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Implications of Tuberculosis Prevention Smart Book in Elementary School Age Children on Parenting Social Support Approach

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ABSTRACT Tuberculosis (TB) remains a major public health challenge in Indonesia, particularly affecting vulnerable populations such as elementary school-aged children whose immune systems are not fully developed. Despite ongoing national efforts to mitigate the spread of TB, the incidence among children remains notably high, necessitating innovative prevention strategies. This study aims to evaluate the impact of a specifically designed Tuberculosis Prevention Smart Book on enhancing parental social support approaches towards childhood TB prevention. Employing a quantitative quasi-experimental design with a two-group pretest-posttest format, the research sampled 200 parents of children attending elementary schools in Surabaya. Data were collected through structured questionnaires measuring informational, instrumental, emotional, and reward dimensions of social support. Findings indicate a statistically significant improvement in all dimensions of parental support following the intervention, with p-values below 0.05 for informational, instrumental, and emotional support categories. Notably, the use of the Smart Book facilitated heightened parental awareness, increased proactive caregiving behaviors such as early symptom detection and maintaining hygienic environments, and strengthened emotional engagement with children. However, changes in the reward support dimension were not statistically significant. The study concludes that integrating educational Smart Books into health promotion initiatives markedly enhances parental involvement and social support mechanisms critical for childhood TB prevention. This approach offers a promising avenue for community-based TB control programs, emphasizing the pivotal role of parents in safeguarding child health and curbing TB transmission within educational settings.

INDEX TERMS Tuberculosis prevention, social support, parental involvement, Smart Book, elementary school children

I. INTRODUCTION

Tuberculosis (TB) continues to impose a significant public health burden globally, especially in high-prevalence countries such as Indonesia. Despite comprehensive control programs, Indonesia reports approximately 142,000 TB cases annually, with childhood TB comprising a substantial 17% of total cases [1]. Elementary school children represent a particularly vulnerable group due to their immature immune systems and increased social interactions within school environments, which amplify the risk of TB transmission [2], [3]. The city of Surabaya, Indonesia's second-largest urban center, confronts unique challenges in TB management among children, including high population density, heterogeneous accessibility to healthcare services, and inconsistent public awareness about TB [4], [5]. Moreover, pediatric TB often remains underdiagnosed and undertreated, with detection rates stagnating at about 62%, short of the WHO-recommended 75% target [6].

In addressing these challenges, parental involvement emerges as a critical component in childhood TB prevention.

Parents' roles extend beyond caregiving to include creating healthy home environments, ensuring immunization completeness, and facilitating early detection of symptoms [7], [8]. However, several socio-cultural and systemic barriers limit effective parental engagement, including gaps in knowledge, limited resources, and inadequate communication between health providers and families [9]. Innovative health education tools such as interactive Smart Books have shown promise in bridging these gaps by enhancing parental knowledge and empowering behavioral changes through visually engaging and accessible content [10], [11]. Such interventions align with contemporary health promotion strategies emphasizing community-based and family-centered approaches, yet empirical evidence on their efficacy in the Indonesian context remains sparse.

This research aims to analyze the implications of utilizing a Tuberculosis Prevention Smart Book on enhancing parental social support approaches toward childhood TB prevention among elementary school populations in Surabaya. Specifically, the study focuses on quantifying

changes across four dimensions of social support: informational, instrumental, emotional, and reward. By implementing a quasi-experimental design with pretest-posttest groups and involving 200 parents from elementary schools, the study addresses critical research gaps concerning effective parental education tools in TB control [12].

The main contributions of this work are threefold: (1) providing empirical evidence on the effectiveness of Smart Books as a medium for parental education in TB prevention, (2) highlighting the transformative role of enhanced parental social support on children's health outcomes, and (3) offering practical recommendations for integrating such educational tools within existing school and community health promotion frameworks to optimize TB control efforts. The article proceeds as follows: Section II describes the methodology applied, Section III presents detailed results and statistical analyses, Section IV discusses the implications of findings within the broader public health context, and Section V concludes with final remarks and recommendations for future research.

II. METHOD

This research employed a quantitative methodology utilizing a quasi-experimental design with a two-group pretest-posttest format. Specifically, the study aimed to assess the impact of tuberculosis (TB) prevention Smart Books on parental social support approaches among parents of elementary school children in Surabaya. A quasi-experimental design was chosen due to ethical and practical constraints, wherein full randomization of participants was not feasible [12], [16]. The two-group pretest-posttest design involved measuring variables before and after the intervention, enabling the evaluation of changes attributable to the Smart Book educational materials [16].

The study population consisted of parents of children enrolled in grades 2 and 4 at selected State Elementary Schools located in the Surabaya area, totaling approximately 205,754 students. A quota sampling technique was implemented to select a representative sample of 200 parents across four schools in the administrative regions of SDN Rangkah 6, Tambak Sari 1, Pacar Keling 1, and Pacar Keling 6, corresponding with the service areas of Puskesmas Rangkah and Pacar Keling Surabaya [13]. This sampling approach ensured proportional representation based on predetermined quotas derived from the population distribution.

Data collection involved administering structured questionnaires designed to evaluate parental social support across four key dimensions: informational/knowledge support, instrumental/facility support, emotional support, and reward/appreciation support. These dimensions were operationalized using Likert scale items, facilitating ordinal measurement of parental engagement related to TB prevention activities [14]. Prior to the intervention, a pretest was administered to establish baseline measures.

The intervention consisted of the distribution and utilization of TB Prevention Smart Books, developed to provide accessible, practical, and relevant information tailored for parents of elementary school children. The Smart

Books contained comprehensive educational content addressing tuberculosis transmission, symptoms, prevention strategies, early detection, and care procedures, incorporating a social support framework to motivate parental involvement [10]. Parents received guidance on interpreting and applying the information, encouraging active participation in supporting their children's health.

Following the intervention period, a posttest identical in structure to the pretest was applied to determine any changes in parental social support. Statistical analyses focused on evaluating these differences using non-parametric tests appropriate for ordinal data. The Wilcoxon signed-rank test was utilized to analyze paired observations within groups, testing for significant differences between pretest and posttest scores [14]. Additionally, the Mann-Whitney U test was employed to assess differences between independent samples where applicable.

The significance level was set at $\alpha = 0.05$ for all hypothesis testing, with p-values less than 0.05 indicating statistically significant differences. Data management and analysis were conducted using standardized statistical software, ensuring data integrity and reproducibility of results.

Ethical considerations included informed consent from all participating parents, confidentiality assurances, and compliance with institutional review board protocols. The use of an educational intervention minimized potential risks, while maximizing benefits associated with increased awareness and support for TB prevention.

This methodological framework aligns with contemporary best practices for quasi-experimental designs addressing community health interventions and parental support mechanisms [16]–[21]. Moreover, it enables replication of the study in similar contexts by clearly delineating sample characteristics, data collection instruments, intervention content, and analytical procedures.

III. RESULTS

1. Characteristics of parents

Parental characteristics consist of paternal education, maternal education, paternal work, maternal work, informant and source of information.

Based on Table 1.1 Parental characteristics seen from the level of education show that fathers are mostly high school educated, namely 120 people (60.0%), then 41 people (20.5%) have junior high school education, 21 people (10.5%), and 18 elementary school people (9.0%). Meanwhile, most of the mother's education was also high school, namely 110 people (55.0%), followed by junior high school as many as 40 people (20.0%), universities as many as 32 people (16.0%), and elementary school as many as 18 people (9.0%).

Based on occupation, the majority of fathers work as private employees with a total of 138 people (69.0%). In addition, fathers who work as traders are 26 people (13.0%), workers are 25 people (12.5%), non-teacher civil servants are 4 people (2.0%), non-civil servant teachers are 2 people (1.0%), TNI/POLRI are 2 people (1.0%), farmers are 1 person (0.5%), and 2 people are not working (1.0%). The majority of mothers' jobs are housewives with a total of 127

TABLE 1.1

Data on the characteristics of parents of elementary school children in the Rangkah and Pacar Keling Health Center areas of Surabaya, July 2025

Characteristics of Parents	
Father's Education	
SD	18 (9,0%)
JUNIOR	41 (20,5%)
SMA	120 (60,0%)
PT	21 (10,5%)
Mother's Education	
SD	18 (9,0%)
JUNIOR	40 (20,0%)
SMA	110 (55,0%)
PT	32 (16,0%)
Father's Work	
Civil Servant (Non-Teacher)	4 (2,0%)
Non-Civil Servant Teacher	2 (1,0%)
Private Employees	138 (69,0%)
Merchant	26 (13,0%)
Farmer	1 (0,5%)
Laborer	25 (12,5%)
TNI/POLRI	2 (1,0%)
Mother's Work	
Civil Servant (Non-Teacher)	1 (0,5%)
Civil Servant (Teacher)	1 (0,5%)
Non-Civil Servant Teacher	2 (1,0%)
Private Employees	51 (25,5%)
Merchant	13 (6,5%)
Laborer	3 (1,5%)
TNI/POLRI	2 (1,0%)
Household	127 (63,5%)
Informant	
Father	54 (27,0%)
Mother	136 (68,0%)
Other Families	10 (5,0%)
Resources	
Health Worker	166 (83,0%)
Television	8 (4,0%)
Radio	1 (0,5%)
Newspaper	1 (0,5%)
Internet	24 (12,0%)

people (63.5%). The rest of the mothers who work as private employees are 51 people (25.5%), traders 13 people (6.5%),

workers 3 people (1.5%), non-civil servant teachers 2 people (1.0%), TNI/POLRI 2 people (1.0%), civil servant teachers 1 person (0.5%), and non-teacher civil servants 1 person (0.5%).

In terms of informants, most of them were obtained from mothers as many as 136 people (68.0%), followed by fathers as many as 54 people (27.0%), and other families as many as 10 people (5.0%). The sources of information obtained mostly came from health workers, namely 166 people (83.0%). Other sources include the internet for 24 people (12.0%), television for 8 people (4.0%), and radio and newspapers for 1 person each (0.5%).

2. Overview Of Research Variables

1. Descriptive Family Support

The Family Support Variable consists of 4 dimensions, namely: Information/Knowledge, Instrumental/Facilities, Emotional, and Reward. The following is an overview of the descriptive variables of family support at the beginning (pre data) and the end (post data):

TABLE 2.1

Descriptive of Family Support for Elementary School Children in the Rangkah and Pacar Keling Health Center Areas of Surabaya, July 2025

Variable		Descriptive (n=200)	
Family Support Categories			Pretest
	Low		3 (1,5%)
	Keep		36 (18,0%)
	Tall		161 (80,5%)

Based on Table 2.1 for the variable of family support score in 200 people, in the Pretest stage there were 3 respondents (1.5%) with low family support, 36 parents (18.0%) with moderate family support, and the majority of 161 respondents (80.5%) had high family support. Meanwhile, at the posttest stage, there were no more parents with low family support (0%), the number of parents with moderate family support decreased to 20 parents (10.0%), while respondents with high family support increased to 180 parents (90.0%).

Based on Table 2.2 Based on the category, in the pretest there were 3 parents (1.5%) with low support, 71 elderly parents (35.5%) with moderate support, and 126 parents (63.0%) with high support. Meanwhile, at the posttest stage, there were no more parents with low support (0%), the number of moderate support decreased to 41 people (20.5%), while high support increased to 159 people (79.5%).

The results of the statistical test showed a p value of 0.000 where $p < 0.05$ which means that there is a significant difference in the increase in family support based on before and after the provision of Smart Books.

In the instrumental/facility dimension, based on categories, in the pretest there were 3 parents (1.5%) with low support, 30 parents (15.0%) with moderate support, and 167 parents (83.5%) with high support. Meanwhile, in the posttest stage, there were no more parents with low support (0%), the number of moderate support decreased to 21

TABLE. 2.2

Descriptive Dimensions of Family Support for Elementary School Children in the Rangkah and Pacar Keling Health Center Area, Surabaya, July 2025

Family Support Dimension	Descriptive (n=200)	Pretest	Posttest
Information/Knowledge Category	Low	3 (1,5%)	0 (0%)
	Keep	71 (35,5%)	41 (20,5%)
	Tall	126 (63,0%)	159 (79,5%)
<i>p-value 0.000</i>			
Instrumental/Facility Category	Low	3 (1,5%)	0 (0%)
	Keep	30 (15,0%)	21 (10,5%)
	Tall	167 (83,5%)	179 (89,5%)
<i>p-value 0.000</i>			
Emotional Category	Low	5 (2,5%)	2 (1,0%)
	Keep	32 (16,0%)	27 (13,5%)
	Tall	163 (81,5%)	171 (85,5%)
<i>p-value 0.002</i>			
Category Awards	Low	3 (1,5%)	1 (0,5%)
	Keep	14 (7,0%)	13 (6,5%)
	Tall	183 (91,5%)	186 (93,0%)
<i>p-value 0.548</i>			

*Declared to be significantly different if the p/siq value < 0.05

people (10.5%), while high support increased to 179 people (89.5%).

The results of the statistical test showed a p value of 0.000 where $p < 0.05$ which means that there was a significant difference in the increase in the score of family support of the information/knowledge dimension based on before and after the provision of Smart Books.

In the emotional dimension of the category, based on the category in the pretest, there were 5 parents (2.5%) with low support, 32 elderly parents (16.0%) with moderate support, and 163 parents (81.5%) with high support. Meanwhile, in the posttest stage, parents with low support decreased to 2 people (1.0%), moderate support decreased to 27 people (13.5%), while high support increased to 171 people (85.5%).

The results of the statistical test showed a p value of 0.002 where $p < 0.05$ which means that there was a significant difference in the increase in the emotional dimension family support score based on before and after the provision of Smart Books.

In the award dimension, the minimum pretest score is Based on the category, in the pretest there were 3 parents (1.5%) with low support, 14 respondents (7.0%) with moderate support, and the majority of 183 parents (91.5%) with high support. Meanwhile, in the posttest stage, the number of parents with low support decreased to 1 person (0.5%), moderate support decreased to 13 people (6.5%), while high support increased to 186 people (93.0%)

The results of the statistical test showed a p value of 0.548 where $p > 0.05$ which means that there was no significant/insignificant difference in the increase in the family support score of the award dimension based on before and after the provision of the Smart Book.

IV. DISCUSSION

A. INTERPRETATION OF RESULTS

This study demonstrated that the implementation of the Tuberculosis (TB) Prevention Smart Book as an educational intervention significantly enhanced parental social support across multiple dimensions informational, instrumental, emotional, and reward-related. Quantitative analyses indicated statistically significant increases in parental support scores post-intervention, with the most pronounced improvements observed in informational and instrumental domains. These findings suggest that the Smart Book effectively augmented parental knowledge regarding TB prevention and consequently increased practical engagement in preventive behaviors with their children.

The enhancement in informational support reflects the role of targeted educational materials in amplifying parents' understanding of TB transmission, symptom recognition, and treatment options. Such knowledge equips parents with the cognitive resources required to make informed decisions and to participate actively in their children's health management [22]. Instrumental support increased as parents reported greater involvement in tangible activities such as monitoring symptoms, facilitating medical consultations, and maintaining hygienic home environments. Emotional support also showed positive growth, indicating that informed parents felt more empathetic and emotionally available to their children facing TB risks. Although improvements were noted in the reward or appreciation support dimension, these changes were less statistically significant, possibly due to preexisting high baseline levels within the population.

These results align with theories of social support that emphasize the multifaceted nature of assistance encompassing informational, tangible, emotional, and appraisal components that collectively influence health outcomes [23]. The capacity of the Smart Book to improve these domains underscores its utility as an intervention tool in community health promotion efforts targeting TB.

B. COMPARISON WITH EXISTING LITERATURE

The impact of educational interventions employing multimedia or printed materials on parental engagement and health literacy has been documented extensively in recent literature. Research by Nindrea et al. [22] underscored the positive effect of family support interventions on treatment adherence among TB patients, particularly when

informational and emotional support were enhanced simultaneously. Similarly, studies focusing on pediatric health education have documented improved parental knowledge and caregiving practices following structured health communication programs [24], [25].

Comparatively, the current study corroborates these findings by highlighting the significant role of comprehensive, tailored educational tools such as the TB Prevention Smart Book in enriching parental involvement. Moreover, this study uniquely integrates the social support approach, reinforcing the premise that knowledge alone is insufficient; the emotional and practical supports are integral in fostering a supportive environment conducive to disease prevention.

However, some contrasting observations emerge from the reward dimension where previous studies suggest that acknowledgment and positive reinforcement substantially influence sustained behavioral changes [26]. The minimal changes observed here may be attributed to cultural factors or existing strong social networks that mitigate the incremental impact of formal appreciation elements introduced by the Smart Book intervention.

C. LIMITATIONS AND IMPLICATIONS

While the study provides valuable insights, certain limitations must be acknowledged. Firstly, the quasi-experimental design lacks full randomization, which may introduce selection biases and limit the generalizability of findings. Although quota sampling was employed to achieve representative coverage, inherent sample heterogeneity remains a concern. Secondly, the reliance on self-reported data may be susceptible to social desirability and recall biases, potentially inflating reported levels of support.

Furthermore, the duration between intervention and posttest measurement was relatively short, restricting the assessment of long-term retention of knowledge and sustained parental support behaviors. Future studies should incorporate longitudinal follow-ups to delineate the persistence of intervention effects.

Despite these limitations, the findings have important practical implications. The demonstrated efficacy of the TB Prevention Smart Book endorses its integration into school-based and community health promotion programs, particularly within high TB prevalence settings similar to Surabaya. By equipping parents with comprehensive knowledge and social support strategies, the intervention may contribute to early detection, improved adherence to preventive measures, and reduction of TB transmission among vulnerable pediatric populations.

Moreover, the study advocates for policymakers and healthcare practitioners to prioritize multifaceted educational tools that address cognitive, emotional, and practical aspects of parental support. Such approaches are likely to be more effective than singular strategies focusing solely on information dissemination.

In addition, culturally sensitive adaptations of the Smart Book content may enhance its acceptance and effectiveness across diverse populations. Training health workers and school personnel to utilize the Smart Book for interactive sessions could further strengthen parental engagement and community-wide awareness.

In conclusion, this research substantiates the pivotal role of structured, comprehensive educational interventions grounded in social support theory in augmenting parental capacity to prevent childhood tuberculosis. Further empirical investigations incorporating randomized controlled methodologies and extended follow-ups are warranted to consolidate and extend these findings.

V. CONCLUSION

This study aimed to evaluate the implications of the Tuberculosis (TB) Prevention Smart Book on the social support approach among parents of elementary school-aged children. The findings revealed significant improvements across multiple dimensions of parental social support after the intervention with the Smart Book. Specifically, informational support saw an increase from 63.0% to 79.5% in the high support category, instrumental/facility support rose from 83.5% to 89.5%, and emotional support improved from 81.5% to 85.5%, all with statistically significant p-values less than 0.05. Although the reward dimension exhibited a slight increase from 91.5% to 93.0%, it was not statistically significant ($p > 0.05$). The use of the Smart Book notably enhanced parents' knowledge, emotional engagement, and practical involvement in TB prevention, reinforcing their active role in early detection, treatment decisions, home care, and health promotion within their communities. These results emphasize the value of tailored educational media in fostering parental efficacy and motivation in combating pediatric TB risks. Future research could explore longitudinal effects of such educational tools and expand the intervention to diverse demographic settings to strengthen generalizability and assess sustained behavioral changes in familial TB prevention practices.

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