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Dita Dhammayanti
Health Polytechnic of Bengkulu, Bengkulu, ditadhammayanti99@gmail.com

Demsa Simbolon
Health Polytechnic of Bengkulu, Bengkulu, demsa@poltekkesbengkulu.ac.id

Lissa Ervina
Health Polytechnic of Bengkulu, Bengkulu, lissa_ervina@poltekkesbengkulu.ac.id

Yusran Fauzi
Universitas Dehasen Bengkulu, Bengkulu, yusron.stats@gmail.com

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Access to Information on Toddler Family Development Program and Family Participation in Child Growth and Development

Dita Dhammayanti [1], Demsa Simbolon[2*], Lissa Ervina[1], Yusran Fauzi[3]

[1]Department of Health Promotion, Health Polytechnic of Bengkulu, Bengkulu, Indonesia
[2]Department of Nutrition and Public Health, Health Polytechnic of Bengkulu, Bengkulu, Indonesia
[3]Department of Public Health, Universitas Dehasen Bengkulu, Bengkulu, Indonesia

Abstract

The comprehension of the Toddler Family Development (TFD) Program among families in Indonesia remains limited, likely due to insufficient access to information and low participation rates. Limited participation can negatively affect a family's ability to support optimal child growth and development. This study examined the relationship between access to information on the TFD Program and family participation in child growth and development. Using secondary data from the 2019 Program Performance and Accountability Survey in Indonesia, the cross-sectional analysis included 21,497 respondents. The results revealed an association between access to information on the TFD Program and family participation in child growth and development (OR: 1.53; 95% CI: 1.34–1.75). Families with limited access to TFD program information were 1.5 times more likely not to engage in child growth and development and parenting activities. Engaging in the TFD Program can help parents with the better growth and development of their children under the age of five.

Keywords: family development program, information accessibility, parenting, Program Performance Accountability Survey, toddler

Introduction

A 2019 Program Performance and Accountability Survey (PPAS) by the National Population and Family Planning Board is a survey that aims to measure the performance and accountability of the Population, Family Planning, and Family Development program nationally, generate representative provincial-level data, and capture the achievements of key indicators in the 2019 National Medium-Term Development Plan.[1] One of the programs evaluated was the Toddler Family Development (TFD) Program. The target of the TFD Program is families with children under the age of five, aiming to improve the management and skills of parents and other family members in fostering the growth and development of toddlers through physical, motor, intellectual, emotional, and social behavior stimulation, as well as an effort to develop the function of education, socialization, and affection in the family.[1]

The TFD Program is very useful; however, various research results in Indonesia indicate that family participation in this program remains low.[2-4] Low family participation in this program is likely related to limited access to information about the program.[1] A study in Morang District, Nepal, stated significant challenges in accessing maternal health services.[5] Less awareness of the program among mothers is likely to hinder families' ability to support their children's growth and development. Several studies demonstrated a correlation between low maternal knowledge and a high prevalence of malnutrition in toddlers.[6–8] Additionally, a study in Enrekang District, Indonesia, found a significant relationship between maternal knowledge and stunting.[9] Therefore, parents or caregivers need to possess a good knowledge and understanding of how to provide food that meets their children's needs, which in turn encourages optimal growth and development.[10]

Several studies revealed that TFD Program activities help enhance mothers' knowledge of child growth and development.[2,11] In contrast, the families who were inactive in the TFD Program had less care and development in terms of physical growth for toddlers and preschoolers.[12,13] Moreover, families exposed to TFD Program-related information have better child development, including physical growth, mental development, and social development, compared to those who are not.[14-15] The participation in the community is influenced by employment status, age, and education level.

***Correspondence**:* *Demsa Simbolon, Department of Nutrition and Public Health, Health Polytechnic of Bengkulu, Bengkulu, Indonesia, Email: demsa.simbolon@pma2020.org*

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A study in Jombang District, Indonesia, found that parents' employment status influenced their knowledge and participation in the TFD Program.[16] Another study in Tuban District, Indonesia, found a relationship between employment status and the level of maternal knowledge of basic immunization for toddlers.[11] Unemployed individuals tend to experience fewer social interactions compared to those employed, mainly because work environments facilitate greater opportunities for interpersonal engagement, allowing for the exchange of ideas and the enhancement of knowledge.[3] A previous study highlighted the difference between employed and unemployed mothers. The unemployed mothers have more time to exchange ideas and interact with others, but without an adequate knowledge base.[17]

However, most participants in the TFD Program are unemployed, allowing them to actively attend TFD Program activities during their free time. At each meeting, parents received counseling and various educational materials related to childcare for children under the age of five.[18] Age may affect a person's participation level, with middle-aged and older individuals generally having higher participation rates than younger age groups.[19] Mother's education level also contributes to active participation in the TFD program.[14] A person's educational background is related to their level of knowledge, which can influence parenting for toddlers and preschoolers. The higher the level of education, the easier it is to accept the concept of independent, creative, and sustainable healthy living.[12]

A study in South Lampung District, Indonesia, found that parenting practices were influenced more by parental knowledge of childcare.[20] Parents were expected to play a role in the care of appropriate child feeding for improving children's nutritional status.[21] The results from the 2019 National Medium-Term Development Plan Performance, Indicator Survey revealed significant differences in family participation in child care and development between participant and non-participant families in the TFD Program. Child malnutrition has become a key focus for governments in mitigating growth-related challenges. Although several researchers have investigated the relationship between exposure to information on the TFD Program and engagement in TFD activities,[15,22,23] the national data have been underutilized in these investigations. Therefore, this study aimed to examine the relationship between access to information on the TFD Program and family participation in child growth and development.

This study's findings aimed to inform and refine child-rearing policies in Indonesia, particularly regarding the TFD program, by clarifying the link between access to information and family participation. This study was expected to provide empirical evidence for improving TFD information dissemination, focusing on vulnerable populations such as low-socioeconomic families and those in rural areas. Ultimately, the revised policies should strengthen community-level information sources and promote active parental involvement, thereby contributing to improved parenting practices and addressing issues such as stunting, and ultimately enhancing Indonesia's future human resource quality.

Method

This analytical study was conducted from January to April 2022, utilizing the 2019 PPAS data provided by the National Population and Family Planning Board,[1] which serves as an annual national assessment tool to measure the effectiveness of population, family planning, and family development programs. The 2019 PPAS offers a national perspective on the importance of information accessibility and parental engagement in child growth and development programs. The 2019 PAS data's national scope and representativeness, covering all provinces in Indonesia, lend credibility and generalizability to the findings. Its high reliability and validity, confirmed by pre-tested instruments, enhance the trustworthiness of the research.[1] Furthermore, since the PAS data serve as a crucial annual assessment tool for national population and family planning programs, their use directly supports ongoing program assessment, provides critical insights for improvement, and builds a foundation for future policy formulation, thereby maximizing the study's relevance and impact on evidence-based decision-making.[1] This strategic decision further optimizes the use of research resources, facilitating efficient analysis and timely contributions to vital national development initiatives.

The survey was conducted simultaneously across all provinces in Indonesia, focusing on households, women of childbearing age (aged 15-49 years), families, and adolescents aged 10-24 years. The population of this study, which utilized the 2019 PPAS, encompassed 1,935 clusters, 82,030 villages, 514 districts/cities, and 34 provinces. The sample was a subset of the population representing the characteristics of the population studied. A total of 69,915 households were identified, of which 69,662 families met the requirements and were successfully interviewed. The sample in this study consisted of families with children under the age of five (21,497 families). This study used total sampling from a relevant subset of the 2019 PPAS data.

Family participation in child growth and development refers to the active involvement of family members in fostering a child's growth through four key dimensions: growth care (supporting parenting knowledge and skills),

physical care (meeting the child's basic physical needs), mental/spiritual care (guiding emotional and spiritual development), and social care (encouraging social skills and community interaction). Access to information on the TFD Program was categorized into two groups: "access," if the mother got information on the program from at least one source, and "no access," if the mother never received any information on the program through any of these media, individuals, or institutional sources.

The source of information was divided into three groups: "media," including radio, television, newspapers, magazine/tabloid, pamphlet/leaflet/brochure, flipchart/flipsheet, poster, banner, billboard, exhibition, website/internet, National Population and Family Planning Board official vehicle, or mural/wall painting/graffiti. "Community leaders," including National Population and Family Planning Board staff and field officers, teachers, religious leaders, doctors, midwifes or nurses, village officials, or cadres, and "institutions," including formal education (schools), non-formal education (trainings/seminars), community organizations (Integrated Health Care), community groups, and activity groups.

Maternal age was categorized into three groups: mothers aged under 20 years, those aged 20-35 years, and those older than 35 years. "The number of children aged under the age of five" was categorized into two groups: families with two or fewer children (≤2 children) and families with more than two children (>2 children). Socioeconomic status was categorized as low, middle, and high, established by Statistics Indonesia, which typically takes into account household income, expenditure level, education level, employment status, and ownership of assets or durable goods. Families with a "low" socioeconomic status were those identified as falling below a threshold of basic needs; the "middle" category reflected those with modest but sufficient resources, and the "high" category represented families with greater economic capacity and access to a wide range of services and opportunities. The residential area was categorized into rural and urban, reflecting differences in infrastructure, access to services, population density, and lifestyle characteristics. Education levels comprised "low" (uneducated or elementary school), "middle" (junior and senior high school), and "high" (diploma, bachelor's, master's, and doctoral degrees). The categories for maternal employment status were employed and unemployed.

The descriptive statistics provided an overview of univariate analysis, presenting (%) data for each variable and calculating frequencies (n). The Chi-Square test was used to determine the relationship between each independent variable and the dependent variable. The logistic regression model was used to determine the relationship between access to information and the TFD Program activities on family participation in child growth and development after controlling for confounding variables.

Results

Table 1 shows that almost all families in this study participate in child growth and development, with higher percentages of appropriate growth (95.38%), physical care (99.66%), mental/spiritual care (98.28%), and social care (96.35%) compared to the inappropriate category.

Table 1. Overview of Family Participation in Child Growth and Development in Indonesia

Family Participation in Child Growth and Development	Appropriate		Inappropriate	
	n	%	n	%
Growth Care	20,505	95.38	992	4.62
Physical Care	21,426	99.66	71	0.34
Mental/Spiritual Care	21,129	98.28	368	1.72
Social Care	20,714	96.35	783	3.65

Table 2. Access to Information on Toddler Family Development Program

Access to Information	Access		No Access	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Media				
Radio	568	2.64	20,929	97.36
Television	5,731	26.65	15,766	73.35
Newspaper	994	4.62	20,503	95.38
Magazine/Tabloid	638	2.96	20,859	97.04
Pamphlet/Leaflet/Brochure	1,193	5.54	20,304	94.46
Flipchart/Flipsheet	2,172	10.10	19,325	89.90
Poster	2,172	10.10	19,325	89.90
Banner	961	4.47	20.536	95.53
Billboard	1,131	5.26	20,366	94.74
Exhibition	318	1.47	21,179	98.53
Website/Internet	2,172	10.10	19,325	89.90
National Population and Family Planning Board Official Vehicle	459	2.13	21,038	97.97
Mural/Wall Painting/Graffiti	308	1.43	21,189	98.57
Community Leaders				
National Population and Family Planning Board Staff/Field Officer	2,246	10.44	19,251	89.56
Teacher	1,398	6.50	20,099	93.50
Religious leader	969	4.50	20,528	95.50
Public figure	2,619	12.18	18,878	87.82
Doctor	1,360	6.32	20,137	93.68
Midwife or nurse	5,252	24.43	16,245	75.57
Village apparatus	4,280	19.91	17,217	80.09
Caders	5,645	26.26	15,852	73.74
Institutions				
Formal education	2,044	9.51	19,453	90.49
Non-formal education	392	1.82	21,105	98.18
Community organization	7,636	35.52	13,861	64.48
Community group	2,356	10.95	19,141	89.05
Activity group	2,661	12.37	18,836	87.63

Table 2 presents various sources of information accessed by families regarding the TFD Program, categorized by media, community leaders, and institutions. In summary, television emerges as the most dominant media source of information (26.65%) of reported access. However, most respondents (73.35%) do not access information via television, indicating a significant number of families remain unreached. Within the category of community leaders, the cadres were the most frequently accessed source (26.26%), followed by midwives or nurses (24.43%). Among institutional sources of information, the community organization was the most frequently accessed (35.52%). These findings suggested the need to diversify and improve information dissemination strategies, particularly through community leaders, particularly National Population and Family Agency staff and field officers, as well as institutions, to reach more families and ensure equitable access to critical information on the TFD Program.

According to Table 3, only 47.1% of families have access to information on the TFD Program that is accessible to the general public from various sources, including information media, community leaders or figures, and institutions. Family characteristics show that a significant proportion of mothers are aged 20-35 years (66.2%). Furthermore, nearly all mothers (98.6%) have one to two children under the age of five. The majority of people live in rural areas, accounting for 59.7% of the population. Additionally, 41.8% of families are categorized as having a middle level of welfare. Most mothers have attained secondary education (58.0%) and are unemployed (67.1%). The variables that were candidates for multivariate analysis were maternal age, socioeconomic status, residential area, and maternal education level (p-value <0.25).

Table 3. Description of Family Characteristics by Family Participation in Child Growth and Development

Family Characteristic	Family Participation in Child Growth and Development				Total		p-value
	Appropriate		Inappropriate				
	n	%	n	%	n	%	
Access to information							
Access	9,762	45.4	361	1.7	10,123	47.1	<0.001
No Access	10,743	50.0	631	2.9	11,374	52.9	
Maternal age							
20-35 yeaars	13,565	63.1	668	3.1	14,233	66.2	<0.001*
<20 years	332	1.5	43	0.2	375	1.7	
>35 years	6,608	30.7	281	1.3	6889	32	
The number of children under the age of five							
≤2 children	20,215	9.4	981	4.6	21,196	98.6	
>2 children	290	1.3	11	0.1	301	1.4	0.424
Socioeconomic status							
Low	6,168	28.7	401	1.9	6,569	30.6	<0.001*
Middle	8,566	39.8	419	1.9	8,985	41.8	
High	5,771	26.8	172	0.8	5,943	27.6	
Residential area							
Rural	12,192	56.7	643	3.0	12,835	59.7	0.001*
Urban	8,313	3.0	349	1.6	8,662	40.3	
Education level							
Low	5,375	25.0	370	1.7	5,745	26.7	<0.001*
Middle	11,934	55.5	528	2.5	12,462	58.0	
High	3,196	14.9	94	0.4	3,920	15.3	
Maternal employment status							
Employed	6,750	31.4	313	1.5	7,063	32.9	0.371
Unemployed	13,755	64.0	679	3.2	14,434	67.1	

Note: *Candidate for multivariate analysis (p-value <0.25)

Table 4. Association Between Access to Information on the Toddler Family Development Program and Family Participation in Child Growth and Development

Variable	β	p-value	OR (95% CI)
Access to information			
Access			
No Access	0.426	<0.001	1.53 (1.34-1.75)
Maternal age			
20-35 years			
<20 years	0.206	0.005	1.22 (1.06-1.42)
>35 years	1.023	<0.001	2.78 (1.97-3.92)
Socioeconomic status			
Low			
Middle	0.573	<0.001	1.77 (1.46-2.15)
High	0.376	<0.001	1.45 (1.21-1.76)
Maternal education level			
Low			
Middle	0.543	<0.001	1.72 (1.34-2.21)
High	0.185	0.116	1.20 (0.96-1.52)
Constant	-3.940		

Note: *Significant at the 0.05 level

Table 4 illustrates that the relationship between access to information on the TFD Program, maternal age, socioeconomic status, maternal education level, and family participation in child growth and development in Indonesia is examined in the context of child growth and development. Families with no access to information on the TFD Program had a 1.5 times higher risk (95% CI: 1.338-1.751) of not participating in the implementation of child growth and development, compared to families with access to information on the TFD Program, after the variables of maternal age, socioeconomic status, and maternal education level were controlled.

Discussion

This study demonstrated that families with no access to information on the TFD program were 1.5 times more likely to refrain from participating in child growth and development compared to those with access. This result suggested that improving access to TFD Program-related information might increase participation, particularly when combined with interventions targeting other influential factors, such as maternal education level, socioeconomic status, and maternal age. Therefore, strategic and targeted dissemination of information remained crucial to boost participation in the TFD Program. These findings suggested that structural barriers, such as access to information, could affect participation regardless of other sociodemographic factors. Hence, this study highlighted an important policy implication: improving

access to relevant program-related information could be as important as addressing economic or educational disparities in increasing family participation in child growth and development.

Similar results were also found in a 2020 study in Bandung City, Indonesia, indicating a difference between families exposed to information about the TFD program and those not exposed. Family participation in fostering the growth and development of preschool-aged children is significant, with access to information on the TFD Program.[15] It was also crucial for the cadres and health workers to engage in ongoing education for families, both new and experienced, in caring for preschool-aged children and about the TFD Program. This initiative aims to enhance their knowledge and promote more effective parenting practices. In addition, a study in Thailand found that the participation of parents, caregivers, and children in nutrition and health promotion has a positive effect on child growth, with significant improvements in the nutritional status of children in the intervention group receiving access to information regarding nutrition.[24]

Efforts to address the risks associated with family non-participation in child growth and development include collaboration between TFD cadres and health promoters to change at-risk family behaviors. Health services have the capacity to provide ongoing education about the TFD program, serving as a platform for families to access various health information related to child growth and development in Indonesia. This can be achieved through both direct and indirect methods, ultimately improving the overall health status of the Indonesian population.[25] In addition to providing ongoing education, health promotion staff have the capacity to increase the accessibility of information on the TFD program. By increasing the availability of information media or sources about TFD, they can facilitate easier public access to this information, aimed at influencing behavior related to family participation in child care, as well as child growth and development in Indonesia.[26]

This study showed that television served as the primary source of information for families participating in the TFD Program, demonstrating the highest level of accessibility among various media. Efforts to increase access to information on TFD activities include increasing the number of audiovisual public service announcements on television channels.[27] The use of audiovisual media is beneficial, as it provides clear and engaging information on the TFD Program. This approach is expected to increase the willingness of families with children under the age of five to participate in TFD activities, thereby improving the quality of parenting practices.[27] Access to information on the TFD Program does not necessarily increase participation in TFD activities among families with preschool-aged children. Lack of participation in TFD activity groups is a factor causing families, despite having access to information on the program, to remain inactive in these activities.[28] Furthermore, a study conducted in North Sulawesi Province, Indonesia, yielded similar results, in which families reported less participation in TFD activities due to inconsistent group meetings for TFD activities.[14]

The strength of this study lies in its use of data from the 2019 PPAS, a nationwide survey that covers 34 provinces in Indonesia. Systematic data collection and a pre-tested, reliable, and valid survey instrument ensure high data quality, enhancing the internal validity of the findings. The large and representative sample of 69,662 families, including 21,497 families with children under the age of five, facilitates the generalization of the results to the broader population, providing an accurate picture of the program's effectiveness at the national scale. This study was also crucial for providing input for program evaluations and future policy planning, such as the National Medium-Term Development Plan and the 2020-2024 Strategic Plan of the National Population and Family Planning Board.

Despite its strength, this study had limitations, primarily due to its cross-sectional design, which prevented causality from being established. There was also a risk of response and information bias due to differing interpretations of key terms. These issues were addressed through a clear definition of variables and the use of validated instruments. For future studies, a longitudinal design is recommended to explore the causal relationship between information access and family participation. Qualitative studies are also needed to comprehend the underlying mechanisms and influential factors. Furthermore, future studies should investigate optimal methods for disseminating information that can enhance family participation, considering differences in geographic and demographic characteristics. This is important since the findings of this study indicate that families with no access to information are 1.5 times more likely not to participate.

Conclusion

There is a relationship between access to information on the TFD Program and family participation in child growth and development; however, many families remain unaware of the program. Despite being respondents in the study, almost all families are inactive participants. To enhance engagement, health promotion professionals must play a pivotal role in expanding public access to information. It is recommended to intensify public service announcements through audiovisual media, television, and social platforms. The emphasis of these efforts should be on encouraging families, particularly those

with children under the age of five, to participate actively in the program.

Abbreviations

PPAS: Program Performance and Accountability Survey; TFD: Toddler Family Development.

Ethics Approval and Consent to Participate

This research received ethical approval from the Health Research Ethics Commission at the Health Polytechnic of the Ministry of Health, Bengkulu, Number KEPK. M/112/03/2022.

Competing Interest

The authors declare that there is no conflict of interest.

Availability of Data and Materials

This study utilizes secondary data, the 2019 PPAS data, compiled by the National Population and Family Planning Board. This survey is conducted every year to assess the success of population, family planning, and family development programs. Request data by email to pulitbangkbks@gmail.com (the Center for Family Planning and Family Welfare Research and Development) to obtain the dataset.

Authors' Contribution

DS and DD compiled, designed, and conducted research, analyzed data, and contributed analytical tools. DS, DD, LE, and YF wrote papers. DS completed the manuscript for publication.

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