

The Effects of Health Care and Father Support for Mother on the Children's Emotions

Tri Riana Lestari¹, Tjipto Suwandi², Nursalam³, Moersintowarti B. Narendra⁴

¹Department of Nursing, Health Polytechnic Jakarta I, Indonesia

²Department of Public Health Science, Airlangga University, Indonesia

³Department of Nursing Science, Airlangga University, Indonesia

⁴Department of Medical Science, Airlangga University, Indonesia

Article Info

Article history:

Received Sep 25, 2015

Revised Oct 28, 2015

Accepted Nov 26, 2015

Keyword:

Children's emotions

Father support

Health care support

ABSTRACT

Toddler stage is referred to as the golden era (golden age period), especially at the age of 0-2 years, the brain development reach 80%. This study examines the effects of health care support and father support for mother on the emotions of children aged less than 2 years. This study was observational, with cross-sectional design. The sampling method in this research was multi stage random sampling method in three sub districts and 20 villages. The total sample was 279 mothers and their children aged 3 months to 2 years in Blitar. Inferential data analysis using PLS (Partial Least Square) version 2.0. The result was that the children's emotions were formed by psychological factors of mother that affected by father factors and health care support.

Copyright © 2015 Institute of Advanced Engineering and Science.

All rights reserved.

Corresponding Author:

Tri Riana Lestari,

Department of Nursing,

HealthPolytechnicJakarta I, Ministryof Health,

Jl. Wijaya Kusuma No. 47, Cilandak, Jakarta Selatan, Indonesia.

E-mail: tririanalestari@yahoo.co.id

1. INTRODUCTION

Growth and development of children associated with the condition of the family, including his parents which are the father and mother. In the family, there is a mother who is important in the growth and development of their children. In China, a mother's role is very important to apply positive parenting and child development [1]. The learning process of mother and depression are important factors that affect the competence role and satisfaction in postpartum. Optimal health continuously be developed to promote the well-being psychological of mothers and equip women with learning skills to facilitate the mother's role of enhance the competence and satisfaction [2].

Research on Mexican-Americans mothers showed association between behavioral aspects of parenting by mothers and their infant cognitive development status. For the status of motor development, the relationship with the infant characteristic's stronger compared with child-rearing practices and behaviors examined in this study [3]. The relationship between the father and the baby together with the relationship between mother and baby, with this relationship, the baby can obtain competent parenting and loving of both parents. Parental involvement has three components. The first two are fostering attachment or spend some time in the interaction with the child and can be found that when parents are involved in the task, he will respond to the child if necessary. The third component is a responsibility, which must take into account the welfare and care of children. Although the father can play diverse roles in fostering ties and ease to find, women handle 90% of responsibility regardless of whether the woman is working or housewives. Only 10% of men actually give provision for parenting skills [4]. Prolonged poverty affects children's development indirectly through other variables. The parenting is directly affecting every race/ethnicity. The influence of maternal depression is partly mediated through parenting on a sample of whites and Latinos. It is done

directly and not mediated through parenting practices on blacks. Environment affects on whites and blacks but not significant for the Latin [5].

The concept of healthy living by Blum stated that the healthy condition holistically not only healthy physically but also spiritually and socially in society. The healthy condition requires a harmony in maintaining a healthy body. Blum explained that there are four main factors that affect the degree of public health. The fourth factor is the determinant factors of health problems [6].

According to Mercer and colleagues, social support is "the amount of aid that is truly acceptable, due to the satisfaction of the aid, and the people (networks) that provide helps" [7]. Four areas of social support as follows: a) Emotional support: "Feeling loved, cared, trusted, and understood". b). information Support: "The individuals help by self-providing information that is useful in dealing with problems and / or situations". c). Physical support: direct help. d). AssessmentSupport: "Support that informs a role of how he appeared in the role, allowing individuals to evaluate themselves in order to act in other activities ". The absence of health care officer support such as doctors, midwives, nurses and health cadet makes some mothers did not manage to do breastfeeding initiation [8]. Bronfenbrenner implied that the concept of ecological development of a child's development is affected by five environmental systems namely microsystem, mezosystem, ecosystems, macrosystem and cronosystem [9].

2. RESEARCH METHOD

This study employed cross sectional design. The sampling method in this research was multistage random sampling, the steps as follows: The first stage was mother selection of children under two years of age; the second stage was determining the cluster villages by simple random way in order to get some sub district. The location of this research was in Blitar, consisting of several selected villages. Based on the rule of the thumb formula in the SEM (Structural Equation Modeling), the use of SEM with a Maximum Likelihood method required minimal sample of 100-200 respondents, or by five to ten times the indicator (observed variables) that exist in the model [10]. The sample was 279 mothers with children aged less than two years. This study used a questionnaire that included: 1) the maternal factors such as empathy, self-esteem, acceptance of the child, maturity, attitude, pregnancy / birth experience, depression and role conflict / tension, 2) father support were included on questionnaire and observation sheets, adopted from the Home Observation for Measurement of the Environment (HOME) Inventory [11], 3) health care support, research instruments used to collect data was questionnaire to identify the support for health care to mothers, 4) the child's emotions questionnaires were to look at the level of children's emotions. Analysis of the data with the help of software support Smart Partial Least Square version 2.0. Ethic test of this research was conducted by Health Research Ethics Committee of the Faculty of Public Health, University of Airlangga.

3. RESULTS AND ANALYSIS

3.1. Characteristics of Father and Mother based on Age, Education, and Job

According to the Table 1 about the characteristics of the father and mother based on age, education, occupation, it was known that the age of the fathers and mothers mostly were 20-30 years. Father and mother characteristics based on age, education, job, level of welfare can be seen in Table 1. Table 1 shows that most respondents were senior high school graduates. Based on job, mostly were entrepreneurs and house wives.

3.2. Children Based on Age, Sex, and Regularity of Medical Check Examination

Table 2 shows that most children aged 1-2 years old. Based on male children number were more than female children. Table 2 also shows that the number of children who regularly doing medical examination were more than children who did not do regular medical examination.

Frequency Distribution of Father Factor scan be seen in Table 3. From Table 3, it is known that the father who provided emotional support to the mother were 192 respondents (68.8%). The number of father providing information or explanation to the mother were 116 respondents (41.6%), giving the facility during pregnancy and giving birth were 163 respondents (58.4%), giving rewards or praise to his wife were 126 respondents (45.2%). It can be concluded that the father support to the mother were good.

Table 1. Frequency Distribution of Father and Mother Based on Age, Education, and Job

Number		Father		Mother	
		Frequency	Percentages (%)	Frequency	Percentages (%)
Age					
1	<20 years	4	1.4	13	4.7
2	20-30 years	163	58.4	215	77.1
3	30-40 years	96	34.4	49	17.6
4	40-50 years	15	5.37	2	0.7
5	>50 years	1	0.4	-	-
	Total	279	100.0	279	100.0
Education					
1	Did not complete elementary school	2	0.4	1	0.4
2	Elementary school g	23	4.7	13	4.7
3	Junior High School	61	20.4	57	20.4
4	Senior High School	150	55.2	154	55.2
5	University	43	19.4	54	19.4
	Total	279	100.0	279	100.0
Job					
1	Civil Servant	27	7.7	6	2.2
2	Private Sector	43	15.4	48	17.2
3	Farmer	19	6.8	1	0.4
4	Labor	31	11.1	5	1.8
5	Entrepreneur	158	52.6	36	12.9
6	Unemployment	1	0.4	183	65.6
	Total	279	100.0	279	100.0

Table 2. Frequency Distribution of Children by Age, Sex, and Regularity of Medical Examination

Number	Children	Frequency	Percentages (%)
Age			
1	<1 years	100	35.8
2	1-2 years	179	64.2
	Total	279	100.0
Sex			
1	Male	153	54.8
2	Female	126	45.2
	Total	279	100.0
Regularity Medical Examination			
1	Regular	271	97.1
2	Irregulat	8	2.9
	Total	279	100.0

Table 3. Frequency Distribution of Father Factors

Number	Father Factor	Category						Total	
		Good		Fair		Poor		Σ	%
		(f)	(%)	(f)	(%)	(f)	(%)		
1	Emotional	192	68.8	16	5.7	71	25.4	279	100
2	Information	116	41.6	86	30.8	77	27.6	279	100
3	Instrument	163	58.4	53	19.0	63	22.6	279	100
4	Reward	126	45.2	96	34.1	58	20.8	279	100

3.3. Mother Psychological

Factors of Mother Psychological variable consist of empathy, self-esteem, acceptance of the child, maturity, giving birth and pregnancy experience, depression, role conflict, and tension. Based on Table 5, it is known that mother with good category that had maturity factor were 206 respondents (73.6%), low depression rate were 187 respondents (67%). Mothers with good category who had low role conflict and low tension were 185 respondents (66.3%); low role conflict and low tension were as many as 185 people (66.3%), having the experience of pregnancy and giving birth were 171 (61.3%). Mothers with good category were as many as 151 people (54.1%) who had empathy either, have self-esteem were 101 people (36.2%), accepting the presence of child were 57 people (20.4%). In conclusion, good mothers had maturity as the highest factors.

3.4. Health Care Support

Frequency Distribution of Health Care Support can be seen in Table 4.

Table 4. Frequency Distribution of Health Care Support

No	Health Care Support	Category						Total	
		Good		Fair		Poor		Σ	(%)
		(f)	(%)	(f)	(%)	(f)	(%)		
1	Puskesmas	117	41.9	85	30.5	77	27.6	279	100
2	Posyandu	111	39.8	93	33.3	75	26.9	279	100

From Table 4 it can be seen that the Public Health Center/Puskesmas was categorized good by 117(41.9%) respondents. It was categorized fair by 85 (30.5%). Integrated Care Post (Pos Pelayanan Terpadu / Posyandu) categorized good by 111 respondents (39.8%) and fair by 93 (33.3%).

Mother variable factor consists of empathy, self-esteem, acceptance of the child, maturity, pengalaman birth pregnancy, depression, role conflict, and tension. Descriptive research results can be seen in the Table 5.

Table 5. Frequency Distribution of Psychological Factor Variable of Mother in Blitar Year 2014

Number	Mother Factor	Category						Total	
		Good		Fair		Poor		Σ	(%)
		(f)	(%)	(f)	(%)	(f)	(%)		
1	Empathy	151	54.1	85	30.5	43	15.4	279	100
2	Pride	101	36.2	129	46.2	49	17.6	279	100
3	Child Acceptance	57	20.4	147	52.7	75	26.9	279	100
4	Maturity	206	73.6	11	3.9	62	22.2	279	100
5	Difficult experience of pregnancy and giving birth	39	14.0	69	24.7	171	61.3	279	100
6	Depression	45	16.1	47	16.8	187	67.0	279	100
7	Role conflict and tension	80	28.7	14	5.0	185	66.3	279	100

From Table 5, it is known that maternal factors either category is the most well maturity, empathy and self-esteem, as well as the acceptance of the children. Most of the mothers had lower levels of depression, has a role conflict and low tension, have a role conflict and low tension, has the experience of pregnancy and birth as well. So that overall more women who have a good psychological state. It seems most mothers are good mothers maturity level is the highest compared to the other.

3.5. Child emotion

Frequency Distribution of Child Emotion can be seen in Table 6.

Table 6. Frequency Distribution of Child Emotion

Number	Child Emotion	Category						Total	
		Good		Fair		Poor		Σ	(%)
		(f)	(%)	(f)	(%)	(f)	(%)		
1	Happy	177	63.4	62	22.2	40	14.3	279	100
2	Sad	9	3.2	62	22.2	208	74.6	279	100
3	Affraid	93	33.3	66	23.7	116	41.6	279	100

From Table 6, it can be seen that the children with happy emotion were as much as 177 children (63.4), sad emotion were as much as 9 children (3.2%), fear emotion were 93 children (33.3%), and angry were 35 children (12.5%). Majority, children had good emotion.

3.6. Health Care Support for Mother Psychological

There was a significant effect between the factors of health care support for mother psychological. Pathway parameter coefficient on analyzes using PLS Smart software version 2.0 results were shown below. Pathway Parameter Coefficient Variable on Latent Construct of Direct Indirect Effect between Variables can be seen in Table 7.

Hypothesis Test Results of Pathway Parameter Coefficient Effect on Health Care Support of Mothers Psychological can be seen in Table 8. From Table 8, it can be seen the effects of health care support for mother psychological, the pathways (γ) was 0.158 units with T-Statistics 2.583 ($T_{\text{calc}} > 1.96$). Thus, the H_0 was rejected; H_1 was accepted which means that there is significant affect between the factors of health care support for mother psychological.

Table 7. Pathway Parameter Coefficient Variable on Latent Construct of Direct Indirect Effect between Variables

Number	Causality relationship between the Direct and Indirect Variables	Pathway Parameter Coefficient (γ)	T-Statistic
1	Health Care Support Effect of Mothers Psychological	0.158354	2.583854
2	Father Support Effect of Mothers Psychological	0.508953	8.962025
3	Mothers Psychological Effect of Child Emotion	0.199811	3.690537

Table 8. Hypothesis Test Results of Pathway Parameter Coefficient Effect on Health Care Support of Mothers Psychological

Causality Relationship	Pathway Parameter Coefficient (γ)	Sub sample Average (Bootstrap)	Standard Error (Bootstrap)	T-Statistik
$X_1 \rightarrow Y_1$	0.158354	0.167283	0.061286	2.583854

3.7. Father Support to Mother Psychological

There is a significant effect between psychological father supports to the mother psychological. Here are the results on the track parameter coefficient analyzes using PLS Smart software version 2.0. From Table 9 it can be seen the affect of psychological factors on the mother's father support lines (γ) of 0.508 units with T-Statistics 8962 ($T_{hitung} > 1.96$). Thus H_0 rejected H_1 accepted which means that there is significant effect between father supports to the mother psychological.

3.8. Mother Psychological to the Child Emotions

There is a significant effect between mother psychological factors on children emotions. Here are the results on the pathway parameter coefficient analyzes using PLS Smart software version 2.0. From table 10, it can be seen the effect of psychological factors on children emotions (γ) of 0196 units with T-Statistics 3690 ($T_{calc} > 1.96$). Thus, H_0 rejected H_1 accepted which means that there is significant effect between psychological mothers on childrens emotions. Hypothesis Test Results of Pathway Parameter Coefficient Effect on Father Support of Mothers Psychological can be seen in Table 9.

Table 9. Hypothesis Test Results of Pathway Parameter Coefficient Effect on Father Support of Mothers Psychological

Causality Relationship	Pathway Parameter Coefficient (γ)	Sub sample Average (Bootstrap)	Standard Error (Bootstrap)	T-Statistik
$X_2 \rightarrow Y_1$	0.508953	0.513275	0.056790	8.962025

There is a significant influence between father factors which include emotional, information, instrument and awards with Mothers Psychological. Hypothesis Test Results of Pathway Parameter Coefficient Effect on Mothers Psychological of ChildEmotion can be seen in Table 10.

Table 10. Hypothesis Test Results of Pathway Parameter Coefficient Effect on Mothers Psychological of Child Emotion in Blitar Year 2014

Causality Relationship	Pathway Parameter Coefficient (γ)	Sub sample Average (Bootstrap)	Standard Error (Bootstrap)	T-Statistik
$Y_1 \rightarrow Y_2$	0.196111	0.201076	0.053139	3.690537

There is a significant influence between Mothers Psychological with Child Emotion. Relationships Model Analysis of the Exogenous Variables of Endogenous Variables can be seen in Figure 1.

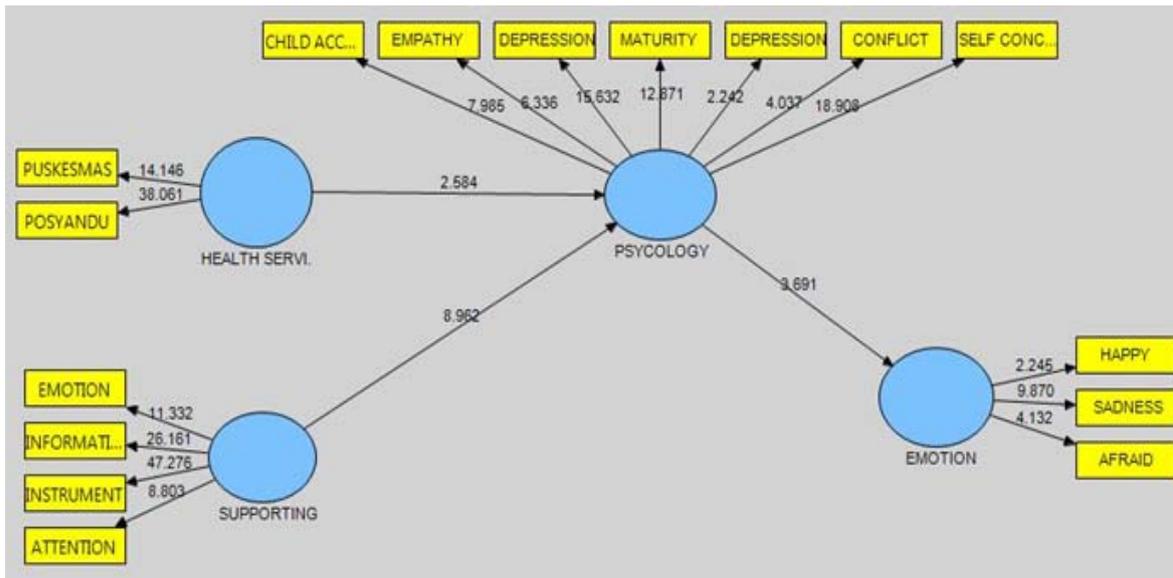


Figure 1. Relationship Model Analysis of the Exogenous Variables of Endogenous Variables

From Figure 1, it can be seen the value of the variable loading factor with a significant track: health services factors to mother psychological; father's support with mother psychological factors; mothers psychological with child emotion.

3.9. Communalilty and Average Variance Extracted (AVE)

Convergent validity can be measured by the Communalilty and Average Variance Extracte (AVE) value which greater than 0.5. Table 11 states that all constructs formed in the model had a score of communalilty and the AVE were greater than 0.5. It means that all constructs variables have significant and convergent. Reliability Test Results of Communalilty and AVE Model of Health Care and Father Support to Mother of Child Emotion can be seen in Table 11.

Table 11. Reliability Test Results of Communalilty and AVE Model of Health Care and Father Support to Mother of Child Emotion

Construct	Communalilty	AVE	Destricption
Health Care	0.535716	0.535717	Valid and Significant
Father Support	0.653266	0.653266	Valid and Significant
Mother Psychological	0.502550	0.502550	Valid and Significant
Child Emotion	0.514885	0.514885	Valid and Significant

4. DISCUSSION

Based on Blum concept, one of the factors that affect health status is health care. In this case the support of health care services, Blum also share to mothers by health workers such as doctors, nurses, midwives, nutritionists and volunteers provide support to the mother to do a health check children regularly visit, spend some special time to communicate with the mother, giving a boost to the mother in order to carry out regular checks on schedule examinations such as during pregnancy, after childbirth, child immunization and other examinations. The results of this study showed that fathers provide emotional support to the mother as well as providing information or explanation to the mother, giving the facility during pregnancy and giving birth, and giving reward or praise.

There is a significant affect between father which include emotional support, information, instruments and psychological rewards with mother. Parental involvement has three components. The first two are building attachment or spending time with children, and being easy to be found by children, getting involved in the children's task, responding to the child if necessary. The third component is responsibility, including count the welfare and care of children. Although the father can play diverse roles in building

attachment and ease to find, women handle 90% of responsibility regardless of whether the woman is working or being housewives. There are only 10% of men who had skills for parenting [12].

Emotional support and information for mother from father is significantly affect mother psychological as concept models Mercer. It states that the relationship between father and mother are in the deepest system or microsistem. An optimal role of the father can make a family develop optimally, so do the child development.

Psychological state of the mother of children activity is indispensable for the children emotion development. Mothers with low empathy but received positive guidance, then the children showed a significant reduction in antisocial behavior. Parenting with empathy has a positive effect with confidence and maturity in children. More caring parents can make children have better behavior better and more positive emotions [13].

There was a significant relationship between social support and depression, and self-efficacy postnatal mother at 6 weeks postpartum [14]. In order to prepare children to grow and develop, both the need nurturing from those around him, especially his parents, the father and mother. But the realities of family life in general in Indonesia, the most important function as caregivers are mothers [15].

In the UK, economic hardship and maternal depression can reduce the rate of cognitive and emotional welfare of the children. This condition comes from a lack of caring and parenting of children who is caused by low economic and emotional condition [16].

Responsiveness refers to how parents respond to and provide the needs of children. At the most general level, maternal responsiveness refers to health, relationships are continuous with the caregiver to show characteristics such as warmth, maintenance, stability, predictability and responsiveness [17].

Parents who practice the emotions can help their children develop into healthy adults, earn higher grades academically, and more successful. Children get along better with friends and did not experience behavioral problems, and are not easy to commit acts of violence and less under stress [18].

5. CONCLUSION

Mother psychological to emotions of children aged less than two years was shaped by factors which are included the support of the father. It is consists of emotional support, information, amenities and attention, and health care support factors, from Public Health Center (*Puskesmas*) and Integrated Care Post (*Posyandu*).

REFERENCES

- [1] Holroyd, E., "Translation and Validation of a Chinese Version of the Parenting Sense of Competence Scale in Chinese Mothers", *Nursing Research Journal*, vol/issue: 56(5), pp.348-354, 2007.
- [2] IpYim, W., "Predictors and Correlates of Maternal Role Competence and Satisfaction", *Nursing Research*, vol/issue: 59(3), pp.185-193, 2010.
- [3] Kolobe, THA., "Childrearing Practices developmental expectations for Mexican-American Mothers and the developmental Status of Their Infants", *Physical Therapy*, vol/issue: 84(5), 2004.
- [4] Henderson, C., Jones, K., "Textbook of Obstetrics Concept", EGC, Jakarta, 2006.
- [5] Pachter, LM., Auinger, P., Palmer, R., Weitzman, M., "Do Parenting and the Home Environment, Maternal Depression, Neighborhood, and Chronic Poverty Affect Child Behavioral Problems Differently in Different Racial-Ethnic Groups?", *Pediatrics*, vol/issue: 117(4), pp.1329-1338, 2006.
- [6] Van Leeuwen, "Envolving Models of Human Health Toward an Ecosystem Context. Canada", *Department of Health Management*, University of Prince Edward Island, 1999.
- [7] Alligood, MR., "Nursing Theory Utilization & Application", 4th Ed. USA, Mosby, pp.389-410, 2010.
- [8] Josefa, KG., Margawati, A., "Factors affecting behavior exclusively breastfeeding mother", Medical Fakultas, Diponegoro University, 2011.
- [9] Santrock, JW., "Child Development Eleventh Edition", Erlangga, Jakarta, 2007.
- [10] Mustafa, Wijaya, "Techniques Guide Statistics SEM & PLS with SPSS AMOS", Cahaya Atm Pustaka, Yogyakarta, 2012.
- [11] Caldwell, BM., Bradley, RH., "Home Inventory Administration Manual", University of Arkansas for Medical and University of Arkansas at Little Rock, Little Rock, AR, pp.1-36, 2003.
- [12] Henderson, C., Jones, K., "Textbook of Obstetrics Concept", EGC, Jakarta, 2006.
- [13] Christopher, C., Saunders, R., Jacobvitz, D., Burton, R., Hazen, N., "Maternal Empathy and Changes in Mother's Permissiveness as Predictors of Toddlers' Early Social Competence with Peers: A Parenting Intervention Study", *Journal of Child and Family Studies*, vol/issue: 22(6), pp.769-778, 2013.
- [14] Warren, PL., McCarthy, G., Corcoran, P., "First-time mothers: social support, maternal parental self-efficacy and postnatal depression", *Journal of Clinical Nursing*, Blackwell Publishing Ltd., pp 1-10, 2011.
- [15] Briawan, D., Herawati, T., "Stimulation role against the development of Parents Childhood Family Poor", vol/issue:1(11), pp. 76-83, 2008.

- [16] Kiernan, KE., Huerta, MC., "Economic deprivation, maternal depression, parenting and children's cognitive and emotional development in early childhood", *The British Journal of Sociology*, vol/issue: 59(4), 2008.
- [17] Warren, SF., Brady NC., "The Role of Maternal Responsivity in the Development of Children With Intellectual Disabilities", *Mental Retardation and Developmental Disabilities Research Reviews*, vol. 13, pp. 330-338, 2007.
- [18] Efendi, A., "Child Develop Emotional Intelligence through Storytelling Habit (Fables)", *Jurnal Pemikiran Alternatif Kependidikan*, vol/issue: 11(3), pp. 328-336, 2006.

BIOGRAPHIES OF AUTHORS



Name: Tri Riana Lestari
E-mail: tririanalestari@yahoo.co.id

HIGHER, EDUCATION:

1. Doctor of health science in Airlangga University, 2011 (in process)
2. Master of Public Health in Airlangga University, 2002
3. Bachelor's degree of Public Health Science in University of Indonesia, 1996
4. Diploma III in Sint Carolus Nursing College, 1991

ORGANISATION AND WORKING EXPERIENCES

1. Lecture in Sint Carolus Nursing Colege, 1991 to 1994
2. Lecture in Poltekkes Kupang, East Nusa Tenggara, 1996 to 1999
3. Lecture in Poltekkes Jakarta I, 2002up to now
4. Secretary General, IPANI / Indonesian Pediatric Nursing Association, 2008 to 2015



Name : Tjipto Suwandi
Professor in Departement of Public Health Science, Airlangga University

HIGHER, EDUCATION:

1. Doctor degree at Pascasarjana Airlangga University, 1998
2. Master degree at Public Health Faculty, University of Philipine, 1977
3. Bachelor's degree at Medical Faculty, Airlangga University, 1973

ORGANISATION AND WORKING EXPERIENCES :

1. Lecture in Medical Faculty, Airlangga University, 1973-1993
2. Lecture in Public Health Faculty, Airlangga University, 1993-now
3. Dean, Public Health Faculty, Airlangga University, 2000-2007

PUBLICATION :

1. Accredited journal & (national)= 20



Name : Prof. Dr. Nursalam, M.Nurs (Hons) 081339650000
Professor in Nursing, Airlangga University.
E-mail : nursalam@fkip.unair.ac.id

HIGHER, EDUCATION:

1. Doctor, Model of Nursing Care for HIV-AIDS, Postgraduate Programme, Airlangga University, 2005
2. Honours Master of Nursing,, University of Wollongong, New South Wales, Australia, 1997
3. Master of Nursing (Coursework), Univ. Wollongong, NSW, Australia, 1996
4. Med. Surgical Nursing, Lambton College, Sarnia Ontario Canada, 1991
5. Diploma III in Nursing, Sutoma Surabaya 1988

ORGANISATION AND WORKING EXPERIENCES :

1. Lecturer and nurse in Diploma III in Nursing, Anesthesia, Ministry of Health, RI Surabaya (1988 – 1997)
2. Lecturer in School of Nursing, Faculty of Medicine / Faculty of Nursing, Airlangga University (since 1998)
3. Vice, Head, School of Nursing, Faculty of Medicine, UA (1999– 2008)
4. Vice Head, PPNI Educatin & Training, East Java Nursing Association (2000 – 2010)
5. Dean, Faculty of Nursing Airlangga University (2008 – 2010)
6. Nursing Manager, Airlangga University Hospital (2011-now)

PUBLICATION :

1. Books = 15
2. Accredited journal & (national & international)= 100



Name : Moersintowarti B. Narendra
Professor in Departement of MedicalScience, Airlangga University

HIGHER, EDUCATION:

1. Master degree at Public HealthFaculty, University of Philipine,1977
2. Bachelor's degree at Medical Faculty, Airlangga University, 1973

ORGANISATION AND WORKING EXPERIENCES :

1. Lecture in Medical Faculty, Airlangga University, 1973-1993
2. Lecture in Public HealthFaculty, Airlangga University, 1993-now

PUBLICATION :

1. Accredited journal & (national)= 20