

The Model of Supervision for Impermanent Food Sellers by Women Volunteer in Kendari City Indonesia

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ABSTRACT

Objectives: Many fast food sellers emerged in Kendari city of Southeast Sulawesi Province Indonesia. The number of staff in Environmental division in Primary Health Services was limit, so they could not supervise for all fast food sellers in that area. Therefore, involving of women volunteer in the villages of Kendari City was necessary. Therefore, this study aimed to find out the model of supervision for impermanent food sellers by the women volunteers in Kendari City, Southeast Sulawesi Province in Indonesia.

Method: This study used Quasy Experiment with the One-Group Pre-test-Post-test Design. The study was conducted in 3 villages in Kendari City. This study recruited 17 women volunteers and 39 fast food sellers. The statistical analysis used linier regression.

Results: The model of supervision under the women volunteers could be found in this study. The characteristic of women volunteers which involved and be active to supervise were they who have be active in social activities in their village. They have also been involved in Primary Health Services in the village for more than 6 years, they were above 41 years old. They were married and had 3 children in average. Each village involve about 4-10 women. Each village was organized by 1 person as a village coordinator. The village coordinator had responsibility to communicate or mediate to primary health services, especiallay to environmental division. Every month the coordinator reports the results of women's supervision for the fast food sellers. The time of reaching the fast food sellers was found to be significant relation with the seller's behavioural change and fast quality improvement.

Conclusion: Women volunteers can supervise to the fast food sellers in kendari City in southeast Sulawesi Province, Indonesia. They have closed with the food sellers and with sanitation and environmental staff in primary health service.

Keywords: Women volunteer, Fast food, Supervision, Food seller

INTRODUCTION

Insecure food remains globally crucial issue, including in Kendari City of Southeast Sulawesi Province, Indonesia. As reported by Kendari City Health Department¹, there were about 176 food sellers

(20.21%) who were insecure in Kendari City in 2015. This number was the highest compared to other districts, such as South Buton (7.19%) and North Konawe (10,09%)¹. That condition has increased the incidence of diarrhoea and hypertension in Kendari City. In 2015, the incidence of diarrhoea in Kendari city was about 63,28%¹. This incidence was higher than North Konawe (6,64%) and Wakatobi (15,87%)¹. While the prevalence of hypertension were also higher (14,83%) compared to 7.15% of Bau-Bau city in 2015¹. To reduce the negative effect of hazardous food in the public places, so the government applies several strategies as described in the strategic planning inn 2015-2019. The

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strategies include collaborated programs between the producers, governments, non-government organization and communities². Because the fast food sellers were huge, while there were a few health workers in Kendari City Health Department, so communities had big responsibilities to involve in controlling the fast food which were sold in the public places. However, the community involving model is unclear. Therefore, understanding the model of community involvement in the fast food control is necessary in Kendari city. Based on that phenomenon, the aim of this study is to find out the model of community involvement in controlling to fast food sellers in Kendari city to increase the quality of food hygiene and sanitation.

MATERIAL AND METHOD

Research Design: This study applied a Quasy Experiment method using The one-Group Pretest - posttest Design as described below.

Pre-test	Treatment	Post-test
O_1	X	O_2

Notes:

O_1 : Pre-test

X : treatment from communities as controller and educator

O_2 : Post-test

Figure 1: The Quasy-Experiment method using The One-Group Pretest-posttest Design

The Study Site and Time: This study was conducted in Andonohu, Rahandauna and Wundumbatu villages in Kendari City. This study was conducted from February to July 2018.

The Population and Samples

a. Population: The population of this study were all of the fast food sellers in Kendari City namely 119 sellers.

b. Sample and sampling technique: This study recruited 39 fast food sellers in 3 villages in Kendari City with 5% of error tolerance. The samples were selected with using the purposive sampling. The inclusive criteria of sampling technique included the sellers were included in 3 villages, the fast food sellers and there were civil communities who willing to control the fast food sellers.

DATA COLLECTION

Data was collected through in-depth interview, observation and laboratorial test of food sample. The interview was purposed to the fast food sellers, women volunteer, health workers in Health Department of Kendari City and Poasia Primary Health Care Services.

DATA ANALYSIS

The data was analysed through descriptive and inferential analysis. The descriptive analysis produced distribution of each variable such as the characteristic of women volunteers, the model of the fast food supervision. The inferential analysis was proposed to understand the relationship between the time of supervision and the food seller's behavioural change to the quality improving of the food hygiene and sanitation. The statistical analysis used linier Regression.

RESULTS

a. Characteristic of Women volunteers: This study identified 17 women volunteers who could take supervision to the fast food sellers in Andonohu, Rahandauna and Wundumbatu Villages of Kendari City. The characteristic of women volunteers who actively involved in this study is presented in this below table.

Table 1: The Women volunteers' characteristic who involved in the Fast food control in Andonohu, Rahandauna and Wundumbatu Villages of Kendari City

Characteristics	Number	Percentage
Education		
Primary School	1	5.9
Junior High School	3	17.6
Senior High School	9	52.9
Diploma/ Bachelor/ Post graduate	4	23.5
Age: (year): mean (\pm) 1 SD*		41.5 \pm 7.3
30 - 34	2	11.8
- 39	5	29.4
40 - 44	7	41.2
45 - 49	2	11.8
> 50	1	5.9

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Occupation		
No working	12	70.6
Private/trader	3	17.6
Teacher	1	5.9
Civil servant	1	5.9
Number of children: mean (\pm) 1 SD*		3 \pm 1.3
One	1	5.9
Two	7	41.2
Three	4	23.5
Four	1	5.9
Five	4	23.5

SD* = Standard Deviation

b. The time of reaching to the fast food sellers behaviour and the quality of fast food.

Table 2: The time of reaching to the Fast Food Sellers in 3 Village of Kendari City in 2018

	Number	Percentage (%)
The time to reaching to the food seller (minute): mean (\pm) 1 SD*	6.7 \pm 3.2	
< 4	4	23.5
5 – 9	8	47.1
10 – 14	3	17.6
15 – 19	1	5.9
20	1	5.9

SD* = Standard Deviation

Table 3: The Seller’s Behaviour and the Quality of fast food Hygiene and Sanitation between before and after women volunteer supervision for the Fast Food Sellers in Kendari City

Category	Before		After	
	n*	%	n*	%
Poor	0	0	0	0
Medium	10	25.6	3	7.7
Good	29	74.4	36	92.3
total	39	100.0	39	100.0

n* : Number of fast food sellers

Table 4: The relationship between the time of reaching to food seller be women volunteers and the food seller’s behavior and food quality improving

Model	Unstandardized coefficients		Standardized Coefficients	t	Sig	95% confidence Interval for B	
	B	Std.error	Beta			Lower Bound	Upper Bound
The time of reaching to food seller (minute)	2.947	.951		3.097	.004	1.019	4.875
	-.175	.128	-.219	-1.366	.180	-.434	.084

Note: Linier Regression result

DISCUSSION

This study showed the women volunteer could supervise the fast food sellers in 3 villages in Kendari City. This can be explained that the women volunteers can help Poasia Primary Health Care Services especially for environmental division. As identified that the women volunteers who were active in social activities in their village. They have been trained by Poasia Primary health care services³. The women volunteers who involved in this study have been the health volunteer about 6.9

years in average. They have also gotten training or workshop about 9.2 times. They are given responsibility to do health planning and health promotion to the communities in their village³. This means they have had huge experiences, especially in community engagement towards better healthy life behaviour. Furthermore, they got support from their family member including from their husband because all of the cadres were women (94.1% of married and 5.9% of widow). Family support is reinforcing factor to determine the individual behaviour. Thus, women volunteer have high motivation to take

social responsibilities⁴. As mentioned in the above table that about 52.9%, they passed from senior high school. This means they could synthesize health information which they got⁵. Women Volunteer with more higher educational level tends to have awareness about science and information⁵. Some previous study also found that individual knowledge is determinant factor of successful cadres to take their responsibility in the comprehensive community health care services in the village⁶.

Furthermore, motivation is also the essential factor of successful for women volunteers. Motivation has significant relationship with human basic needs⁷. The human basic needs include physiological, safety, love, esteem and self-actualization needs⁷. This is true that women volunteer's involvement in the fast food control in this study because they want to get new experiences and self-actualization. This is based on depth interview with women volunteers. Another thing, they hope to get an incentive from Poasia Primary Health Care Centre or from their village leader. Some of them (70.6%) do not have job. They are wives who do domestic chores only. If they got incentive such as a few money, there will be increasing their family income. Additional household income will give significantly impact for their children nutrition because they will increase their purchasing power for food⁸. Increasing in the household income also can improve their household facilities such as water and latrine facilities. The housing condition also influence significantly to their under-five children's nutrition status⁹. Some of women volunteers have under-five years' old children. Also, they can buy gasoline for their motor cycle because there are about 82.4% of them used motor cycle when they supervise the fast food sellers. This means that incentive includes in intrinsic factor which motivate the human to involve in the activity like involving in the fast food control. Other previous study also argued that women volunteers' motivation was important factor for them to be active in the social activities in their village⁶.

Other important factor why they were effective to involve in the fast food control is they have lots of free time. As above mentioned that there were about 70.6% of cadres were no job. Thus, they had lots of time to involve in the fast food control. This activity took about 6.7 minutes only. Even some of cadres (29.4%) who had a job, they

still could use their free time to involve in this activity. The distance between the women volunteers' home and the fast food seller is about 766 meters in average. They have 3 children in the average. Therefore, they do not have heavy burden between their responsibility in their home and in this fast food control. As we known, the wives in this culture have responsibility to child rearing including the domestic chores.

Furthermore, women volunteer have had some experiences in the previous activity could do the best approach and communication with the fast food seller. Thus, they could also give health promotion to the sellers during supervision. They were about 41.5 years old in the average. They included in the adult people who changed their interest and responsibility towards socialist people¹⁰. With the simple instrument of control the fast food quality, the women volunteers could show their ability to involve in the fast food control. The form includes several aspects such as about environment, the seller's behaviour towards the food hygiene and sanitation. Thus, they could give health education for the food sellers during supervision. The number of assessment (0-10) of the quality of the food hygiene and sanitation is easier for them. The number of 5 becomes the basic to determine the good or poor because this number was agreed as a middle number.

The mechanism of reporting to the environmental staff in the Poasia primary health care services also could be done by the cadre because the coordinator only who reported to the environmental staff every month. The women volunteers have become familiar with all of health staff in this primary health care service. Every Saturday morning, they also take gymnastic in this primary health care. The gymnastic is purposed to increase fitness for people who are above of 40 years old and prevent for the chronic diseases such as hypertension, stroke and others. Therefore, their involvement in the fast food control was significant effective to increase the quality of the fast food.

CONCLUSIONS

This study has explained that the women volunteer can supervise the fast food traders in Kendari city, especially in Andonohu, Rahandauna and Wundumbatu villages. They are volunteers who have gotten lots of trainings and experiences in the health promotion program by primary health care services and others.

Thus, they can influence the fast food traders to change their hygiene and sanitation to manage their fast food. The women volunteers can use their free time in the social activity because they have trained to manage their time effectively.

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