes in Preventing Mother to Child ARI Toddlers* , Thesis, Not Published.
- [11] SMH Hanson, Gedaly-Duff, V., Kaakinen., JR (2005) *Family Health Care Nursing: Theory, Practice and Research and Research.*, Philadelphia: FA. Davis Company.
- [12] Kaakinen JR., Gedaly-Duff, V., Coehlo, DP & Hanson, SMH (2010), *Family Health Care Nursing: Theory, Practice and Research*. Philadelphia: FA. Davis Company.
- [13] Leininger, M. (1991). *Culture Care Diversity and Universality: A Theory of Nursing* , the National League for Nursing Press.
- [14] Maglaya, US, Cruz-Earnshaw, RG, Pambid-Dones, LBL, Maglaya, MSC, Lao Narion, MBT & Leon, woud (2009). *Nursing Practice In The Community*. Marikina: Argonauta Corporation.
- [15] Ma, Y (2009), *Family Socioeconomic Status, Parental Involvement, and College Major Choices-Gender, Race / Ethnic, and Nativity Patterns.*, *Socioloical Perspectives*, 5 (2), 211-234.
- [16] Notoadmojo, S (2002). *Health Research Methodology* . Jakarta: Rineka Reserved.
- [17] Notoadmojo, S (2003). *Education and Health Behavior* . Jakarta: Rineka Reserved.
- [18] Nursalam (2008). *Concept and Application of Nursing Research Methodology: Guidelines thesis, and nursing research instrument* . Jakarta: Salemba Medical.
- [19] Polit, DF & Beck, CT (2014). *Nursing Research & Principles & Methods* , 7 th edition, Philadelphia: Lippincott Williams & Wilkins.
- [20] Poerwandari, EK (2005). *Qualitative Approach to Human Behavior Research* . Issue 3. New York: Pefecta LPSPS. Faculty of Psychology, University of Indonesia.
- [21] Streubert & Carpenter (1999). *Qualitative Research in Nursing Advancing the Humanistic Imperative* . Philadelphia: Lippincott
- [22] Speziale, HJS & Carpenter, DR (2003). *Qualitative Research in Nursing* . 3th. Edition. Philadelphia: Lippincott Williams & Wilkins
- [23] Swasono, MF (1997). *Pregnancy, Birth, Mother and Baby Care in the Context of Family* , UI Press.
- [24] Sudiharto (2003), *factors that contribute to the implementation of transcultural nursing care by nurses in hospitals Islam Jakarta* , Jakarta Not published.
- [25] Tomey, M. (1994). *Nursing Theorist and Their Wo r k* , Third Edition, St. Louis: Mosby -year Book, Inc.

AUTHORS

First Author – Nuzul Qur'aniati, S.Kep., Ns., M.Ng, Maternity and Child Nursing Department, Faculty of Nursing Universitas Airlangga Surabaya, Email: nuzulbsn@yahoo.com; nuzul-q-a@fkip.unair.ac.id

Second Author – Iqlima Dwi K, S.Kep., Ns., M.Kep, Maternity and Child Nursing Department, Faculty of Nursing Universitas Airlangga Surabaya

Third Author – Aria Aulia N, S.Kep., Ns., M.Kep, Maternity and Child Nursing Department, Faculty of Nursing Universitas Airlangga Surabaya