Involvement of Family Members and Nutrition Care Pattern of Positive Deviance

by Annis Catur Adi

RESEARCH ARTICLE

Involvement of Family Members and Nutrition Care Pattern of Positive Deviance

Tri Ratnaningsih[1(CA)], Chatarina Umbul Wahyuni[2], Hari Basuki Notobroto[3], Annis Catur Adi[4]

[1(CA)]Faculty of Public Health, Airlangga University, Indonesia; triratna83@yahoo.co.id (Corresponding Author)
[2]Faculty of Public Health, Airlangga University, Indonesia
[3]Faculty of Public Health, Airlangga University, Indonesia
[4]Faculty of Public Health, Airlangga University, Indonesia; annis_catur@yahoo.com

ABSTRACT

Nutritious food giving in under-fives to sustain the growth and development of under-fives optimally required the involvement of family members other than fathers. The purpose of this study was to determine the correlation between family members' involvement with the mother's nutrition care pattern of poor families in the Mojokerto regency of East Java. This research design was using case control with case population of poor mother with healthy under-five and control population was poor mother with nutritious problem child. Number of case group samples 79 people and control group 41 people. Sampling technique with multi stage sampling. Data collection using questionnaires that have been tested the validity and reliability to 30 people. Data analysis using chi square statistic test. The results showed that the involvement of other family members in the positive deviance mothers was good as much as 35 people (44.30%). In non-positive mother deviance involvement of most other family members were less than 31 people (75.61%), chi square obtained p = 0,000 and value α = 0,05, meaning there was correlation of family member involvement with care pattern of positive deviance mother. The involvement of family members motivated mothers to provide a good nutritional food to under-five children.

Keywords: Positive deviance, Under five children, Care pattern, Nutrition

INTRODUCTION

Background

Each parent is obliged to provide care and protection for the child to feel safe and comfortable. The first five years is a period that will determine the formation of physical, psychological, and intelligence of the brain so that this child has to get intensive care and protection[1]. Forms of care for children starting from birth to adulthood for example since the birth of the baby is cutting the umbilical cord, feeding and so forth. Protection for children in the form of supervision of play time and sleeping arrangements.

Provision of food is a form of educating eating skills, fostering eating habits, fostering appetite for the type of food, fostering the ability to choose food for health and educate good and right eating behavior and according to their respective culture. Deficiencies in feeding will result in difficulty eating or lack of appetite which in turn will have a negative impact on health and future growth[2].

Poverty is considered to have an important and reciprocal role. Poverty will cause malnutrition and individuals with undernourished condition will result in poverty. In general, low socioeconomic families have nutritional problems in their children, but in some areas there are also families with lower middle-income socioeconomic groups having healthy children without any nutritional problems. Under five children who are free from malnutrition problem is what eventually called positive deviance, deviant actors have other behavior from the surrounding environment that makes them free from malnutrition problems. Positive deviance is a state of positive deviation related to the health, growth and development of other children within the community setting out the factors that affect the growth and nutritional status of children living in poor families living in slums where most other children suffer from growth and developmental disorders with less nutritional conditions[3].

Based on data from the Central Bureau of Statistics of East Java Province, Mojokerto Year 2014, poor families spread evenly from 18 sub-districts. The number of poor households in Mojokerto Regency in 2014 was 8,000 households from 124,610,000 households with income of Rp 438,250, -. Per month. By 2015 the number of poor households was 7,720 from 125,324,000 households with an income of Rp 348,670 per month. By 2016 there were 7,240 poor families out of 125. 674,000 households with income of Rp 364,021 per month. By 2017 there were 7,280 poor families of 127,050,000 households with revenues of Rp 391,489 per month. The most livelihood was farm laborers. The number of under-fives weighed in 2014 amounted to 68,275 children, 68,144 under-fives with malnutrition. In 2015 out of 23,287 under-fives weighed there were 703 infants with less

nutrition. In 2016 there were 706 children under five with less than 69,525 children underweight. The habit of feeding in the poor families with under nourished under-fives; ie the father was not involved, the grandmother or other family members had never been involved in feeding, while eating there interaction with children. In poor families with healthy/good nutritional status of under-fives where fathers get involved in feeding, grandmother or other families are involved in feeding, and when eating there is interaction with children. Hygiene habits in poor families with less nutrition under-fives, the environment in the house dirty and not tidy, environment outside the house is dirty, children are not used to wear slippers when go out of the house, not wash hands and feet before eating and before bed. Poor families with under-fives in healthy or good nutritional status, in-house environment dirty and untidy, clean outdoor environment, children wear slippers inside and outside the house, not get used to wash hands and feet before eating and before go to bed. Access to health services for poor families with under-five children, complete immunization, Vitamin A, KMS, and BGK and BGM, if ill to the community health center or village midwife. Poor families with under-fives in healthy or good nutritional status, have the same habit. The community around the poor is an environment that greatly affects the pattern of feeding in their children.

Purpose

General aim of this research was to analyze the correlation of family member involvement with nutrition care by positive deviance mother from poor families. Specific aim of this research were: 1) to identify the family member involvement in feeding under-fives by positive deviance mother in poor families; 2) to identify the nutritional care pattern on under five children by positive deviance mother from poor families; 3) to analyze the correlation of family member involvement with nutrition care by positive deviance mother from poor families.

METHODS

This study was a quantitative study, using case control design because the researchers will compare cases (subjects with certain characteristics) with subjects that do not experience certain characteristics that become the control group. The case population in this study were all positive deviance mothers of poor families with healthy children under five years old with good nutritional status in Mojokerto regency of East Java. The control population in this study were all mothers from poor families who had children under five with nutritional problems in the Mojokerto regency of East Java. Number of case group samples 79 people and control group 41 people. Sampling was done by multi stage random sampling method with multilevel sampling where the researcher sampled the sample through the stratified process. Methods of data collection were: 1) Established the location / village that has under five children with poor nutrition from poor families, 2) Identify the population (the number of poor mothers with malnourished under-fives and healthy under-fives), 3) Provided informed consent, 4) Determined the respondents based on the sample formula and inclusion and exclusion criteria, 5) Conducted grouping of respondents, 6) Grouping of poor mothers with under-fives and healthy under-fives, 7) Conducted survey on mother characteristics, 8) Interpret data and analyze data. All data collected, re-examined to minimize errors, input data, ie data that has been through the screening stage into the computer with the appropriate program, the presentation of data. The collected data was categorical data so that it was presented in the form of frequency and percentage[4].Analysis of data was done by using chi-square analysis.

RESULTS

Characteristic of Mothers

The most age of positive deviance mothers in this study was among 31-40 years, amounting to 43 people (53.75%). While the age range between 26-30 years amounted to 37 people (46,625). In non-positive deviance, the most age was 31-40 years old (21.50%), while the age range 26-30 years was 19 people (47.50%). Education of Positive deviance mothers in this research was mostly in junior high school level, which amounted to 46 people (57.50%). While elementary education amounted to 29 people (36.25%). High school education were 4 people (5.00%), while not finished primary school 1 person (1.25%) and no school does not exist (0%). In non-positive deviance, the most education level was elementary school, whereas for junior high school education there were 18 people (45.00%). For high school education, not finished elementary School and No school were no one respondent. The most positive deviance mother job was as housewife, 58 people (72.50%), while the positive deviance mothers as farm laborers are 22 people (27.50%). As for positive deviance mothers with private jobs amounted 2 people (1.67%). In non-positive deviance mothers housewives were the most job = 24 people (60.00%), farm laborer = 12 people (30.00%), as private job there = 2 people (5.00%) and as housewife = 2 people (5.00%). Family income in positive deviance mothers: > 600,000 IDR to 1,000,000 IDR were 78 people (97.50%), while income> 300,000 IDR to 600,000 IDR were 2 persons (2.50%), in non-positive deviance with income> 600.000 IDR to 1,000,000 IDR were 40 people (50.00%). The number of children 1-2 were 74 people positive deviance mothers (92.50%). While the positive deviance mother with> 2 children were 6 people (7.50%). In non-positive deviance, 1-2 children had 37 people (92,50%), the number of children> 2 were 3 (7.50%).

The Correlation between Family Member Involvement with Nutrition Care Pattern of Mother

a. Other family member involvement in area of community health center in Mojokerto regency

Table 1. Distribution of other family member involvement

No	Other family member involvement	Respondents group				Total
		PD	%	Non PD	%	
1	Good	35	44.30	2	4.88	37
2	Enough	27	34.18	8	19.51	35
3	Less	17	21.52	31	75.61	48
	Total	79	100	41	100	120

Annotation: PD= *Positive deviance*

Table 1 shows that most other family member involvement of positive deviance mother was good as many as 35 people (44.30%), while for enough other family member involvement was 28 people (35.00%), while for less other family member involvement was 17 people (21.52%). In positive deviance mother, the involvement of other family member was less as many as 31 people (75.61%), enough other family member involvement was 7 people (17.50%), good other family member involvement was 2 people (4.88%).

b. Nutrition care pattern in area of community health center in Mojokerto regency

Table 2. Distribution of nutrition care pattern of mother

No	Nutrition care pattern	Respondent group				Total
		PD	%	Non PD	%	
1	Good	64	81.01	22	53.66	86.00
2	Enough	14	17.72	8	19.51	22.00
3	Less	1	1.27	11	26.83	12.00
	Total	79	100	41	100	120

Annotation: PD= *Positive deviance*

Table 2 showed that the most nutrition care pattern of positive deviance mother was good as many as 64 people (81.01%), while for enough nutrition care pattern as many as 14 people (17.72%), and less nutrition care pattern as many as 1 people (1.25%). In non-positive deviance mother, the most nutrition care pattern was good as many as 22 people (53.66%), less nutrition care pattern as many as 11 people (26.83%), enough nutrition care pattern as many as 8 people (19.51%).

c. The correlation between family member involvement and nutrition care pattern of mother

Table 3. The correlation between family member involvement and mother nutrition care pattern

No	Family member involvement	Nutrition care pattern						Total	
		Good	%	Enough	%	Less	%		%
1	Good	26	70.3	11	29.7	0	0	37	100
2	Enough	17	47.2	19	52.8	0	0	36	100
3	Less	7	14.9	18	38.3	22	45.8	47	100
	Total	50	41.7	48	40	22	18.3	120	100

P value = 0.000

Table 3 showed that good other family member involvement with good nutrition care patten as many as 26 people (70.3%), good other family member involvement with enough nutrition care pattern as many as 11 people (29.7%), enough other family member involvement with good nutrition care pattern was 17 people (47.2%), enough other family member involvement with enough nutrition care pattern was 19 people (58.8%), other family member involvement which is less with good nutrition care pattern was 7 people (14.8%), less family member involvement with enough nutrition care pattern was 18 people (38.3%), less family member involvement and less nutrition care pattern was 22 people (46.8%),

DISCUSSION

There are many ways to make children have high appetite, one of them is like positive deviance mother has done in interview session, by paying attention to the proper food portion for children, if children can finish the food, give them compliment, then instill good habits in children in choosing good food, give snack made by their own like cookies, create a comfortable environment condition, invite them to play and eat together[5]. That role also needs husband role and other family member role like grandmother. Grandmother or grandfather are family members that can increase mother's spirit to provide nutritious food to under-fives[6]. Grandmother can

give advices based on her experiences before. Those experiences will be emulated by mother to give good nutrition care pattern.

CONCLUSION

Nutrition care pattern of mother is influenced by mother's environment (the involvement of husband, other family members, society, and health services). The environment of mother such as the involvement of father and grandmother is needed to support the growth and development of under-five children, like the effort to make decision in children need fulfillment, doing interaction with under-five, give stimulation and play. Stimulation in family environment can increase under-five growth. The role of society is also needed to give advice for under-five's health and growth.

REFERENCES

1. Eveline, Nanang D. Care and Protection for Children (Perawatan dan Perlindungan bagi Anak). Jakarta: EGC; 2010.
2. Adnil EN. Growth and Development of Human Behavior (Tumbuh Kembang Perilaku Manusia). Jakarta: EGC; 2011.
3. Fikawati. Mother and Baby Nutrition (Gizi Ibu dan Bayi). Jakarta: PT Rajagavindo Persada; 2015.
4. Nugroho HSW. Descriptive Data Analysis for Categorical Data (Analisis Data Secara Deskriptif untuk Data Kategorik). Ponorogo: Forum Ilmiah Kesehatan (Forikes); 2014.
5. Adriyani M, Wirjatmadi B. Introduction to Public Nutrition (Pengantar Gizi Masyarakat). Jakarta: Kencana Prenada Medika Group; 2012.
6. Hidayat DR. Human Behavioral Sciences (Ilmu Perilaku Manusia). Jakarta: EGC; 2009.

Involvement of Family Members and Nutrition Care Pattern of Positive Deviance

Exclude bibliography　　Off

Involvement of Family Members and Nutrition Care Pattern of Positive Deviance