www.jchr.org

JCHR (2024) 14(1), 859-866 | ISSN:2251-6727



The Development of CHSE-Based Parenting Health Education Deserves to be a Reference in an Effort to Improve the Quality of Care, Reduce the Worry of Sick Children and Parental Burnout in Family Tourists at Kids Club Hotel Bali

¹Nyoman Ribek, ²I Ketut Labir, ³ Ni Nyoman Hartati, ⁴Agus Sri Lestari, I Dewa Ayu Ketut Surinati⁵, Ni Luh Ketut Suardani⁶

Denpasar Health Polytechnic Nursing Department

(Received: 27 October 2023

Revised: 22 November

Accepted: 26 December)

KEYWORDS

Validation of experts, family tourists, parenting health education, kids club hotels

ABSTRACT:

The research background is because CHSE-based parenting health education textbooks are important for reducing family tourists' concerns about children's illnesses at tourist attractions which become a burden on families and tourism needs are not met. This concern has increased since WHO declared the coronavirus outbreak a global pandemic. The number of tourists who are worried about falling ill is 36% of foreign tourists and 47% of domestic tourists.

Research method using quantitative descriptive research and FGD. The research samples were Kids Club Managers, IT Lecturers, child care, early childhood education. The sampling technique was purposive sampling with a total sample of 100 family tourists, 30 people during FGD, 30 people as media experts and 30 people as material experts. The results of the research show that data on family tourists' concerns about going to kids club hotels is 60%, Parental Burnout is 64%, and the need for parenting health education is 85%, So a parenting health education kids club hotel textbook module was created and validation was carried out by material experts and media experts with the results being 50% very suitable and 50% suitable. The material expert stated that it was 60% very suitable and 40% suitable. The discussion concluded that the CHSE-based parenting health education model textbook is worth developing for kids club management and suggested that kids club management use the parenting health education textbook as a reference book to increase the attraction of family tourists.

1. Introduction

The background of this research is because the concern of family tourists will occur diseases in children in tourist attractions is very high so that it becomes a burden on families and parental bournuts and unmet travel needs. This concern has increased since in 2019 the WHO designated the coronavirus outbreak as a global pandemic due to the alarming level of spread and severity. Large-scale social restrictions were imposed in an effort to accelerate the eradication of the spread of Covid-19 but had a major

impact on poor economic growth, especially Bali as a tourist spot, the impact was worse than the Bali Bombing tragedy and the SARS outbreak in 2002. Data shows a decrease in the number of tourists in Bali reaching 83.26 percent in 2020 when compared to previous data in 2019 the number of foreign tourists coming to Bali reached 6.3 million people and domestic tourists reached 9 million people. Of the number of tourists, family tourism worries fell ill as much as 36% and Indonesians worries fell ill 47%. Health problems that often occur when traveling

www.jchr.org

JCHR (2024) 14(1), 859-866 | ISSN:2251-6727



include influenza, fever, dehydration, diarrhea, allergies, motion sickness, urinary tract infections, and respiratory tract infections We realize tourist attractions are potential sources of disease transmission. This is because in tourist attractions there are hygiene problems, environmental sanitation, fly density that causes health problems Health problems in children while traveling include diarrhea, flu, cold cough, nausea, vomiting, wounds, insect bites, urinary tract infections and dehydration (Thomas Aquinus, 2019), To find solutions to this problem, the government has set Nusa Dua as one of the covid-19 geen zone areas in an effort to open Bali tourism Kids club management The hotel does not seem to be equipped with a guidebook that can be used to reduce the concerns of sick child tourists, parental burnout and the fulfillment of tourism needs. The purpose of this study is to find an overview of the characteristics of family travelers, the creation of a CHSEbased parentinbg Health educatioan textbook module design and validation of material experts and media experts. (1) (2) (3) (4) (5) (6)

2. Research Methods

The method in this research is Research and development, which is a research method used to produce certain products, and test the effectiveness of these products (7) The stages of research starting from the define stage to the development stage, development research is a process used to develop and validate educational products (8) The research approach is quantitative descriptive research and FGD. The research samples were Kids Club Manager, I T Lecturer, Child Care, Early Childhood Education. Purposive sampling technique with the initial number of samples of 100 family tourists, 30 people during FGD, 30 people in media experts and 30 people in material experts and 200 respondents in product development. In the data collection instrument with questionnaires ranging from the characteristics of family travelers with 42 questions, concerns with 14 questions, parental burnout with 20 questions, health education parenting needs with 50 questions and material validation as many as 30 questions and media expert validation as many as 22 questions given directly to respondents offline and online. Analytical techniques are used with quantitative descriptive analysis

3. Result

a. Characteristics of Research Subjects Characteristics of nannies Travelers Families

The subjects of this study were family tourists who brought children aged 1-12 years who were visiting the *Kids Club as* many as 100 respondents. Based on the data obtained the characteristics of tourist babysitters, it can be seen that, the majority of female tourist child carriers 60%, the type of foreign tourists as much as 68%, the majority of countries from Australia 67%, the majority age of 35-44 years as much as 46%, the majority of higher education 92%, self-employment 76%, income >26,000,000 as much as 68%, information knowing kids Cub orally 36%, the majority of destinations to kids clubs due to recreation / vacation 76%, The number of visits to kids clubs has mostly been twice 43%.

Health Status of Traveler's Family Babysitters

Based on the data, it can be seen that the health status of caregivers is very healthy 99%, always experiencing motion sickness 47%, history of illness before the trip colds 40%, cough 32%, pain experienced during flu travel 52% and wounds 25&, history of hepatitis B immunization 97%, Polio 100%, BCG 96%, Covid immunization most 2 times 81%, who carry hygiene kit bags 96%, The contents of hygiene bags include spare masks 75%, hand sanitizers 51%, vitamins 56%, history of positive covid screening tests 84%, history of positive covid less than 12 months 52%

Characteristics of a Traveller's Child

Children of tourists in the kids club age in terms of the most age between 5 – 13 years, children's park (Kids) as much as 50%, female 57%, children from their country are in school 98%, the most school level Play Group / Child kid 53%, have visited the most kids clubs twice 43%, the last visit of children less than 1 month 36%, The habitual time of tourist children visiting Kids club hotels, during holidays 62%, the length of time tourist children are entrusted to Kids Club Hotels between 2-3 hours 60%, the purpose of tourist children to Kids Club Hotels is recreation / vacation with friends 76%, the main activity of tourist children is playing game tools prepared by Kids Club 78%

www.jchr.org

JCHR (2024) 14(1), 859-866 | ISSN:2251-6727



Child Health Status of Traveller Family

Based on the data, it can be seen that the health status of children of family travelers has the most health conditions are very healthy 100%, always experience motion sickness 58%, history of illness before travel colds 61%, cough 26%, pain experienced during travel flu 46% and wounds 34 &, history of hepatitis B immunization 100%, polio

100%, BCG 96%, history of positive covid screening test 84%, history of positive covid less than 12 months 54%

b. Traveller Concerns Level Families

Average family traveler concern score with a score of 5.69 (sufficient), the most scores with a score of 3 (enough), the lowest score with a score of zero (low) and the highest score of 20 (high)

Table 1 Frequency Distribution of Family Travelers' Concern Level At Kids Club Hotel

Family traveller level of concern	Frequency	Percentage (%)
Less worry (< 1.59)	4	4
Simply Worry (1.59- 9.79)	60	60
High Worry (> 9.79)	11	11
Sum	100	100,0

Table 1, shows most have enough worries as many as 60 respondents (60%) and 4 respondents (4%) have less worries.

c. Parental Burnout

The average value of caregiving fatigue of family travelers with a score of 4.83 (sufficient), the highest score of 28 and the lowest value of 0.00.

Table 2 Frequency Distribution of Parental Burnout for Family Travelers

Mother's Knowledge Level	Frequency	Percentage (%)
Low fatigue (< 1.36)	24	24
Sufficient fatigue (1.36- 11.02)	64	64
High Fatigue (> 11.02)	12	12
Sum	100	100,0

Table 2, shows most had enough parenting burnout, 64 respondents (64%) and 12 respondents (12%) had high parental fatigue

The average score of children's basic needs in parenting health education health with a score of 21.36 (sufficient), with a score of 24 and the lowest with a score of 9.

d. Basic Needs of Children in Health Education Family Travelers

Table 3 Frequency Distribution of Children's Basic Needs in Parenting Health Education

Mother's Knowledge Level	Frequency	Percentage (%)
Basic Needs of Children in Low PHE (< 18.24)	2	2
Children's Basic Needs in PHE Are Sufficient (18.24-24.48)	87	87
Basic Needs of Children in High PHE (> 24.48)	11	11
Sum	100	100,0

Table 3 shows that out of 100 respondents studied, most of the children's needs in parenting health education were

enough, as many as 87 respondents (87%) and 11 respondents (11%) had high basic needs.

www.jchr.org

JCHR (2024) 14(1), 859-866 | ISSN:2251-6727



e. Validation Family Media

Table 4 Respondent Frequency Distribution Based on Media Expert Validation

NO	BOOK MEDIA VALIDATION	Media expert Validation Value							
	SECTION	Very decent Proper		Less proper	r	sum			
						Fre On		Fre	
		Frequ		Fre On the		the other		On the other	
		ency	%	other hand,	%	hand,	%	hand,	%
1	D4ESAIN COVER	19	63	11	37			30	100
2	BOOK SIZE	17	57	13	43			30	100
3	CONTENT								
	DESIGN	20	67	10	33			30	100
4	TOTAL	15	50	15	50			30	100

Based on the data in table 4, it shows that in media experts, the most respondents were cover design as many as 19 people (63%). The share of book size is 17 people (57%).

The content design department is 20 people (67%). And overall very worthy as many as 15 people (60%).and worthy 15 people also (50%).

f. Family material of Validasi

Table 5 Respondent Frequency Distribution Based on Material Expert Validation

NO	Book Material	Material expert Validation Value							
	Validation								
	Section								
		Very dec	ent	Proper		Less proper		sum	
		Fre		Fre		Fre		Fre	
		On the		On the		On the		On the	
		other		other		other		other	
		hand,	%	hand,	%	hand,	%	hand,	%
1	General Parts	18	60	12	40			30	100
2	Businessman								
	Section	17	57	13	43			30	100
3	Caregiver	18	60	12	40			30	100
4	Tourist	13	43	17	57			30	100
5	Tutorial	0	0	30	100			30	100
6	Final								
	Conclusion	16	53	14	47			30	100

Based on the data in table 5, it shows that in material experts, the most respondents were 18 people (60%). The share of entrepreneurs is 17 people (60%). The caregiver

share is 18 people (60%). The share of tourists is 17 people (60%). The tutorial section is 30 people (60%). Overall, 16 people (60%) are very worthy.

www.jchr.org

JCHR (2024) 14(1), 859-866 | ISSN:2251-6727



Table 6 Data Analysis Based on Validation of Material and Media Expert Values

Description	Score
N	30
Mean	3.93
SD	10.64
Corelaction	0.167
Sig (2-tailed)	0.052

Based on table 6 data, sig data (2-tailed) is obtained the value is 0.052 with P > 0.05 which means there is no difference between expert validation and material

validation and has a relationship with a correlation of 0.0167 means < 0.05.

Table 7 Frequency Distribution of Respondents Based on Product Development Assessment

No.	Description	Frekwensi	Percentage
1	Effecttip	161	81.5
2	Sometimes Effective	24	12
3	Ineffectual	13	6.5
	Total	200	100

Based on the data in table 7, it shows that respondents based on the assessment of product development are the most effective, namely 161 people (81.5%).

4. Discussion

a. Characteristics of Family Travellers

The subjects of the study totaling 100 people were family tourists with health status 99% very healthy, and correctly called tourists because tourists are everyone residing in a country, regardless of nationality, visiting a place in the same country for a period of more than 24 hours. When viewed from the origin of most foreign tourists, especially tourists from Australia as much as 67%, this is in accordance with data reported that foreign guests who came to Bali in 2019 reached 6.3 million people and 9 million domestic tourists. But it has decreased due to covid In August 2020, the number of foreign tourists was recorded at only 22 visits, down almost -100.00 percent (-99.996 percent) compared to the record number of foreign tourists in August 2019 which was 606,412 visits. The majority of nanny children aged 35-44 years as much as 46%, according to the Ministry of Health in 2009 ages 34-44 years called middle age (In middle age is considered to have better coordination of movement than younger ones

so that in parenting when traveling will be more stable. The most age data of children between 5 – 13 years as much as 50%, this age is called the age of children (Kids) whose place is in the kids club, (9) (2) (10) (11) (12) KIDS Club is one of the services provided by the hotel (also available outside the hotel) to entrust children with the age range of 2-12 years the (13) most school level Play Group / Child kid 53%, this is because *playgroup* is a form of nonformal early childhood education (ECCE) filled by children aged 2-4 years,

b. Concerns of Family Travelers at Kids Club Hotel

Based on the data, it shows that the average family traveler's concern is quite worried with an average score of 5.59 and the most worries are rated quite as much as 60%. The level of worry experienced by family travelers is a positive reaction to increase the response to worry and the negative impact that can occur if high worry results in prolonged unclear emotions that will cause worried thoughts and fear of things that do not necessarily happen

www.jchr.org

JCHR (2024) 14(1), 859-866 | ISSN:2251-6727



so that they become anxiety disorders. The results of other studies stated the concern of foreign family tourists falling ill as much as 36% and the concern of Indonesians 47%. This concern occurs because tourism places, become a potential source of disease transmission. The theory of the results of this study is relevant to the research conducted where the results were less worried 4% and 11% worried high. Health problems that often occur when traveling include Influenza, Fever, Dehydration, Diarrhea, Allergies, Wintwer depression, motion sickness, Diabetes, Kemi tract infections, and Respiratory tract infections (Mental Health Education, 2014) (15) (3) (5) (4)

c. Parental Burnout

A caregiver is someone who is given the task of accompanying and guiding children's daily activities, can monitor development in accordance with the child's growth and development level and is able to facilitate children when playing, learning, creating, exploring and interacting with the environment to gain new experiences (Director General of PAUD, 2015: 2). Family travelers' parenting fatigue scores of 4.83 or enough were 64% and 12% had high parental fatigue and 24% low fatigue. In determining parental burnout of family travelers using a questionnaire with 20 questions, there were data 64% never felt a headache, 34% sometimes felt a headache, 64% never felt back pain 35% sometimes felt low back pain, 67% did not feel symptoms of pain, 26% sometimes felt pain .85% never felt sad

d. Health Education Parenting Needs

Table 3 shows that out of 100 respondents studied, most of the children's needs in parenting health education were enough, as many as 87 respondents (87%) and 11 respondents (11%) had high basic needs. Parenting is a support program shown to parents or family members to have more ability to carry out social and educational functions in terms of nurturing, caring, protecting, and educating children at home so that children can grow and develop optimally, according to their age and stage of development. In the development of parenting, a culture of harmony and respect is very worthy of development. Likewise, the cultivation of attitudes from an early age is very important Health Education aims so that (16) (17)

(18) people's behavior can live healthier, prevent disease and seek help faster if sick (19). Health problems that often arise in traveling: Diarrhea, Malaria, Respiratory tract infections, Hepatitis A and B, Coolie infections, and sexually transmitted infectious diseases (20), Parenting will help parents who are busy working and become a motivation to continue their children's higher education, Parenting provides benefits to increase parental knowledge in parenting. The problem of children's basic needs has an average score of 21.36 with a sufficient category of 87%, 11% of respondents have high scores. Programs needed in parenting are cleaning, food, development, growth, accident first aid, and sleep (21) (22) (23,24)

e. Results of Expert Validation on Parenting Health Education Module

Based on the analysis of tourist needs, a module in the form of a monograph book is prepared which is ready to be tested for validity. The validity test is based on media experts and material experts. In the expert the material consists of a general section, an entrepreneur section, for caregivers, tourists and tutorials while in the media expert it consists of a cover section, content design and book size. Based on the data in table 4, it shows that in media experts, the most respondents were cover design as many as 19 people (63%). The share of book size is 17 people (57%). The content design department is 20 people (67%). Overall it is very worthy of 15 people (50%).and worthy of 15 people as well (50%). Media expert validation on textbooks in the form of monographs is in order to reduce fatigue and meet the needs of family travelers to the hotel kids club. The results of phase 1 research showed the value of caregiving fatigue of family travelers with a score of 4.83 or enough as much as 64% and 12% had high parental fatigue and low fatigue 24%. The problem of health education standard data has an average score of 41 with sufficient categories as much as 85% and 13% of respondents high scores (25)

f. Results of Product Development.

Because the results of expert respondents stated that it was feasible to be developed, product development was carried out involving 200 respondents. The results of product development can be seen in table 7 showing that

www.jchr.org

JCHR (2024) 14(1), 859-866 | ISSN:2251-6727



respondents based on the assessment of product development the most are 161 people (81.5%) effective, sometimes 24 people (12%) and 13 people (6.5%) ineffective. According to Sugiyono, development itself is a research method used to produce a particular product, and test its effectiveness. Certain products produced for use as research that is a needs analysis and effectiveness testing are carried out so that the product can function widely (Sugiyono, 2013) While development research according to Borg & Gall is a process used to develop and validate educational products (8) The development research model in this study uses a 4D (Four-D) model, The 4D model has 4 stages, namely: (1) Define, (2) Design, (3) Develop, The results of productive development are 161 people (81.5%).

5. Conclusion

Knot

The study concluded that 1). The majority of family tourists from abroad, especially Australia, are female, aged 35-44 years, recreational / vacation destinations, most have been twice, always motion sickness, and carry hygiene kit bags containing spare masks, hand sanitizers, vitamins, .2). Female majority child travelers, aged between 5 - 13 years, Play Group / Child kid, play game tools prepared by kids club, vacation destinations with friends, very healthy health status, always motion sickness, history of illness before the trip colds, coughs, pain experienced during flu tourism. 3). The concerns of family tourists with an average score are quite worried and the most worries are rated quite as much as 60%. Less worried 4% and 11% high worry. 4). Parental burnout with a sufficient score of 64%. Health education parenting needs consist of average standards with sufficient category 5). The expert validation of respondents' material is very feasible as many as 16 people (60%). 6) Media expert validation is very feasible as many as 15 people (60%).and worthy of 15 people also (50%) as well as product development

Suggested to 1). Hotel managers kids club hotels should be given more reinforcement because it is one of the attractions for family tourists, 2). To the manager of the Kids club hotel during the holiday season, it is recommended to make more preparations because of the arrival of family tourists, 3). To the Ministry of Health together with the Minister of Education and Culture and Tourism to provide support in the development stage of the parenting health education textbook module so that it can become a guideline in the development of kids clubs.

Acknowledgments

The researcher expressed his gratitude to the leadership of Grand Miragge resort and other hotels, the director's mother and staff of the Denpasar Poltekkes as well as to all parties involved and assisted in this research.

Research Ethics

The approval of this research ethics was obtained from the research ethics commission of the Health Polytechnic of the Ministry of Health Denpasar with letter number LB.02.03 / EA / KEPK / 0595 / 2023.

Referenches

- [1] Sulaeman. DAMPAK PANDEMI COVID_DAHLIA HUTABALIAN. 2021.
- [2] Putu Intan Raka. Berapa Banyak Turis Datang ke Bali Selama Tahun 2019. https://travel.detik.com/travel-news/d-4846022/berapa-banyak-turis-datang-ke-bali-selama-tahun-2019; 2019.
- [3] Petriella Y. TREN PARIWISATA: Liburan Keluarga Makin Populer. Bisnis Industri. 2018.
- [4] M. Tarmizi Murdianto. Penyakit saat berwisata. https://www.idntimes.com/health/fitness/m-tarmizimurdianto/penyakit-yang-paling-sering-menyerangsaat-liburan/10; 2019.
- [5] Djafri D. Manajemen Kesehatan Daerah Wisata. Jurnal Kesehatan Masyarakat. 2009;3(1):1–4.
- [6] Diah Fatmawati S. B. Analisis Aspek Kesehatan Lingkungan Di Tempat Wisata Taman Margasatwa Semarang. Jurnal Kesehatan Masyarakat (e-Journal). 2018;6(2):122–32.
- [7] Sugiyono. Metode Penelitian Pendidikan pendekatan kuantitatif kualitatif dan R&D. Bandung: Alfabeta; 2010.
- [8] Punaji Setyosari. Metode Penelitian Pendidikan dan Pengembangan. Jakarta: Kencana Prenadamedia Group; 2013.
- [9] Taufik. Pengertian Wisatawan | taufikzk. 2016.
- [10] Badan Pusat Statistik Provinsi Bali. Perkembangan Pariwisata Provinsi Bali. Badan Pusat Statistik Provinsi Bali. 2022;2022(30):1–5.

www.jchr.org

JCHR (2024) 14(1), 859-866 | ISSN:2251-6727



- [11]I Gusti Putu Ngurah Ai Santika. Hubungan Indeks Massa Tubuh dan Umur terhadap daya tahan umum kardiovaskulerdi. Jurnal Pendidikan Kesehatan Rekreasi. 2014;42–7.
- [12] H. Abu Ahmadi dan Widodo Supriyono. Psikologi Belajar. Jakarta: Rieka Cipta; 1991.
- [13] Club K. Kids Club. Vol. 35. 2021. p. 8–10.
- [14] Education MH. Gangguan Kecemasan. Jurnal gangguan kecemasan. 2014;
- [15] Anonim. Wisatawan Asia memimpin segmen wisatawan keluarga Copy. press@agoda.com.; 2018.
- [16] Kemendikbud RI. Penyelenggaraan Paud Berbasis Keluarga (Parenting) Di Lembaga. 2012;
- [17] Etikawati AI, Siregar JR, Jatnika R, Widjaja H. Pengembangan Instrumen Pengasuhan Berbasis Nilai Budaya Jawa. Jurnal Ilmu Keluarga dan Konsumen. 2019 Sep 1;12(3):208–22.
- [18] Pendidikan K, Kemdikbud KP, Gedung E. Penanaman sikap. Penanaman Sikap Pendidikan Anak Usia Dini. 2018;(021).
- [19] Ribek N, Mertha M. Evaluasi Program Pendidikan Kesehatan Masyarakat Model Stake di Desa Penglipuuran Kubu Bali. Internasional Journal Of Natural Science & Engineering. 2017;1(1):35–9.
- [20] levina S Pakasi. Kesehatan Wisata. 2006;
- [21] Mauanah S. Parenting Education Sebagai Pendidikan Keluarga. Paradigma. 2016;04(2):1–10.
- [22] Dwi Wahyu Nurpitasari, Sri Wahyuni EW. Parenting Day Sebagai Aktivitas Peningkatan Hubungan Orangtua Dan Anak. Jurnal Pendidikan Nonformal. 2018; Volume 13:9.
- [23] Kemendikbud R, Ditjen K, Dikmen D, Lantai GF, Fatmawati JRS, Selatan J, et al. Pelatihan Baby sitter. 2015;(021):1–29.
- [24] Delly S, Zulminiarti, Hartati S. Implementation of Standard Operational Procedures in Anak Hikari Kids Club Padang Parking Park. Jurnal Ilmiah Pesona PAUD [Internet]. 2018;5(2):109–20. Available from: http://ejournal.unp.ac.id/index.php/paud/index%0A11 0%0Ahttps://www.scribd.com/document/407237583/103745-29620-1-SM-pdf%0Ahttp://ejournal.unp.ac.id/index.php/paud/artic

le/view/103745

Health education dalam rangka mengurangi kekhawatiran kelelahan dan kebutuhan wedukasi wisatawan keluarga si kids club hotel . Denpasar; 2022 Nov.

[25] Nyoman Ribek KLNKS. Pengembangan parenting