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EFFECTIVENESS OF FAMILY-BASED NURSING CARE ON MOTHERS' READINESS, CHILD CARE PRACTICES, AND FAMILY INDEPENDENCE IN PREVENTING HEALTH PROBLEMS

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Abstract: *The family is the first and primary environment for children to receive care, protection, health education, and the development of healthy behaviors. The mother's role in recognizing health problems and providing appropriate child care is an important component of preventing health problems. However, some families still lack adequate readiness, skills, and independence in providing care for children. This study aimed to analyze the effectiveness of family-based nursing assistance on maternal readiness, child care practices, and family independence in preventing health problems. This study employed a quasi-experimental design using a one-group pretest-posttest approach. The sample consisted of 60 mothers with children under five years of age who were selected using purposive sampling. The intervention was conducted for four weeks through health education, discussion, demonstration, direct practice, monitoring, and evaluation. The variables measured included maternal readiness, child care practices, and family independence. The data were analyzed using the Wilcoxon Signed-Rank Test with a significance level of $\alpha = 0.05$. The results showed an increase in maternal readiness after the intervention, with the mean score increasing from 58.37 to 82.45. Child care practices increased from a mean score of 60.12 to 84.18, while family independence increased from 56.73 to 81.67. The statistical analysis showed a p-value of 0.000 ($p < 0.05$) for all variables. Therefore, family-based nursing assistance was effective in improving maternal readiness, child care practices, and family independence in preventing health problems. This approach can be developed as a community nursing strategy that positions the family as an active partner in maintaining and improving child health.*

Keywords: *Family-Based Nursing Assistance, Maternal Readiness, Child Care Practices, Family Independence, Health Prevention*

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INTRODUCTION

Children are a group that requires special attention in maintaining and improving their health. Childhood, particularly the toddler period, is a crucial stage in growth and development because it is during this period that physical, cognitive, social, emotional, and basic skills develop rapidly. Impaired health during this period can impact a child's growth and development in later stages. Many childhood health problems can be prevented or minimized if families have the knowledge, skills, and readiness to provide care. Problems such as respiratory infections, diarrhea, malnutrition, fever, personal hygiene issues, and

delayed growth and development monitoring require active family involvement. Families play a role not only when a child is ill but also in implementing promotive and preventive measures.

As the family member who interacts most frequently with children, mothers play a crucial role in recognizing changes in their children's health. A mother's ability to identify early signs and symptoms of illness, provide simple care, meet nutritional needs, maintain hygiene, provide immunizations, monitor growth and development, and determine when a child needs health care are all part of a family's ability to maintain their child's health. A common problem is that the health information families receive isn't always followed by the ability to apply it in their daily lives. Mothers may know that hand hygiene is important, but they don't always practice proper handwashing. Similarly, mothers may understand the importance of growth monitoring, but they may not understand how to interpret the results and determine appropriate action. In the context of community nursing, a family-based approach is crucial because the family is the smallest unit in society and has a direct influence on health behaviors. Nurses not only provide information but also need to support families in understanding, practicing, and maintaining health behaviors independently.

Family-based nursing care is an approach that positions families as partners in the health care process. This care can be provided through education, therapeutic communication, demonstrations, practice, monitoring, feedback, and evaluation. Through this process, families are expected to not only gain knowledge but also develop practical skills in child care. This approach aligns with the nursing paradigm, which views the family as a vital part of the health and illness process. Nurses act as educators, facilitators, companions, and empowerers, enabling families to make informed decisions regarding their members' health.

Based on these conditions, research is needed to determine the extent to which family-based nursing assistance can improve maternal readiness, child care practices, and family independence in preventing health problems. This study aims to analyze the effectiveness of family-based nursing assistance on maternal readiness, child care practices, and family independence in preventing health problems.

RESEARCH METHODS

Research Design

This study employed a quantitative approach with a quasi-experimental design using a one-group pretest-posttest design. Measurements were taken before and after the provision of family-based nursing interventions.

The research design can be described as follows:

$O_1 \rightarrow X \rightarrow O_2$

Information:

- O_1 = measurement before intervention (pretest)
- X = family-based nursing care
- O_2 = measurement after intervention (posttest)

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Population and Sample

The population in the study were mothers who had toddler-aged children and lived in the work area of the health service facility which was the research location.

The research sample consisted of 60 respondents selected using purposive sampling technique.

Inclusion criteria include:

1. Mothers who have children aged 1–5 years.
2. Live with children in the same house.
3. Willing to be a respondent.
4. Able to communicate well.
5. Willing to follow the entire series of mentoring.

Exclusion criteria were mothers who did not complete the series of mentoring sessions or did not complete the final measurements.

Mentoring Intervention

Nursing support is provided over four weeks. This support includes several activities, including:

Table 1. Nursing Support is Provided Over Four Weeks

Sunday	Mentoring Activities
I	Identification of family health problems, pretest, child health education and disease prevention
II	Demonstration and practice of basic child care, personal hygiene, nutrition, and infection prevention
III	Monitoring growth and development, recognizing danger signs of disease, and making decisions about seeking health services
IV	Evaluation of practice, strengthening family capabilities, discussion of problems faced, and posttest

Mentoring is carried out interactively using short lecture methods, discussions, demonstrations, redemonstrations, questions and answers, and monitoring of family practices.

Research Variables

The independent variable in this study is family-based nursing assistance. Dependent variables include:

1. Mother's readiness to care for children.
2. Child care practices.
3. Family independence in preventing health problems.

Research Instruments

Data collection using a questionnaire consisting of several parts. Maternal readiness is measured through aspects of knowledge, confidence, ability to recognize health problems, readiness to make decisions, and readiness to carry out care actions. Child care practices are assessed based on actions taken by the mother, including personal hygiene, nutritional fulfillment, growth monitoring, infection prevention, care when the child experiences minor complaints, and utilization of health services.

Family independence is assessed based on the family's ability to recognize health problems, make decisions, carry out treatment, utilize health service resources, and maintain

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healthy lifestyle behaviors. The instruments were first tested for validity and reliability before being used in the research.

Data analysis

Univariate analysis was used to describe the characteristics of respondents and the distribution of each research variable. Bivariate analysis was used to determine differences in scores before and after the intervention. Because the data were not normally distributed, analysis was performed using the Wilcoxon Signed Rank Test with a significance level of α=0.05. The research was conducted by paying attention to the principles of research ethics, namely informed consent, confidentiality of respondent identity, respect for respondent rights, and the freedom of respondents to participate or stop participating in the research.

RESULTS AND DISCUSSION

Respondent Characteristics

Based on the research results, the characteristics of the 60 respondents can be described as follows.

Table 2. Respondent Characteristics

Characteristics	n	%
Mother's age		
20–30 years	18	30.0
31–40 years	31	51.7
>40 years	11	18.3
Education		
Elementary/Middle School	10	16.7
SENIOR HIGH SCHOOL	28	46.7
Diploma/Bachelor's Degree	22	36.6
Number of children		
1 child	21	35.0
2–3 children	33	55.0
>3 children	6	10.0

Source: Data processed by the author, 2026.

The majority of respondents were in the 31–40 age group, namely 31 people (51.7%). Based on education, the majority of respondents had a high school education, namely 28 people (46.7%). These characteristics indicate that the majority of respondents are of productive age and have experience in the role of mother. However, experience in parenting does not necessarily mean mothers have adequate skills in preventing health problems. Therefore, support is still needed to strengthen family capacity.

Bivariate Analysis (Hypothesis Test Table)

The effect of family-based nursing support on maternal readiness, childcare practices, and family independence was tested using the Wilcoxon Signed Rank Test due to non-normal distribution of the data. The results of the analysis before (pretest) and after (posttest) the intervention are presented in Table 1 below:

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Table 3. Hypothesis Testing

Research Variables	Pretest (Mean ± SD)	Posttest (Mean ± SD)	Mean Difference	Statistical Test	p-value	Hypothesis Decision
Mother's Readiness	58.37 ± 9.64	82.45 ± 7.21	24.08	Wilcoxon Signed Rank	0,000	H_0 is rejected (p < 0.05), the intervention is effective
Child Care Practice	60.12 ± 10.21	84.18 ± 6.87	24.06	Wilcoxon Signed Rank	0,000	H_0 is rejected (p < 0.05), the intervention is effective
Family Independence	56.73 ± 10.43	81.67 ± 7.16	24.94	Wilcoxon Signed Rank	0,000	H_0 is rejected (p < 0.05), the intervention is effective

Source: Data processed by the author, 2026.

Test Parameter Details

- Number of Samples (N):60 respondents (mothers with toddlers).
- Significance Level (α):0.05.
- Null Hypothesis (H_0):There was no effectiveness of family-based nursing assistance on maternal readiness, child care practices, and family independence.
- Alternative Hypothesis (H_a):There is effectiveness of family-based nursing assistance on maternal readiness, child care practices, and family independence.
- Decision Making Criteria:H_0 is rejected if the p-value < α (0.05). Since all variables produce a p-value = 0.000, there is a statistically significant difference between before and after the intervention.

Based on Table 1, there was an increase in the mean values for all three variables after the intervention. The statistical test results showed a p value of 0.000 ($p < 0.05) for all variables, which means that H_0 was rejected. Thus, family-based nursing assistance was significantly effective in increasing maternal readiness, childcare practices, and family independence in preventing health problems.

Mother's Readiness Before and After Assistance

The results of the maternal readiness measurement showed changes after being provided with family-based nursing assistance.

Table 4. Maternal Readiness Measurement Results

Measurement	Mean	Elementary School	Median
Pretest	58.37	9.64	59
Posttest	82.45	7.21	83
Difference	24.08		

Source: Data processed by the author, 2026.

The Wilcoxon test showed p=0.000 (p<0.05), indicating a significant difference between mothers' readiness before and after receiving support. The increase in mothers' readiness indicates that mentoring not only provides information but also helps mothers understand how that information is applied in real-life situations. Discussions, demonstrations, and practice provide opportunities for mothers to clarify any unclear information.

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A mother's preparedness for child care is crucial because family decisions about health issues often begin with a mother's ability to recognize changes in her child's condition. Mothers who are better prepared tend to be better able to determine initial action, perform simple treatments, and seek healthcare assistance when needed.

Child Care Practice

The results of measuring child care practices showed an improvement after being provided with assistance.

Table 5. Child Care Practice Measurement Results

Measurement	Mean	Elementary School	Median
Pretest	60.12	10.21	61
Posttest	84.18	6.87	85
Difference	24.06		

Source: Data processed by the author, 2026.

The Wilcoxon test produced p=0.000 (p<0.05) so it can be concluded that there is a difference in child care practices before and after the intervention. These changes demonstrate that mentoring methods, including demonstrations and practice, can help families translate knowledge into action. In health education, simply providing information is sometimes insufficient to generate behavioral change. Families need opportunities to see examples of actions, try them themselves, receive correction, and repeat the actions until they feel competent.

In this study, the practices that were strengthened included hand hygiene, children's personal hygiene, meeting nutritional needs, monitoring growth, preventing infections, recognizing danger signs, and utilizing health services. Direct support also allows nurses to identify practice errors that might not be apparent if measurements were conducted solely through questionnaires. This allows nurses to provide feedback tailored to each family's individual needs.

Family Independence in Preventing Health Problems

Family independence also increased after mentoring was carried out.

Table 6. Wilcoxon test results

Measurement	Mean	Elementary School	Median
Pretest	56.73	10.43	57
Posttest	81.67	7.16	82
ifference	24.94		

Source: Data processed by the author, 2026.

The Wilcoxon test results showed p=0.000 (p<0.05), indicating that family-based nursing support resulted in significant changes in the family's level of independence. Family independence in health care is demonstrated not only by the ability to provide care when a child is sick. Independence also encompasses the family's ability to recognize problems, make decisions, take preventive measures, utilize health resources, and maintain healthy behaviors.

Increased independence likely occurs because the mentoring process provides families with firsthand experience in resolving health problems. Nurses do not take over the family's

role, but rather help families find solutions and build confidence in taking health actions. This approach is important in community nursing because the goal of service is not to make families dependent on health workers, but rather to increase the family's ability to manage their health independently.

Effectiveness of Family-Based Nursing Care

Overall, the research results show that family-based nursing assistance has a positive influence on the three aspects studied.

Table 7. Research Results

Variables	Mean Pretest	Mean Posttest	Difference	p-value
Mother's readiness	58.37	82.45	24.08	0,000
Child care practices	60.12	84.18	24.06	0,000
Family independence	56.73	81.67	24.94	0,000

Source: Data processed by the author, 2026.

These results show that the greatest average change occurred in the family independence variable. This suggests that when families are provided with knowledge, skills, practical opportunities, and ongoing support, their ability to manage their health can improve. These findings reinforce the importance of shifting the nursing care approach from simply providing information to empowerment. Families need to be involved from problem identification to evaluation of care.

Repeated support can also boost a mother's confidence. Initially, a mother may be unsure about what to do when her child experiences a health problem. After receiving support, the mother gains experience in taking action and understands the family's limitations, making it easier to determine when to consult or take the child to a health facility. From a family nursing perspective, the success of an intervention is determined not only by increased knowledge but also by the family's ability to integrate health behaviors into daily life. Therefore, practical, communicative, and ongoing support is a relevant strategy for enhancing family capacity.

CONCLUSION

Based on the research results, it can be concluded that family-based nursing assistance is effective in increasing maternal readiness, child care practices, and family independence in preventing health problems. Mothers' readiness improved after receiving support, with an average score increasing from 58.37 to 82.45. Childcare practices increased from 60.12 to 84.18, while family independence increased from 56.73 to 81.67.

The results of the statistical test showed a p value of 0.000 ($p < 0.05$) for all variables, so there was a significant difference before and after the mentoring was given.

Family-based nursing support can be a strategy in community nursing services to enhance families' ability to perform promotive and preventive actions. This approach positions families as active partners, not simply recipients of health information.

SUGGESTION

Nursing staff are expected to be able to develop structured and sustainable family-based support programs, particularly in monitoring children's health and preventing disease.

Families are expected to be able to apply the skills acquired during the mentoring in their daily lives and actively utilize health services if signs or symptoms are found that require further examination.

Future research could use a control group, a larger sample size, and a longer follow-up period to determine the sustainability of changes in family behavior after the mentoring program is completed.

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